

# ATLS Practice Test 1

1. Which one of the following is the recommended method for initially treating frostbite?
  - a. vasodilators
  - b. anticoagulants
  - c. warm (40°C) water
  - d. padding and elevation
  - e. application of heat from a hair dryer
  
2. A 6-year-old boy is struck by an automobile and brought to the emergency department. He is lethargic, but withdraws purposefully from painful stimuli. His blood pressure is 90 mm Hg systolic, heart rate is 140 beats per minute, and his respiratory rate is 36 breaths per minute. The preferred route of venous access in this patient is:
  - a. percutaneous femoral vein cannulation.
  - b. cutdown on the saphenous vein at the ankle.
  - c. intraosseous catheter placement in the proximal tibia.
  - d. percutaneous peripheral veins in the upper extremities.
  - e. central venous access via the subclavian or internal jugular vein.
  
3. Which one of the following physical findings suggests a cause of hypotension **other than** spinal cord injury?
  - a. priapism.
  - b. bradycardia.
  - c. diaphragmatic breathing.
  - d. presence of deep tendon reflexes.
  - e. ability to flex forearms but inability to extend them.
  
4. A young man sustains a gunshot wound to the abdomen and is brought promptly to the emergency department by prehospital personnel. His skin is cool and diaphoretic, and he is confused. His pulse is thready and his femoral pulse is only weakly palpable. The definitive treatment in managing this patient is to:
  - a. administer O-negative blood.
  - b. apply external warming devices.
  - c. control internal hemorrhage operatively.
  - d. apply a pneumatic antishock garment (PASG).
  - e. infuse large volumes of intravenous crystalloid solution.

5. Regarding shock in the child, which of the following is **FALSE**?
- Vital signs are age-related.
  - Children have greater physiologic reserves than do adults.
  - Tachycardia is the primary physiologic response to hypovolemia.
  - The absolute volume of blood loss required to produce shock is the same as in adults.
  - An initial fluid bolus for resuscitation should approximate 20 mL/kg of Ringer's lactate.
6. A 33-year-old man is struck by a car traveling at 56 kph (35 mph). He has obvious fractures of the left tibia near the knee, pain in the pelvic area, and severe dyspnea. His heart rate is 182 beats per minute, and his respiratory rate is 48 breaths per minute with no breath sounds heard in the left chest. A tension pneumothorax is relieved by immediate needle decompression and tube thoracostomy. Subsequently, his heart rate decreases to 144 beats per minute, his respiratory rate decreases to 36 breaths per minute, and his blood pressure is 81/53 mm Hg. Warmed Ringer's lactate is administered intravenously. The next priority should be to:
- perform external fixation of the pelvis.
  - obtain abdominal and pelvic CT scans.
  - perform arterial embolization of the pelvic vessels.
  - perform diagnostic peritoneal lavage or FAST.
  - perform a urethrogram and cystogram.
7. A 42-year-old man, injured in a motor vehicle crash, suffers a closed head injury, multiple palpable left rib fractures, and bilateral femur fractures. He is intubated orotracheally without difficulty. Initially, his ventilations are easily assisted with a bag-mask device. It becomes more difficult to ventilate the patient over the next 5 minutes, and his hemoglobin oxygen saturation level decreases from 98% to 89% . The most appropriate next step is to:
- obtain a chest x-ray.
  - decrease the tidal volume.
  - decrease PEEP.
  - increase the rate of assisted ventilations.
  - perform needle decompression of the left chest.

8. A young man sustains a rifle wound to the mid-abdomen. He is brought promptly to the emergency department by prehospital personnel. His skin is cool and diaphoretic, and his systolic blood pressure is 58 mm Hg. Warmed crystalloid fluids are initiated without improvement in his vital signs. The next, most appropriate, step is to perform:
- a laparotomy.
  - an abdominal CT scan.
  - diagnostic laparoscopy.
  - abdominal ultrasonography.
  - a diagnostic peritoneal lavage.
9. The primary indication for transferring a patient to a higher level trauma center is:
- unavailability of a surgeon or operating room staff.
  - multiple system injuries, including severe head injury.
  - resource limitations as determined by the transferring doctor.
  - resource limitations as determined by the hospital administration.
  - widened mediastinum on chest x-ray following blunt thoracic trauma.
10. A 42-year-old man is trapped from the waist down beneath his overturned tractor for several hours before medical assistance arrives. He is awake and alert until just before arriving in the emergency department. He is now unconscious and responds only to painful stimuli by moaning. His pupils are 3 mm in diameter and symmetrically reactive to light. Prehospital personnel indicate that they have not seen the patient move either of his lower extremities. On examination in the emergency department, no movement of his lower extremities is detected, even in response to painful stimuli. The most likely cause for this finding is:
- an epidural hematoma.
  - a pelvic fracture.
  - central cord syndrome.
  - intracerebral hemorrhage.
  - bilateral compartment syndrome.
11. A 30-year-old man sustains a severely comminuted, open, distal right femur fracture in a motorcycle crash. The wound is actively bleeding. Normal sensation is present over the lateral aspect of the foot but decreased over the medial foot and great toe. Normal motion of the foot is observed. Dorsalis pedis and posterior tibial pulses are easily palpable on the left, but heard only by Doppler on the right. Immediate efforts to improve circulation to the injured extremity should involve:
- immediate angiography.
  - tamponade of the wound with a pressure dressing.

- c. wound exploration and removal of bony fragments.
  - d. realignment of the fracture segments with a traction splint.
  - e. fasciotomy of all four compartments in the lower extremity.
12. An 18-year-old, unhelmeted motorcyclist is brought by ambulance to the emergency department following a crash. He had decreased level of consciousness at the scene, but then was alert and conversational during transportation. Now his GCS is only 11. Which of the following statements is **TRUE**?
- a. Cerebral perfusion is intact.
  - b. Intravascular volume status is normal.
  - c. The patient is in a postictal state.
  - d. Intra-abdominal visceral injuries are unlikely.
  - e. The patient probably has an acute epidural hematoma.
13. During an altercation, a 36-year-old man sustains a gunshot wound above the nipple line on the right, with an exit wound posteriorly above the scapula on the right. He is transported by ambulance to a community hospital. He is endotracheally intubated, closed tube thoracostomy is performed, and 2 liters of Ringer's lactate solution are infused via 2 large-caliber IVs. His blood pressure now is 60/0 mm Hg, heart rate is 160 beats per minute, and respiratory rate is 14 breaths per minute (ventilated with 100% O<sub>2</sub>). The most appropriate next step in managing this patient is:
- a. laparotomy.
  - b. diagnostic peritoneal lavage.
  - c. arterial blood gas determination.
  - d. administer packed red blood cells.
  - e. chest x-ray to confirm tube placement.
14. Absence of breath sounds and dullness to percussion over the left hemithorax are findings best explained by:
- a. left hemothorax.
  - b. cardiac contusion
  - c. left simple pneumothorax
  - d. left diaphragmatic rupture
  - e. right tension pneumothorax.

15. A 23-year-old man is brought immediately to the emergency department from the hospital's parking lot where he was shot in the lower abdomen. Examination reveals a single bullet wound. He is breathing and has a thready pulse. However, he is unconscious and has no detectable blood pressure. Optimal immediate management is to:
- perform diagnostic peritoneal lavage.
  - initiate infusion of packed red blood cells.
  - insert a nasogastric tube and urinary catheter.
  - transfer the patient to the operating room, while initiating fluid therapy.
  - initiate fluid therapy to return his blood pressure to normotensive
16. A teen-aged bicycle rider is hit by a truck traveling at high speed. In the emergency department, she is actively bleeding from open fractures of her legs, and has abrasions on her chest and abdominal wall. Her blood pressure is 80/50 mm Hg, heart rate is 140 beats per minute, respiratory rate is 8 breaths per minute, and GCS score is 6. The first step in managing this patient is to:
- obtain a lateral cervical spine x-ray.
  - insert a central venous pressure line.
  - administer 2 liters of crystalloid solution.
  - perform endotracheal intubation and ventilation.
  - apply a pneumatic antishock garment (PASG) and inflate the leg compartments.
17. An 8-year-old boy falls 4.5 meters (15 feet) from a tree and is brought to the emergency department by his family. His vital signs are normal, but he complains of left upper quadrant pain. An abdominal CT scan reveals a moderately severe laceration of the spleen. The receiving institution does not have 24-hour-a-day operating room capabilities. The most appropriate management of this patient would be to:
- type and crossmatch for blood.
  - request consultation of a pediatrician.
  - transfer the patient to a trauma center.
  - admit the patient to the intensive care unit.
  - prepare the patient for surgery the next day.
18. Which of the following statements regarding injury to the central nervous system in children is **TRUE**?
- Children suffer spinal cord injury without x-ray abnormality more commonly than adults.
  - An infant with a traumatic brain injury may become hypotensive from cerebral edema.

- c. Initial therapy for the child with traumatic brain injury includes the administration of methylprednisolone intravenously.
  - d. Children have more focal mass lesions as a result of traumatic brain injury when compared to adults .
  - e. Young children are less tolerant of expanding intracranial mass lesions than adults.
19. A 17-year-old helmeted motorcyclist is struck broadside by an automobile at an intersection. He is unconscious at the scene with a blood pressure of 140/90 mm Hg, heart rate of 90 beats per minute, and respiratory rate of 22 breaths per minute. His respirations are sonorous and deep. His GCS score is 6. Immobilization of the entire patient may include the use of all the following **EXCEPT**:
- a. air splints.
  - b. bolstering devices.
  - c. a long spine board.
  - d. a scoop-style stretcher.
  - e. a semi-rigid cervical collar.
20. Twenty-seven patients are seriously injured in an aircraft accident at a local airport. The basic principle of triage should be to:
- a. treat the most severely injured patients first.
  - b. establish a field triage area directed by a doctor.
  - c. rapidly transport all patients to the nearest appropriate hospital.
  - d. treat the greatest number of patients in the shortest period of time.
  - e. produce the greatest number of survivors based on available resources.
21. An electrician is electrocuted by a downed power line after a thunderstorm. He apparently made contact with the wire at the level of the right mid thigh. In the emergency department, his vital signs are normal and no dysrhythmia is noted on ECG. On examination, there is an exit wound on the bottom of the right foot. His urine is positive for blood by dipstick but no RBCs are seen microscopically. Initial management should include:
- a. immediate angiography.
  - b. aggressive fluid infusion.
  - c. intravenous pyelography.
  - d. debridement of necrotic muscle.
  - e. admission to the intensive care unit for observation.

22. A young woman sustains a severe head injury as the result of a motor vehicular crash. In the emergency department, her GCS score is 6. Her blood pressure is 140/90 mm Hg and her heart rate is 80 beats per minute. She is intubated and is being mechanically ventilated. Her pupils are 3 mm in size and equally reactive to light. There is no other apparent injury. The most important principle to follow in the early management of her head injury is to:
- administer an osmotic diuretic.
  - prevent secondary brain injury.
  - aggressively treat systemic hypertension.
  - reduce metabolic requirements of the brain.
  - distinguish between intracranial hematoma and cerebral edema.
23. To establish a diagnosis of shock,
- systolic blood pressure must be below 90 mm Hg.
  - the presence of a closed head injury should be excluded
  - acidosis should be present by arterial blood gas analysis
  - the patient must fail to respond to intravenous fluid infusion.
  - clinical evidence of inadequate organ perfusion must be present.
24. A 32-year-old man is brought to the hospital unconscious with severe facial injuries and noisy respirations after an automobile collision. In the emergency department, he has no apparent injury to the anterior aspect of his neck. He suddenly becomes apneic, and attempted ventilation with a face mask is unsuccessful. Examination of his mouth reveals a large hematoma of the pharynx with loss of normal anatomic landmarks. Initial management of his airway should consist of:
- inserting an oropharyngeal airway.
  - inserting a nasopharyngeal airway.
  - performing a surgical cricothyroidotomy.
  - performing fiberoptic-guided nasotracheal intubation.
  - performing orotracheal intubation after obtaining a lateral c-spine x-ray.
25. A 25-year-old woman is brought to the emergency department after a motor vehicle crash. She was initially lucid at the scene and then developed a dilated pupil and contralateral extremity weakness. In the emergency department, she is unconscious and has a GCS score of 6. The initial management step for this patient should be to:
- obtain a CT scan of the head.
  - administer decadron 20 mg IV.

- c. perform endotracheal intubation.
  - d. administer mannitol 1 g/kg IV.
  - e. perform an emergency bone flap craniotomy on the side of the dilated pupil.
26. A contraindication to nasogastric intubation is the presence of a:
- a. gastric perforation.
  - b. diaphragmatic rupture.
  - c. open depressed skull fracture.
  - d. fracture of the cervical spine.
  - e. fracture of the cribriform plate.
27. An 8-year-old girl is an unrestrained passenger in a vehicle struck from behind. In the emergency department, her blood pressure is 80/60 mm Hg, heart rate is 80 beats per minute, and respiratory rate is 16 breaths per minute. Her GCS score is 14. She complains that her legs feel "funny and won't move right." However, her spine x-rays do not show a fracture or dislocation. A spinal cord injury in this child:
- a. is most likely a central cord syndrome.
  - b. must be diagnosed by magnetic resonance imaging.
  - c. can be excluded by obtaining a CT of the entire spine.
  - d. may exist in the absence of objective findings on x-ray studies.
  - e. is unlikely because of the incomplete calcification of the vertebral bodies.
28. Immediate chest tube insertion is indicated for which of the following conditions?
- a. Pneumothorax
  - b. Pneumomediastinum
  - c. Massive hemothorax
  - d. Diaphragmatic rupture
  - e. Subcutaneous emphysema
29. Cardiac tamponade after trauma:
- a. is seldom life-threatening.
  - b. can be excluded by an upright, AP chest x-ray.
  - c. can be confused with a tension pneumothorax.
  - d. causes a fall in systolic pressure of  $> 15$  mm Hg with expiration.
  - e. most commonly occurs after blunt injury to the anterior chest wall.



30. A 22-year-old man is brought to the hospital after crashing his motorcycle into a telephone pole. He is unconscious and in profound shock. He has no open wounds or obvious fractures. The cause of his shock is **MOST LIKELY** caused by:
- a subdural hematoma.
  - an epidural hematoma.
  - a transected lumbar spinal cord.
  - a basilar skull fracture.
  - hemorrhage into the chest or abdomen.
31. Which one of the following statements is **FALSE** concerning Rh isoimmunization in the pregnant trauma patient?
- It occurs in blunt or penetrating abdominal trauma.
  - Minor degrees of fetomaternal hemorrhage produce it.
  - A negative Kleihauer-Betke test excludes Rh isoimmunization.
  - This is not a problem in the traumatized Rh-positive pregnant patient.
  - initiation of Rh immunoglobulin therapy does not require proof of fetomaternal hemorrhage.
32. All of the following signs on the chest x-ray of a blunt injury victim may suggest aortic rupture **EXCEPT**:
- mediastinal emphysema.
  - presence of a "pleural cap."
  - obliteration of the aortic knob.
  - deviation of the trachea to the right.
  - depression of the left mainstem bronchus
33. Early central venous pressure monitoring during fluid resuscitation in the emergency department has the greatest utility in a:
- patient with a splenic laceration.
  - patient with an inhalation injury.
  - 6-year-old child with a pelvic fracture.
  - patient with a severe cardiac contusion.
  - 24-year-old man with a massive hemothorax.
34. A cross-table lateral x-ray of the cervical spine:
- must precede endotracheal intubation.
  - excludes serious cervical spine injury.

- c. is an essential part of the primary survey.
  - d. is not necessary for unconscious patients with penetrating cervical injuries.
  - e. is unacceptable unless 7 cervical vertebrae and the C-7 to T-1 relationship are visualized.
35. A 24-year-old man sustains multiple fractured ribs bilaterally as a result of being crushed in a press at a plywood factory. Examination in the emergency department reveals a flail segment of the patient's thorax. Primary resuscitation includes high-flow oxygen administration via a nonrebreathing mask, and initiation of Ringer's lactate solution. The patient exhibits progressive confusion, cyanosis, and tachypnea. Management at this time should consist of:
- a. intravenous sedation.
  - b. external stabilization of the chest wall.
  - c. increasing the FIO<sub>2</sub> in the inspired gas.
  - d. intercostal nerve blocks for pain relief.
  - e. endotracheal intubation and mechanical ventilation.
36. Which one of the following statements regarding patients with thoracic spine injuries is **TRUE**?
- a. Log-rolling may be destabilizing to fractures from T12 to L1.
  - b. Adequate immobilization can be accomplished with the scoop stretcher.
  - c. Spinal cord injury below T-10 usually spares bowel and bladder function.
  - d. Hyperflexion fractures in the upper thoracic spine are inherently unstable.
  - e. These patients rarely present with neurogenic shock in association with cord injury.
37. During resuscitation, which one of the following is the most reliable as a guide to volume replacement?
- a. heart rate
  - b. hematocrit
  - c. blood pressure
  - d. urinary output
  - e. jugular venous pressure
38. A 24-year-old woman passenger in an automobile strikes the wind screen with her face during a head-on collision. In the emergency department, she is talking and has marked facial edema and crepitus. The highest priority should be given to:
- a. lateral c-spine x-ray.
  - b. upper airway protection.

- c. carotid pulse assessment.
  - d. management of blood loss.
  - e. determination of associated Injuries.
39. The driver of a single car crash is orotracheally intubated in the field by prehospital personnel after they identify a closed head injury and determine that the patient is unable to protect his airway. In the emergency department, the patient demonstrates decorticate posturing bilaterally. He is being ventilated with a bag-valve device, but his breath sounds are absent in the left hemithorax. His blood pressure is 160/88 mm Hg, heart rate is 70 beats per minute, and the pulse oximeter displays a hemoglobin oxygen saturation of 96%. The next step in assessing and managing this patient should be to:
- a. determine the arterial blood gases.
  - b. obtain a lateral cervical spine x-ray.
  - c. assess placement of the endotracheal tube.
  - d. perform needle decompression of the left chest.
  - e. insert a thoracostomy tube in the left hemithorax.
40. The response to catecholamines in an injured, hypovolemic pregnant woman can be expected to result in:
- a. placental abruption.
  - b. fetal hypoxia and distress.
  - c. fetal/maternal dysrhythmia.
  - d. improved uterine blood flow.
  - e. increased maternal renal blood flow.