

ATLS Practice Test 2

1. A 22-year-old man sustains a gunshot wound to the left chest and is transported to a small community hospital at which surgical capabilities are not available. In the emergency department, a chest tube is inserted and 700 mL of blood is evacuated. The trauma center accepts the patient in transfer. Just before the patient is placed in the ambulance for transfer, his blood pressure decreases to 80/68 mm Hg and his heart rate increases to 136 beats per minute. The next step should be to:
 - a. clamp the chest tube.
 - b. cancel the patient's transfer.
 - c. perform an emergency department thoracotomy.
 - d. repeat the primary survey and proceed with transfer.
 - e. delay the transfer until the referring doctor can contact a thoracic surgeon.

2. A young woman sustains a severe head injury as the result of a motor vehicle crash. In the emergency department, her GCS is 6. Her blood pressure is 140/90 mm Hg and her heart rate is 80 beats per minute. She is intubated and 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:
 - a. avoid hypotension.
 - b. administer an osmotic diuretic.
 - c. aggressively treat systemic hypertension.
 - d. reduce metabolic requirements of the brain.
 - e. distinguish between intracranial hematoma and cerebral edema.

3. A 6-year-old boy walking across the street is struck by the front bumper of a sports utility vehicle traveling at 32 kph (20 mph). Which one of the following statements is **TRUE**?
 - a. A flail chest is probable.
 - b. A symptomatic cardiac contusion is expected.
 - c. A pulmonary contusion may be present in the absence of rib fractures.
 - d. Transection of the thoracic aorta is more likely than in an adult patient.
 - e. Rib fractures are commonly found in children with this mechanism of injury.

4. A 39-year-old man is admitted to the emergency department after an automobile collision. He is cyanotic, has insufficient respiratory effort, and has a GCS Score of 6. His full beard makes it difficult to fit the oxygen facemask to his face. The most appropriate next step is to:
 - a. perform a surgical cricothyroidotomy.
 - b. attempt nasotracheal intubation.
 - c. ventilate him with a bag-mask device until c-spine injury can be excluded.
 - d. attempt orotracheal intubation using 2 people and inline stabilization of the cervical spine.
 - e. ventilate the patient with a bag-mask device until his beard can be shaved for better mask fit.

5. A patient is brought to the emergency department 20 minutes after a motor vehicle crash. He is conscious and there is no obvious external trauma. He arrives at the hospital completely immobilized on a long spine board. His blood pressure is 60/40 mm Hg and his heart rate is 70 beats per minute. His skin is warm. Which one of the following statements is **TRUE**?
- Vasoactive medications have no role in this patient's management.
 - The hypotension should be managed with volume resuscitation alone.
 - Flexion and extension views of the c-spine should be performed early.
 - Occult abdominal visceral injuries can be excluded as a cause of hypotension.
 - Flaccidity of the lower extremities and loss of deep tendon reflexes are expected.
6. The following are contraindications for tetanus toxoid administration:
- History of neurological reaction or severe hypersensitivity to the product.
 - Local side effects.
 - Muscular spasms.
 - Pregnancy.
 - All of the above.
7. After being involved in a motor vehicle crash, a 25-year-old man is brought to a hospital with a general surgeon on duty. He has a GCS of 13 and complains of abdominal pain. His blood pressure was 80 mm Hg systolic by palpation on arrival at the hospital, but increases to 110/70 mm Hg with the administration of 2 liters of intravenous fluid. His heart rate remains 120 beats per minute. Computed tomography shows an aortic injury and splenic laceration with free abdominal fluid. His blood pressure falls to 70 mm Hg after CT. The next step is:
- contrast angiography.
 - transfer to a higher level trauma center.
 - exploratory laparotomy.
 - transfuse packed red blood cells.
 - transesophageal echocardiography.
8. Which one of the following statements regarding abdominal trauma in the pregnant patient is **TRUE**?
- The fetus is in jeopardy only with major abdominal trauma.
 - Leakage of amniotic fluid is an indication for hospital admission.
 - Indications for peritoneal lavage are different from those in the nonpregnant patient.
 - Penetration of an abdominal hollow viscus is more common in late than in early pregnancy.
 - The secondary survey follows a different pattern from that of the nonpregnant patient.

9. All of the following are indicators of inhalation injury, **EXCEPT**:
- singeing of the eyebrows and nasal vibrissae.
 - carboxyhemoglobin level >4%.
 - carbon deposits in the mouth or nose, and carbonaceous sputum.
 - hoarseness.
 - face or neck burns.
10. A 32-year-old man's right leg is trapped beneath his overturned car for nearly 2 hours before he is extricated. On arrival in the emergency department, his right lower extremity is cool, mottled, insensate, and motionless. Despite normal vital signs, pulses cannot be palpated inferior to the femoral artery, and the muscles of the lower extremity are firm and hard. During the initial management of this patient, which of the following is most likely to improve the chances for limb salvage?
- Applying skeletal traction.
 - Administering anticoagulant drugs.
 - Administering thrombolytic therapy.
 - Perform right lower extremity fasciotomy.
 - Immediately transferring the patient to a trauma center.
11. A patient arrives in the emergency department after being beaten about the head and face with a wooden club. He is comatose and has a palpable depressed skull fracture. His face is swollen and ecchymotic. He has gurgling respirations and vomitus on his face and clothing. The most appropriate step after providing supplemental oxygen and elevating his jaw is to:
- request a CT scan.
 - insert a gastric tube.
 - suction the oropharynx.
 - obtain a lateral cervical spine x-ray.
 - ventilate the patient with a bag-mask.
12. A 64-year-old man, involved in a high-speed car crash, is resuscitated initially in a small hospital with limited resources. He has a closed head injury with a GCS Score of 13. He has a widened mediastinum on chest x-ray with fractures of left ribs 2 through 4, but no pneumothorax. After infusing 2 liters of crystalloid solution, his blood pressure is 100/74 mm Hg, heart rate is 110 beats per minute, and respiratory rate is 18 breaths per minute. He has gross hematuria and a pelvic fracture. You decide to transfer this patient to a facility capable of providing a higher level of care. The facility is 128 km (80 miles) away. Before transfer, you should first:
- intubate the patient.
 - perform diagnostic peritoneal lavage.
 - apply the pneumatic antishock garment.
 - call the receiving hospital and speak to the surgeon on call.
 - discuss the advisability of transfer with the patient's family.

13. During the third trimester of pregnancy, all of the following changes occur normally, **EXCEPT** a:
- a. decrease in PaCO₂.
 - b. decrease in leukocyte count.
 - c. reduced gastric emptying rate.
 - d. diminished residual lung volume.
 - e. diminished pelvic ligament tension.
14. In managing the head-injured patient, the most important initial step is to:
- a. secure the airway.
 - b. obtain c-spine film.
 - c. support the circulation.
 - d. control scalp hemorrhage.
 - e. determine the GCS Score.
15. A previously healthy, 70-kg (154-pound) man suffers an estimated acute blood loss of 2 liters. Which one of the following statements applies to this patient?
- a. His pulse pressure will be widened.
 - b. His urinary output will be at the lower limits of normal.
 - c. He will have tachycardia, but no change in his systolic blood pressure.
 - d. His systolic blood pressure will be decreased with a narrowed pulse pressure.
 - e. His systolic blood pressure will be maintained with an elevated diastolic pressure.
16. The physiologic hypervolemia of pregnancy has clinical significance in the management of the severely injured, gravid woman by:
- a. reducing the need for blood transfusion.
 - b. increasing the risk of pulmonary edema.
 - c. complicating the management of closed head injury.
 - d. reducing the volume of crystalloid required for resuscitation.
 - e. increasing the volume of blood loss to produce maternal hypotension.
17. The first maneuver to improve oxygenation after chest injury is:
- a. intubate the patient.
 - b. assess arterial blood gases.
 - c. administer supplemental oxygen.
 - d. ascertain the need for a chest tube.
 - e. obtain a chest x-ray.

18. A 25-year-old man, injured in a motor vehicular crash, is admitted to the emergency department. His pupils react sluggishly and his eyes open to painful stimuli only. He does not follow commands, but he does moan periodically. His right arm is deformed and does not respond to painful stimulus; however, his left hand reaches purposefully toward the painful stimulus. Both legs are stiffly extended. His GCS score is:
- 7
 - 8
 - 9
 - 10
 - 11
19. A 20-year-old woman, at 32 weeks gestation, is stabbed in the upper right chest. In the emergency department, her blood pressure is 80/60 mm Hg. She is gasping for breath, extremely anxious, and yelling for help. Breath sounds are diminished in the right chest. The most appropriate first step is to:
- perform tracheal intubation.
 - insert an oropharyngeal airway.
 - perform needle decompression of the right chest.
 - manually displace the gravid uterus to the left side of the abdomen.
 - initiate 2 large-caliber peripheral IV lines and crystalloid infusion.
20. Which one of the following findings in an adult should prompt immediate management during the primary survey?
- Distended abdomen.
 - Glasgow Coma Scale Score of 11.
 - Temperature of 36.5°C (97.8°F).
 - Heart rate of 120 beats per minute.
 - Respiratory rate of 40 breaths per minute.
21. A trauma patient presents to your emergency department with inspiratory stridor and a suspected c-spine injury. Oxygen saturation is 88% on high-flow oxygen via a nonrebreathing mask. The most appropriate next step is to:
- apply cervical traction.
 - perform immediate tracheostomy.
 - insert bilateral thoracostomy tubes.
 - maintain 100% oxygen and obtain immediate c-spine x-rays.
 - maintain inline immobilization and establish a definitive airway.
22. When applying the Rule of Nines to infants,
- it is not reliable.
 - the body is proportionally larger in infants than in adults.
 - the head is proportionally larger in infants than in adults.
 - the legs are proportionally larger in infants than in adults.
 - the arms are proportionally larger in infants than in adults.

23. A 60-year-old man sustains a stab wound to the right posterior flank. Witnesses state the weapon was a small knife. His heart rate is 90 beats per minute, blood pressure is 128/72 mm Hg, and respiratory rate is 24 breaths per minute. The most appropriate action to take at this time is to:
- perform a colonoscopy.
 - perform a barium enema.
 - perform an intravenous pyelogram.
 - perform serial physical examinations.
 - suture repair the wound and outpatient follow up.
24. The following are criteria for transfer to a burn center, **EXCEPT** for:
- Partial-thickness and full-thickness burns on greater than 10% of the BSA
 - Any full-thickness burn
 - Partial-thickness and full-thickness burns involving the face, hands, feet, genitalia, perineum, and skin overlying major joints
 - Elevated central venous pressure
 - Inhalation injury
25. Systolic blood pressure starts to decrease in which class of hemorrhage?
- Class 0
 - Class 1
 - Class 2
 - Class 3
 - Class 4
26. A 7-year-old boy is brought to the emergency department by his parents several minutes after he fell through a window. He is bleeding profusely from a 6-cm wound of his medial right thigh. Immediate management of the wound should consist of:
- application of a tourniquet.
 - direct pressure on the wound.
 - packing the wound with gauze.
 - direct pressure on the femoral artery at the groin.
 - debridement of devitalized tissue.
27. For the patient with severe traumatic brain injury, profound hypocarbia should be avoided to prevent:
- respiratory alkalosis.
 - metabolic acidosis.
 - cerebral vasoconstriction with diminished perfusion.
 - neurogenic pulmonary edema.
 - shift of the oxyhemoglobin dissociation curve.

28. A 33-year-old woman is involved in a head-on motor vehicle crash. It took 30 minutes to extricate her from the car. Upon arrival in the emergency department, her heart rate is 120 beats per minute, BP is 90/70 mm Hg, respiratory rate is 16 breaths per minute, and her GCS Score is 15. Examination reveals bilaterally equal breath sounds, anterior chest wall ecchymosis, and distended neck veins. Her abdomen is flat, soft, and not tender. Her pelvis is stable. Palpable distal pulses are found in all 4 extremities. Of the following, the most likely diagnosis is:
- hemorrhagic shock.
 - cardiac tamponade.
 - massive hemothorax.
 - tension pneumothorax.
 - diaphragmatic rupture.
29. A hemodynamically normal 10-year-old girl is admitted to the Pediatric Intensive Care Unit (PICU) for observation after a Grade III (moderately severe) splenic injury has been confirmed by computed tomography (CT). Which of the following mandates prompt laparotomy?
- A serum amylase of 200.
 - A leukocyte count of 14,000.
 - Extraperitoneal bladder rupture.
 - Free intraperitoneal air demonstrated on follow-up CT.
 - A fall in the hemoglobin level from 12 g/dL to 8 g/dL over 24 hours.
30. A 40-year-old woman restrained driver is transported to the emergency department in full spinal immobilization. She is hemodynamically normal and found to be paraplegic at the level of T10. Neurologic examination also determines that there is loss of pain and temperature sensation with preservation of proprioception and vibration. These findings are consistent with the diagnosis of:
- central cord syndrome.
 - spinal shock syndrome.
 - anterior cord syndrome.
 - complete cord syndrome.
 - Brown-Séquard syndrome.
31. Hemorrhage of 20% of the patient's blood volume is associated usually with:
- oliguria.
 - confusion.
 - hypotension.
 - tachycardia.
 - blood transfusion requirement.

32. Which one of the following statements concerning intraosseous infusion is **TRUE**?
- a. Only crystalloid solutions may be safely infused through the needle.
 - b. Aspiration of bone marrow confirms appropriate positioning of the needle.
 - c. Intraosseous infusion is the preferred route for volume resuscitation in small children.
 - d. Intraosseous infusion may be utilized indefinitely.
 - e. Swelling in the soft tissues around the intraosseous site is not a reason to discontinue infusion.
33. The most important, immediate step in the management of an open pneumothorax is:
- a. endotracheal intubation.
 - b. operation to close the wound.
 - c. placing a chest tube through the chest wound.
 - d. placement of an occlusive dressing over the wound.
 - e. initiation of 2 large-caliber IVs with crystalloid solution.
34. Which one of the following situations requires Rh immunoglobulin administration to an injured woman?
- a. Negative pregnancy test, Rh negative, and torso trauma.
 - b. Positive pregnancy test, Rh positive, and has torso trauma.
 - c. Positive pregnancy test, Rh negative, and has torso trauma.
 - d. Positive pregnancy test, Rh positive, and has an isolated wrist fracture.
 - e. Positive pregnancy test, Rh negative, and has an isolated wrist fracture.
35. A 22-year-old man is hypotensive and tachycardic after a shotgun wound to the left shoulder. His blood pressure is initially 80/40 mm Hg. After 2 liters of crystalloid solution his blood pressure increases to 122/84 mm Hg. His heart rate is now 100 beats per minute and his respiratory rate is 28 breaths per minute. His breath sounds are decreased in the left hemithorax, and after initial IV fluid resuscitation, a closed tube thoracostomy is performed for decreased left breath sounds with the return of a small amount of blood and no air leak. After chest tube insertion, the most appropriate next step is:
- a. reexamine the chest.
 - b. perform an aortogram.
 - c. obtain a CT scan of the chest.
 - d. obtain arterial blood gas analyses.
 - e. perform transesophageal echocardiography.

36. A construction worker falls two stories from a building and sustains bilateral calcaneal fractures. In the emergency department, he is alert, vital signs are normal, and he is complaining of severe pain in both heels and his lower back. Lower extremity pulses are strong and there is no other deformity. The suspected diagnosis is most likely to be confirmed by:
- angiography.
 - compartment pressures.
 - retrograde urethrogram.
 - doppler-ultrasound studies.
 - complete spine x-ray series.
37. A 22-year-old female athlete is stabbed in her left chest at the third interspace in the anterior axillary line. On admission to the emergency department and 15 minutes after the incident, she is awake and alert. Her heart rate is 100 beats per minute, blood pressure 80/60 mm Hg, and respiratory rate 20 breaths per minute. A chest x-ray reveals a large left hemothorax. A left chest tube is placed with an immediate return of 1600 mL of blood. The next management step for this patient is:
- perform a thoracoscopy.
 - perform an arch aortogram.
 - insert a second left chest tube.
 - prepare for an exploratory thoracotomy.
 - perform a chest CT.
38. A 56-year-old man is thrown violently against the steering wheel of his truck during a motor vehicle crash. On arrival in the emergency department he is diaphoretic and complaining of chest pain. His blood pressure is 60/40 mm Hg and his respiratory rate is 40 breaths per minute. Which of the following best differentiates cardiac tamponade from tension pneumothorax as the cause of his hypotension?
- Tachycardia.
 - Pulse volume.
 - Breath sounds.
 - Pulse pressure.
 - Jugular venous pressure.
39. All of the following are true of the Mallampati classification, **EXCEPT**:
- Class IV is the easiest intubation, while Class I is the most difficult..
 - It helps assess for difficult intubations.
 - It is part of the LEMON assessment.
 - It comprises a visual assessment of the distance from the tongue base to the roof of the mouth, and therefore the amount of space in which there is to work.
 - A poor Mallampati score is associated with a higher incidence of obstructive sleep apnea.

40. A 23-year-old man sustains three stab wounds to the upper right chest during an altercation and is brought by ambulance to a hospital that has full surgical capabilities. His wounds are all above the nipple. He is endotracheally intubated, closed tube thoracostomy is performed, and 2 liters of crystalloid solution are infused through 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% O₂). 1500 mL of blood has drained from the right chest. The most appropriate next step in managing this patient is to:
- a. perform FAST.
 - b. obtain a CT of the chest.
 - c. perform an angiography.
 - d. urgently transfer the patient to the operating room.
 - e. immediately transfer the patient to a trauma center.