1. Which of the following organs is contained in the retroperitoneal region of the abdomen?
    a. Stomach
    b. Liver
    c. Kidney
    d. Uterus

2. What is Sellick's maneuver?
    a. A method allowing the rescuer to hold a mask on the face with both hands
    b. A system used to calculate minute volume
    c. Another name for Mallampati
    d. Posteriorly directed pressure applied to the cricoid cartilage

3. In a combat situation, the most appropriate way to manage a life-threatening bleed is to:
    a. Apply layers of absorbent trauma gauze
    b. Apply a tourniquet proximal to the site of bleeding
    c. Apply a tourniquet distal to the site of bleeding
    d. Apply pressure points proximal to the site of bleeding

4. A 16-year-old girl is burned in an attempted honor killing. 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 touch
    b. Apply clean water to burned areas for up to 1-2 minutes
    c. Apply iced water to burned areas until cool to touch
    d. Do not apply anything to burned areas other than clean sheets

5. Proper immobilization of a forearm (radius and ulna) fracture involves splinting which of the following?
    a. Elbow and fracture site
    b. Fracture site only
    c. Wrist and fracture site
    d. Wrist, elbow, and fracture site

6. What treatment is NOT indicated in the routine management of the patient with a head injury?
    a. Administration of 100% oxygen
    b. A complete Initial Assessment
    c. Hyperventilating to obtain an $ETCO_2$ of less than 30
    d. Stabilization of the cervical spine

7. Which of the following sets of vital signs is most compatible with a diagnosis of isolated head injury with increasing intracranial pressure?
    a. BP 170/100; pulse 50/min
    b. BP 80/60; pulse 130/min
    c. BP 80/60; pulse 50/min
    d. BP 170/100; pulse 130/min

8. Which of the following trauma situations would be considered "load and go"?
    a. Awake and alert patient who has blood coming out of one ear
    b. Patient who received a blow to his head with no loss of consciousness
    c. Patient with abdominal tenderness, clammy skin, blood pressure 100/70, and pulse 130/min
    d. Patient with tender, deformed lower leg

9. Which one of the following is a reason to interrupt the Initial Assessment?
    a. Cardiac arrest
    b. Multiple open (compound) fractures
    c. Severe head injury with brain tissue visible
    d. Severe shock

10. A 24-year-old soldier is found on the ground after falling from a fourth story roof while clearing a building during an exercise at Camp Fisher Peak. He is hypotensive, diaphoretic, tachycardic, and unconscious. Injuries include open skull fracture, pelvis fractures, and flail chest. What should be your goal for on scene time?
    a. 5 minutes or less
    b. 5 to 10 minutes
    c. 10 to 15 minutes
    d. As long as necessary to assess and stabilize the patient

11. Which of the following injuries would change an otherwise stable trauma patient's category from "stable" to "load and go"?
    a. Bilateral clavicle fracture
    b. Bilateral femur fracture
    c. Bilateral humerus fracture
    d. Bilateral tibia fracture

12. What is the most common injury that results from a fall from a height for an infant?
    a. Head
    b. Chest
    c. Abdomen
    d. Extremities

13. Which of the following will generally suffer the LEAST structural damage from a gunshot wound produced by a rifle?
    a. Spleen
    b. Kidney
    c. Liver
    d. Lung

14. Which one of the following is typically associated with post-traumatic hemorrhage, EARLY shock?
    a. Ventricular dysrhythmias
    b. Hypotension
    c. Loss of 30% to 45% of blood volume
    d. Narrowed pulse pressure

15. Among the following, what is the most common cause of preventable trauma death in the injured adult patient?
    a. Airway obstruction
    b. Cardiac tamponade
    c. Hemorrhagic shock
    d. Spinal injury

16. In a combat situation, which of the following patients is considered to NOT need SMR?
    a. A soldier who survives a direct penetrating injury to the neck and who is neurologically intact
    b. A soldier who sustains direct blunt force neck and head trauma while attempting to negotiate with a village elder and is confused
    c. A soldier who falls from a roof while searching for insurgents and is unresponsive
    d. A military driver involved in a motor vehicle collision who is showing evidence of paralysis

17. Which of the following is most typical of early neurogenic shock?
    a. Increased pulse; clammy skin
    b. Increased pulse; warm and dry skin
    c. Decreased pulse; clammy skin
    d. Decreased pulse; warm and dry skin

18. A 23-year-old civilian contractor is injured in a motorcycle collision. The patient appears disoriented and grossly intoxicated. There is a large laceration on his scalp that is actively bleeding. The patient refuses treatment and threatens to call his lawyer if anyone touches him. What should you do?
    a. Allow the patient to phone his lawyer
    b. Have the patient sign a release form, then let him go
    c. Have the patient placed under protective custody, then treat and transport the patient using restraints if necessary
    d. Wait until the patient passes out from his head injury or bleeding, then transport

19. A 54-year-old soldier is involved in a motor vehicle collision in Camp Fisher Peak. The steering wheel is bent. During your Initial Assessment, you note his skin is pale and his radial pulses are present. Breath sounds are clear; heart tones are not muffled. Which one of the following is most consistent with these findings?
    a. Cardiac contusion
    b. Traumatic aortic rupture
    c. Flail chest
    d. Tension pneumothorax

20. What is the most common cause of cardiopulmonary arrest in the trauma patient?
    a. Brain injury
    b. Hypoxemia
    c. Myocardial contusion
    d. Ventricular arrhythmia

21. A 35-year-old paratrooper is found unconscious after a low-altitude jump goes wrong. His vital signs are blood pressure, 80/40; pulse, 130/min; and respirations, 30/min. Which of the following is the MOST likely cause for his vital signs?
    a. Fractured lower legs
    b. Intracranial hemorrhage
    c. Bleeding into the chest or abdomen
    d. Spinal cord injury with neurogenic shock

22. Which of the following regarding oxygen in a combat zone is TRUE?
    a. Large tanks can be installed in any vehicle
    b. Oxygen concentrators are more portable then tanks
    c. Low oxygen is the most common issue faced on the battlefield
    d. It may not be practical to have oxygen on some combat missions

23. You respond to an adult patient who has a respiratory rate of 36 per minute, $ETCO_2$ level of 30 mmHg, and an oxygen saturation of 80%. You should administer oxygen via:
    a. Non-rebreather mask at 12 liters per minute
    b. Nasal cannula at 6 liters per minute
    c. Venturi mask at 40%
    d. Bag-valve-mask ventilation with supplemental oxygen

24. Which of the following findings would be a reason to interrupt the Primary Survey?
    a. Complete airway obstruction
    b. Gasping respirations
    c. Impaled object in abdomen
    d. Very weak pulse

25. In a combat situation, which of the following is a critical part of the Scene & Situation Size-up that is not found in the civilian environment?
    a. Rapid Trauma Survey only ever done during transport to avoid being shot
    b. Assessment of the enemy threat and situational risk
    c. Setting up the landing zone for a helicopter
    d. Vital signs

26. Which area of the spine is most susceptible to injury in a rear-impact motor vehicle collision?
    a. Cervical
    b. Thoracic
    c. Lumbar
    d. Sacral-coccygeal

27. Weak, fast pulse and normal blood pressure suggest what condition?
    a. Compensated hypovolemic shock
    b. Decompensated neurogenic shock
    c. Late burn shock
    d. Late hemorrhagic shock

28. A trauma victim has the following findings on Primary Survey: difficulty breathing, rapid and weak pulse, flat neck veins, midline trachea, decreased breath sounds on the left, and dullness to percussion on the left. What is the most likely injury?
    a. Cardiac tamponade
    b. Flail chest
    c. Tension pneumothorax
    d. Massive hemothorax

29. A 32-year-old 132 lb. (60 kg) soldier crashes a reconnaissance vehicle into an anti-tank ditch while on exercise. During your Initial Assessment, you note present and equal bilateral breath sounds; his pulse is rapid and weak, and his radial pulse disappears when he inhales. Which of the following does he most likely have?
    a. Cardiac contusion
    b. Cardiac tamponade
    c. Flail chest
    d. Tension pneumothorax

30. An 18-year-old soldier is driving a troop carrier when it hits a tree. He is found in the driver's seat with a bent steering wheel. He is unconscious; skin cool, pale and clammy; blue around the lips with labored respirations of 30 per minute and shallow; thready radial pulses of about 120 per minute; distended neck veins; tracheal deviation to the right; and an asymmetrical chest with absent breath sounds on the left. You assume he has a:
    a. Cardiac tamponade
    b. Tension pneumothorax
    c. Massive hemothorax
    d. Simple pneumothorax

31. Which one of the following mnemonics can be used to help predict which patients might potentially have difficult bag mask ventilation?
    a. MMAP
    b. IPPV
    c. RSI
    d. BOOTS

32. A 25-year-old female soldier weighing 132 lbs. (60 kg) is involved in a high-speed motor vehicle collision on base. The Primary Survey reveals: rapid breathing, cyanosis, weak and rapid pulse, distended neck veins, midline trachea, contusion to sternum and equal breath sounds. High-flow oxygen by mask is being given. The NEXT action is to:
    a. Complete spinal motion restriction and transport
    b. Stabilize the sternum
    c. Stop the assessment and immediately transport
    d. Obtain vital signs

33. A 23-year-old female soldier has fallen from the top of the tower while participating in an unauthorized after-hours rappelling exercise. She opens her eyes to voice; skin is normal in color; respirations about 16 per minute and unlabored; pulse 54 and a little weak at the wrist; and no external bleeding. She has flat neck veins, a normal chest and abdomen, and a stable pelvis. Her pulse ox reading is 94 and her BP is 74/30. This patient is experiencing:
    a. Hypovolemic shock
    b. Relative hypovolemic (high-space) shock
    c. Mechanical (obstructive) shock
    d. Cardiogenic shock

34. Which of the following may affect the reliability of a pulse oximetry reading?
    a. Cyanide poisoning
    b. High ambient light
    c. Carbon monoxide poisoning
    d. All of the above

35. During the Primary Survey, you recognize your patient is in need of immediate ventilator support. You delegate this intervention to a team member and you continue the Primary Survey. This delegation of intervention is called:
    a. The “Follow Orders” process
    b. The “Treat It as You Find It” process
    c. The “Soldier On” process
    d. The “Fix It” process

36. Which of the following conditions is your FIRST priority in management of a trauma patient?
    a. Open the airway and assess for breathing
    b. Provide ventilator support for your patient
    c. Control major external bleeding
    d. Begin chest compressions if pulses are absent

37. In the absence of herniation syndrome, adult head injured patients should be:
    a. Ventilated at a rate of 8-10 per minute
    b. Ventilated at a rate of 12-14 per minute
    c. Ventilated at a rate of 16-18 per minute
    d. Ventilated at a rate of 20 per minute

38. Supine hypotension syndrome in the pregnant patient is caused by:
    a. Uterine obstruction of venous blood flow
    b. Atelectasis (collapse of small airways) of the lungs
    c. Uterine pressure on the vagal nerve
    d. Gastric reflux

39. Which of the following has a greater chance of surviving traumatic cardiopulmonary arrest?
    a. A patient who suffers blunt force trauma to the torso
    b. A patients with non-dilated pupils
    c. A patients with dilated unresponsive pupils
    d. A patient with penetrating chest trauma who is hypothermic

40. Tourniquet application should be limited to less than:
    a. 1 hour
    b. 2 hours
    c. 3 hours
    d. 4 hours

41. Hemostatic agents applied directly to the source of bleeding must be used in conjunction with:
    a. Direct pressure to the wound
    b. Tourniquets proximal to the wound
    c. Pressure points to arteries proximal to the wound
    d. Elevation of the wound above the level of the heart

42. Which assessment tool(s) may assist in predicting patient deterioration for a patient otherwise appears stable?
    a. Serum lactate levels
    b. Blood sugar levels
    c. Abdominal ultrasound
    d. A & C

43. Which of the following concerning blast injury is TRUE?
    a. Primary injury is caused by heat
    b. Secondary injury is caused by materials propelled
    c. Tertiary injury is caused by toxic fumes
    d. Quaternary injury is caused by the displacement of the body

44. What are the most important factors in determining injuries sustained in a fall?
    a. Distance, impact area on the body, surface struck
    b. Distance, clothing worn, surface struck
    c. Distance, movement during the fall, underlying medical conditions
    d. Distance, underlying medical conditions, surface struck

45. You have a patient with an isolated stab wound to the lateral chest. According to recent studies, which of the following procedures can be avoided?
    a. Assisting ventilations
    b. Supplemental oxygen
    c. Occlusive dressing
    d. Spinal motion restriction

46. The "Golden Period" begins:
    a. At the time of injury
    b. At the time your unit is dispatched
    c. When your unit arrives on scene
    d. When your unit leaves the scene for the hospital

47. Pulsus pardoxus is best described by which of the following?
    a. The radial pulse disappears upon inspiration
    b. The radial pulse is absent
    c. The radial pulse is stronger than the carotid pulse
    d. There are unequal radial pulses

48. As intracranial pressure rises after an isolated head injury, what does the systolic blood pressure do?
    a. Stays the same
    b. Decreases
    c. Increases
    d. Changes randomly

49. A 35-year-old male is found at the scene of a minor motor vehicle collision. He is alert and oriented and complaining of knee pain. Your assessment reveals a respiratory rate of 16 per minute and non-labored; pulse rate of 88 per minute and strong; blood pressure 124/64; unequal pupils; and swelling to the isolated knee injury. What is the most likely cause of the unequal pupils?
    a. Pre-existing condition (anisocoria)
    b. Increased intracranial pressure
    c. Alcohol intoxication
    d. Hypotension

50. In the elderly, which of the following findings is most likely caused by an acute injury?
    a. Edema of the lower extremities
    b. Hypotension
    c. Loss of lung tissue elasticity
    d. Decreased peripheral vision