

ADVANCED PRE-TEST EXAM

1. **The ITLS Reassessment Exam:**
 - A. Needs to be performed only on patients transported with lights and sirens.
 - B. Should be performed every 5 minutes for Load and Go patients.
 - C. Only covers the airway and circulatory status of the patient.
 - D. Can only be performed by the highest trained team member.

2. **The Cardiac Box represents a vital area in thoracic trauma. Which of the following would not be one of its boundaries?**
 - A. Clavicles.
 - B. Midclavicular line.
 - C. Intersection with costal margins.
 - D. Anterior Axillary line.

3. **Which of the following patients would benefit the most from Helicopter-based Emergency Medical Services (HEMS)?**
 - A. A gunshot victim with pneumothorax downtown, near a large hospital.
 - B. A backcountry skier with both femurs fractured, 1 hour away from the nearest hospital.
 - C. A rock climber with a sprained ankle, 2 hours away from the nearest hospital.
 - D. A motor vehicle accident (MVA) victim with an unstable pelvis, 15 minutes away from the trauma center.

4. **A 35-year-old man falls from a ladder. He is conscious and reports chest pain, dyspnea, crepitus over the lower right ribs, and decreased breath sounds on that side with tympany. Which of the following injuries would be LEAST likely to be found in this patient?**
 - A. Rib fractures.
 - B. Pneumothorax.
 - C. Cardiac tamponade.
 - D. Abdominal injury.

5. **Which of the following statements about spinal motion restriction (SMR) in elderly trauma patients is CORRECT?**
- A. Forcing the occiput onto the backboard ensures proper neutral alignment in all patients.
 - B. Kyphotic patients may require padding to maintain natural alignment during transport.
 - C. Blanket SMR is recommended for all blunt trauma patients regardless of age or condition.
 - D. SMR has no impact on airway control or aspiration risk.
6. **When evaluating an elderly trauma patient, which of the following is CORRECT?**
- A. Elderly patients tend to score higher on the VAS pain scale, similar to younger adults.
 - B. Information about what happened should be requested from family members or witnesses before approaching the victim.
 - C. Elderly trauma patients are usually over-triaged, since their injuries are often minor compared to younger adults.
 - D. It is essential to observe the environment for clues to the cause of the injury or for possible signs of abuse.
7. **An 18-year-old male is in a head-on collision with a speeding car while riding a bicycle. The patient has decreased responsiveness; GCS = 12 (E4 V3 M5). Your initial assessment reveals slight lower abdominal swelling, contusions on the left lateral thigh, lower back, and right lumbar region, but no tenderness. Vital signs: 92/66, RR 27, P 130, and SpO2 97%. You should:**
- A. Perform manual palpation repeatedly to determine pelvic stability.
 - B. Considering the mechanism of injury, applying a pelvic binder restoring mechanical stability and reducing hemorrhage.
 - C. Log-roll the patient on to a stretcher/spinal board and transport immediately.
 - D. Secure an airway by placing an oropharyngeal airway.
8. **Which of the following instructions given from the Emergency Call Center to a witness of an accident is CORRECT while waiting for emergency services to arrive?**
- A. Place a supraglottic airway device.
 - B. Control hemorrhage with direct pressure.
 - C. Apply a tourniquet to the junction.
 - D. Place a cervical collar.

9. **A cyclist suffers a fall, presents with an open wound in the left groin region and deformity of the extremity. When the rescue team arrives, the scene is safe. The general impression is of an unconscious patient who is not moving and not breathing, with abundant bleeding from the wound. What would be the first action in this case?**
- A. Open the airway with control of the cervical spine.
 - B. Administer oxygen with a high-flow reservoir mask.
 - C. Begin chest compressions.
 - D. Control the bleeding.
10. **A 40-year-old man fell from a scaffold. He is unconscious, apneic, with a central pulse. What is the correct BVM ventilation rate and volume if monitoring is not available?**
- A. Squeezing the bag one-third at a rate of 1 breath every 6 seconds.
 - B. Squeezing the bag halfway at a rate of 1 breath every 4 seconds.
 - C. Squeezing the bag completely at a rate of 1 breath every 6 seconds.
 - D. Squeezing the bag two-thirds at a rate of 1 breath every 10 seconds.
11. **A brief neurologic exam of a patient with altered mental status includes:**
- A. Glasgow Coma Scale, glucose check, pupil examination.
 - B. Glucose check, pulse oximetry, pupil examination.
 - C. Glasgow Coma Scale, corneal reflex, ETCO₂.
 - D. Corneal reflex, pupil examination, pulse/motor/sensory.
12. **Which of the following is CORRECT regarding the categories of blast injuries?**
- A. Quaternary blast injury results from hazards that the initial blast releases.
 - B. Tertiary blast injury occurs when objects being propelled by the initial blast strike a patient.
 - C. Secondary blast injury results from a patient being thrown from the initial blast.
 - D. Primary blast injury is the result of the blast wave.
13. **In the High Threat environment, medical decisions are modified based on:**
- A. Local protocol.
 - B. Size of the incident.
 - C. Immediacy of threat.
 - D. EMT discretion.
14. **In which of the following victims would you suspect hypoperfusion and the need for early intervention?**
- A. 45-year-old man with an abdominal trauma, BP 140/85, HR: 110
 - B. 24-year-old woman with penetrating chest trauma. BP 130/85, HR: 100
 - C. 30-year-old man with a blunt chest trauma BP: 100/60; HR: 130
 - D. 40-year-old woman, with penetrating abdominal trauma. BP: 120/60; HR: 98

15. A 30-year-old woman is found unconscious, apneic, and pulseless as a result of several wounds to the chest and abdomen due to violence by her partner. Of the following answers, which would be the LEAST likely cause of traumatic cardiac arrest in this patient?
- A. Hypovolemia.
 - B. Hyperkalemia.
 - C. Acidosis.
 - D. Cardiac tamponade.
16. Your team has been dispatched to a patient who has suffered a fall and has a partial amputation of the right lower extremity with a bone fragment protruding. The wound is bleeding and is not controlled with direct pressure. Which of the following would be the next best intervention?
- A. Continue with direct pressure, changing the dressing.
 - B. Wrap with saline-soaked gauze and apply ice.
 - C. Place a tourniquet above the wound and bone fragment.
 - D. Apply a hemostatic agent.
17. In a low perfusion state, what would be an expected capnography reading?
- A. Above 50 mmHg.
 - B. Below 20 mmHg.
 - C. Between 30-35 mmHg.
 - D. Between 35-45 mmHg.
18. At the scene of a multi-casualty incident, rescuers are using the START triage method. Which of the following triage assignments is CORRECT?
- A. A 25-year-old male is walking around, alert, with only minor abrasions. He is tagged GREEN.
 - B. A 40-year-old female is not breathing, and after opening the airway she remains apneic. She is tagged RED.
 - C. A 60-year-old male has a respiratory rate of 40/min, capillary refill under 2 seconds, and follows simple commands. He is tagged GREEN.
 - D. A 12-year-old child has a respiratory rate of 24/min, capillary refill over 2 seconds, and is unable to follow commands. He is tagged YELLOW..
19. Which of the following is the LEAST commonly associated with a decreased level of consciousness in a child?
- A. Head trauma.
 - B. Hypoxia.
 - C. Pain.
 - D. Shock.

20. **Which of the following sets of vital signs is most compatible with a diagnosis of isolated traumatic brain injury with increasing intracranial pressure?**
- A. BP 170/100; P 50.
 - B. BP 80/60; P 130.
 - C. BP 80/60; P 50.
 - D. BP 170/100; P 130.
21. **Which of the following situations is associated with a better outcome in a patient with a Traumatic Cardiac Arrest?**
- A. The Automated External Defibrillator (AED) indicates that a shock should be performed.
 - B. Estimated Time of Arrival (ETA) to the receiving hospital exceeds 1 hour.
 - C. Dilated pupils.
 - D. Capnography with EtCO₂ reading less than 10 mmHg after 15 minutes of resuscitation.
22. **What is the CORRECT order of interventions for a patient with severe external hemorrhage?**
- A. Apply direct pressure → Elevate limb → Tourniquet → Wound packing for deep truncal wounds.
 - B. Tourniquet first → Direct pressure → Elevate limb → Wound packing for deep junctional wounds.
 - C. Direct pressure → Tourniquet if needed → Wound packing for deep junctional wounds.
 - D. Wound packing for deep truncal wounds → Direct pressure → Tourniquet.
23. **Which extremity trauma should be managed as a potential open fracture until proven otherwise?**
- A. Ankle sprain.
 - B. Dislocation.
 - C. Closed fracture with deformity.
 - D. Muscle strain.
24. **A 30-year-old woman has been involved in a side collision. She is confused inside the car and complains of tingling in both legs and pain on her right side. Smoke and fire are beginning to emerge from the car. What would be the best option for extrication?**
- A. Emergency rescue.
 - B. Self-extrication.
 - C. Rapid extrication with a long spinal board.
 - D. Extrication with a short extrication device.

- 25. In a vehicle collision with a pole, a victim hits their head against the windshield. Select the CORRECT option according to collision theory:**
- A. First collision: The brain impacts the occipital bone as it rebounds backward.
 - B. Second collision: The occupant hits the windshield.
 - C. Third collision: The vehicle impacts the pole.
 - D. Fourth collision: An unrestrained object inside the vehicle impacts the victim's head.
- 26. Which of the following is CORRECT regarding respiratory changes in the elderly?**
- A. Functional residual capacity increases, protecting against hypoxia.
 - B. Vital capacity decreases, and the respiratory reserve is limited.
 - C. Mucociliary clearance improves, reducing infection risk.
 - D. Rib fractures are less dangerous in elderly trauma patients than in younger ones.
- 27. Which of the following is CORRECT regarding non-pharmacological measures in trauma patients?**
- A. Side effects are less common and easily reversible.
 - B. In general, the effect of these measures takes time to manifest.
 - C. They must be applied simultaneously with analgesics.
 - D. They are only applicable to cooperative patients
- 28. A complete spinal cord injury is defined as:**
- A. Loss of sensation above the level of injury.
 - B. Loss of movement only below the level of injury.
 - C. Loss of motor and sensory functions below the level of injury.
 - D. The patient has movement but no sensation below the level of injury.
- 29. Which of the following organs is more susceptible to injury in a blunt abdominal trauma?**
- A. Abdominal aorta.
 - B. Spleen.
 - C. Small bowel.
 - D. Urinary bladder.
- 30. Which of the following patient presentations is indicative of heat stroke?**
- A. A marathon runner who pulls out of the race at the mid-point because they complained of muscle cramps and dizziness.
 - B. A child who is found unconscious in the backseat of a car during a hot summer day.
 - C. An elderly person who suffered a brief syncope at the long-term care facility.
 - D. A hiker calling for help near the summit of a trail because they felt weak, nauseous and had bouts of vomiting.

- 31. What key information is gathered during the ITLS "SAMPLE" history?**
- A. Signs and symptoms, allergies, medications, past medical history, last meal, and events leading to the injury.
 - B. Skin color, airway patency, mental status, pulse rate, last medical visit, and extremity movement.
 - C. Symptoms, allergies, mental status, parents' medical history, last meal, and events leading to the injury.
 - D. Scene conditions, allergies, mechanism of injury, pulse, last meal, and environmental factors.
- 32. What does a tension pneumothorax become when "successfully decompressed" with a needle?**
- A. Open pneumothorax.
 - B. Simple pneumothorax.
 - C. Complete resolution of the pneumothorax.
 - D. It remains the same since the treatment of choice is a finger thoracostomy.
- 33. A 6-month (24 weeks) pregnant woman has been involved in a minor car accident. She has no obvious injuries. Her BP is 100/60, HR: 80, RR: 18. These observations are typical of:**
- A. Early signs of hypovolemic shock in the mother.
 - B. Signs of possible neurogenic shock.
 - C. Normal vital signs of pregnancy.
 - D. Signs of aortocaval compression syndrome.
- 34. A 16-year-old female is rescued from a burning house. She has 25% partial thickness burns, and the burned areas are hot to the touch. What is the appropriate treatment?**
- A. Apply ice to burned areas until cool to the touch.
 - B. Apply clean water to burned areas for up to 5-10 minutes.
 - C. Apply iced water to burned areas until cool to the touch.
 - D. Do not apply anything to burned areas other than clean sheets.
- 35. A 56-year-old male sustains a gunshot wound to the abdomen. Vital signs are BP 74/32, P 136 present only at the carotid, and R 24 and shallow. The target of fluid resuscitation is:**
- A. Return of peripheral pulses.
 - B. Maintenance of central pulses.
 - C. Systolic blood pressure of 110-120.
 - D. Pulse rate of 100.

36. **A 3-year-old male fell from 9 feet (3 meters). He has a decreased level of consciousness and is making persistent "grunting" sounds with respirations. Your initial treatment is to:**
- A. Provide ventilatory support with supplementary oxygen.
 - B. Suction the patient and apply oxygen with a nasal cannula.
 - C. Apply a cervical collar and transport immediately.
 - D. Quickly complete a rapid trauma survey.
37. **You respond to a 33-year-old construction worker with an abdominal puncture from an accidental discharge of a nail gun. He is alert, pale, and with abdominal tenderness. FAST reveals free fluid. Vitals: BP 80/53, HR 125, RR 24, SpO₂ 92%. Which of the following is the CORRECT management?**
- A. Oxygen, IV fluid therapy (3.000 cc of saline), analgesia, tranexamic acid, and spinal motion restriction.
 - B. Oxygen, IV fluid therapy (to maintain SBP of 90 mmHg), analgesia, and tranexamic acid.
 - C. Oxygen, IV fluid therapy (to maintain SBP of 110 mmHg), hemostatic agent on the wound, tranexamic acid, and analgesia.
 - D. Assisted ventilation, IV fluid therapy (maintenance rate), analgesia, and tranexamic acid.
38. **What is the purpose of the Rapid Trauma Survey in ITLS?**
- A. To identify life-threatening injuries and quickly transport the patient.
 - B. To provide definitive care at the scene.
 - C. To stabilize minor injuries before transport.
 - D. To assess the patient's medical history.
39. **What is the primary focus of trauma triage criteria?**
- A. Ensuring patients are treated at the nearest facility.
 - B. Ensuring patients are treated at the most appropriate facility based on their injury.
 - C. Minimizing the use of advanced life support.
 - D. Reducing healthcare costs.
40. **Which of the following events is more likely to be considered a mass casualty incident (MCI)?**
- A. A gang-related shootout with 4 victims in a large urban center.
 - B. A car vs car motor vehicle accident (MVA) with 4 victims on a rural county road.
 - C. A chemical spill in the industrial park of a small city with 4 victims and access to a Level II Trauma Center.
 - D. An improvised explosive device in the subway of a large urban center with 4 victims.

41. **Which of the following is CORRECT regarding the management of a patient with suspected pelvic injury?**
- A. Reassess the pelvis for stability by compression each time the patient is moved.
 - B. If the exam is painful, apply a pelvic binder at the level of the greater trochanters.
 - C. If bleeding is not noted in the perineum, a pelvic fracture can be ruled out
 - D. Avoid giving analgesics to prevent alteration of LOC.
42. **Which of the following is the gold standard for confirming the placement of a supraglottic airway?**
- A. Bilateral breath sounds.
 - B. SPO2 levels above 90%.
 - C. Square waveform on capnography.
 - D. Equal chest rise and fall.
43. **The rescue unit is attending to a patient who has fallen from a height of about 9 feet (3 meters). When they approach to assess him, they find that he is unconscious, apneic, and pulseless. What ITLS assessment are they undergoing to identify his condition?**
- A. Scene Size-up.
 - B. Initial Assessment.
 - C. Rapid Trauma Survey.
 - D. Focused Exam.
44. **What is the primary physiological consequence of a blast lung injury?**
- A. Traumatic hemothorax.
 - B. Rib fractures and chest wall injury.
 - C. Rupture of the diaphragm muscle.
 - D. Alveolar rupture and pulmonary hemorrhage.
45. **Routine use of hyperventilation in the traumatic brain injury (TBI) patient will:**
- A. Cause vasoconstriction and increased cerebral ischemia.
 - B. Cause vasodilation and decreased intracranial pressure (ICP).
 - C. Cause an increase of end-tidal CO2.
 - D. Cause peripheral hypoxia and cyanosis.
46. **A 30-year-old woman has been hit by a car while crossing a street. Initial assessment reveals the patient is conscious and has no external bleeding. She has pain along her left side, and a significant deformity of her left thigh is visible. After your initial assessment, what would be the next most appropriate action?**
- A. Immobilize the leg with a splint.
 - B. Cover it with a blanket to prevent hypothermia.
 - C. Perform a Rapid Trauma Survey.
 - D. Administer an analgesic.

47. **Which of the following statements is CORRECT regarding spinal motion restriction?**
- A. Patients should be removed from the long spine board when it is safe and practical to do so.
 - B. Neck traction should be applied to extend the neck upward during cervical collar application.
 - C. Remaining on the board for prolonged periods can produce discomfort, pressure sores, and respiratory compromise.
 - D. A long backboard is not indicated in penetrating wounds of the torso, neck, or head unless there is clinical evidence of a spine injury.
48. **What is the most serious early complication of burns from electrical contact?**
- A. Cervical spine injury.
 - B. Cardiac arrhythmia.
 - C. Hypovolemic shock.
 - D. Renal failure.
49. **A 45-year-old female is found unconscious at the scene of a motor vehicle collision. Her vital signs are BP 80/40, P 130, and R 30. Which of the following is the most likely cause for her vital signs?**
- A. Fractured lower legs.
 - B. Intracranial hemorrhage.
 - C. Bleeding into the chest or abdomen.
 - D. Spinal cord injury with neurogenic shock.
50. **Which of the following associations is CORRECT regarding ventilation?**
- A. Hyperventilation: excessive ventilation pressure.
 - B. Overventilation: abnormally slow respiratory rate.
 - C. Hypoventilation: insufficient breathing volume.
 - D. Bradypnea: insufficient ventilation volume.