

1. A 34-year-old 165 lb. (75 kg) soldier is injured in a motor vehicle collision. Physical examination is normal except for diffuse abdominal tenderness. He is conscious and vital signs obtained en route to the hospital are: respirations of 20 per minute; pulse rate of 120 per minute; blood pressure 100/60. How should this patient be managed in the field?
  - a. Intravenous fluid at a "keep open" rate
  - b. Intravenous fluid at 20 ml/kg bolus
  - c. Fentanyl 100 mcg intravenous
  - d. Insert an oropharyngeal airway and assist ventilations
  
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. Fluid resuscitation to a BP of 110-120 systolic if the patient is hypotensive
  - c. Hyperventilating to obtain an ETCO<sub>2</sub> 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 should be performed at the scene of a "load and go", prior to moving the trauma patient to the ambulance?
  - a. Apply traction splint for femur fracture
  - b. Decompress tension pneumothorax
  - c. Initiate intravenous line
  - d. Obtain vital signs
  
10. 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

11. A 24-year-old soldier is found on the ground after slipping off 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?
- 5 minutes or less
  - 5 to 10 minutes
  - 10 to 15 minutes
  - As long as necessary to assess and stabilize the patient
12. Which of the following injuries would change an otherwise stable trauma patient's category from "stable" to "load and go"?
- Bilateral clavicle fracture
  - Bilateral femur fracture
  - Bilateral humerus fracture
  - Bilateral tibia fracture
13. What is the most common injury that results from a fall from a height for an infant?
- Head
  - Chest
  - Abdomen
  - Extremities
14. What site is the first choice for intraosseous infusion?
- Proximal tibia
  - Distal humerus
  - Proximal femur
  - Distal fibula
15. Which of the following will generally suffer the LEAST structural damage from a gunshot wound produced by a rifle?
- Spleen
  - Kidney
  - Liver
  - Lung

16. A 34-year-old insurgent has a gunshot wound to the right groin area. Arterial bleeding, that cannot be controlled with direct pressure is coming from the wound. The patient appears confused, diaphoretic, and has weak peripheral pulses. What is the appropriate fluid resuscitation for this patient?
- Intravenous fluid at a "keep open" rate
  - Apply a hemostatic agent and gain intravenous access ; give enough fluid to maintain peripheral pulses
  - Intravenous fluid at a wide open rate; give at least two liters, then reassess patient
  - No intravenous access should be established in this situation
17. Which one of the following is typically associated with, post-traumatic hemorrhage, EARLY shock?
- Ventricular dysrhythmias
  - Hypotension
  - Loss of 30% to 45% of blood volume
  - Narrowed pulse pressure
18. Among the following, what is the most common cause of preventable trauma death in the injured adult patient?
- Airway obstruction
  - Cardiac tamponade
  - Hemorrhagic shock
  - Spinal injury
19. In a combat situation, which of the following patients is considered to NOT need SMR?
- A soldier who survives a direct penetrating injury to the neck and who is neurologically intact
  - A soldier who sustains direct blunt force neck and head trauma while attempting to negotiate with a village elder and is confused
  - A soldier who falls from a roof while searching for insurgents and is unresponsive
  - A military driver involved in a motor vehicle collision who is showing evidence of paralysis
20. Which of the following is most typical of early neurogenic shock?
- Increased pulse; clammy skin
  - Increased pulse; warm and dry skin
  - Decreased pulse; clammy skin
  - Decreased pulse; warm and dry skin

21. 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?
- Allow the patient to phone his lawyer
  - Have the patient sign a release form, then let him go
  - Have the patient placed under protective custody, then treat and transport the patient using restraints if necessary
  - Wait until the patient passes out from his head injury or bleeding, then transport
22. In decompressing a tension pneumothorax in a combat situation, which of the following methods is often preferred and why?
- Superior border of the fourth rib, lateral anterior axillary line which can be accessed without removing body armor
  - Inferior border of the fourth rib, lateral anterior axillary line which can be accessed without removing body armor
  - Superior border of the third rib, midclavicular line, as the catheter is less likely to be dislodged when the patient's arm is moved
  - Superior border of the second rib, midclavicular line, as the catheter is less likely to be dislodged when the patient's arm is moved
23. 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?
- Cardiac contusion
  - Traumatic aortic rupture
  - Flail chest
  - Tension pneumothorax
24. What is the most common cause of cardiopulmonary arrest in the trauma patient?
- Brain injury
  - Hypoxemia
  - Myocardial contusion
  - Ventricular arrhythmia

25. A 49-year-old man is run over by a Humvee in Camp Fisher Peak. Findings include a distended abdomen and obviously deformed pelvis; a quick look at the monitor shows asystole. Which of the following is the most appropriate act?
- Establish intravenous access and administer a 20mL/kg bolus
  - Establish intravenous access and administer a 1 liter bolus
  - Establish intravenous access and administer a 2-4 liter bolus
  - Resuscitative efforts should be discontinued and the patient pronounced dead
26. Which of the following statements concerning treatment of shock in the pregnant burn patient is TRUE?
- Oxygen should be used sparingly so as to avoid oxygen toxicity to the fetus
  - Pressor agents such as dopamine should be used to improve circulation to the fetus
  - Volume replacement should be given earlier and in larger amounts to the pregnant burn patient
  - Volume replacement should be given more slowly so as to avoid fluid overloading the fetus
27. Which area of the spine is most susceptible to injury in a rear-impact motor vehicle collision?
- Cervical
  - Thoracic
  - Lumbar
  - Sacral-coccygeal
28. 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:
- Cardiac tamponade
  - Tension pneumothorax
  - Massive hemothorax
  - Simple pneumothorax

29. Which one of the following may predict which patients might have difficult laryngoscopy and intubation?
- Patients with dentures
  - Patients with history of asthma
  - Patients with an overbite
  - Patients with beards
30. An 18-year-old male paratrooper was blown into a cliff and found unconscious; respiratory rate of 36 and shallow; weak carotid pulse at 130 with no obvious external bleeding. The Primary Survey reveals distended neck veins; midline trachea; anterior chest wall bruising and bilaterally decreased breath sounds. This patient is presenting with a:
- Massive hemothorax
  - Tension pneumothorax
  - Cardiac tamponade
  - Fractured sternum
31. 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; diaphragmatic respirations at 10 per minute with minimal chest wall movement; pulse 54 and weak at the wrist with no external bleeding identified. She has flat neck veins, a normal chest and abdomen, and a stable pelvis. Pulse oximetry indicates 92 with a BP of 84/50. This patient is experiencing:
- Hypovolemic shock
  - Relative hypovolemic (high-space) shock
  - Mechanical (obstructive) shock
  - Cardiogenic shock
32. A 19-year-old female soldier struck in the chest during a hand-to-hand combat training exercise presents with opening her eyes to voice; respirations are rapid and shallow; skin is ashen, cool and clammy; radial pulse is thready, intermittent and too rapid to count. There is no gross external bleeding present; flat neck veins; trachea is midline with no obvious chest, abdomen or pelvis injury. This patient is experiencing:
- Hypovolemic shock
  - Relative hypovolemic (high-space) shock
  - Mechanical (obstructive) shock
  - Cardiogenic shock

33. Which of the following would be the most compelling reason to intubate a patient immediately?
- Snoring respirations
  - Gurgling respirations
  - Inability to ventilate (achieve chest rise)
  - Traumatic arrest
34. Which of the following may affect the reliability of a pulse oximetry reading?
- Cyanide poisoning
  - High ambient light
  - Carbon monoxide poisoning
  - 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:
- The "Follow Orders" process
  - The "Treat It as You Find It" process
  - The "Soldier On" process
  - The "Fix It" process
36. Which of the following conditions is your FIRST priority in management of a trauma patient?
- Open the airway and assess for breathing
  - Provide ventilator support for your patient
  - Control major external bleeding
  - Begin chest compressions if pulses are absent
37. In the absence of herniation syndrome, adult head injured patients should be:
- Ventilated at a rate of 8-10 per minute
  - Ventilated at a rate of 12-14 per minute
  - Ventilated at a rate of 16-18 per minute
  - Ventilated at a rate of 20 per minute
38. Supine hypotension syndrome in the pregnant patient is caused by:
- Uterine obstruction of venous blood flow
  - Atelectasis (collapse of small airways) of the lungs
  - Uterine pressure on the vagal nerve
  - Gastric reflux



39. Which of the following has a greater chance of surviving traumatic cardiopulmonary arrest?
- A patient who suffers blunt force trauma to the torso
  - A patients with non-dilated pupils
  - A patients with dilated unresponsive pupils
  - A patient with penetrating chest trauma who is hypothermic
40. Tourniquet application should be limited to less than:
- 1 hour
  - 2 hours
  - 3 hours
  - 4 hours
41. Hemostatic agents applied directly to the source of bleeding must be used in conjunction with:
- Direct pressure to the wound
  - Tourniquets proximal to the wound
  - Pressure points to arteries proximal to the wound
  - Elevation of the wound above the level of the heart
42. Which assessment tool(s) may assist in predicting patient deterioration for a patient who otherwise appears stable?
- Serum lactate levels
  - Blood sugar levels
  - Abdominal ultrasound
  - A & C
43. Which of the following concerning blast injury is TRUE?
- Primary injury is caused by heat
  - Secondary injury is caused by materials propelled
  - Tertiary injury is caused by toxic fumes
  - Quaternary injury is caused by the displacement of the body
44. What are the most important factors in determining injuries sustained in a fall?
- Distance, impact area on the body, surface struck
  - Distance, clothing worn, surface struck
  - Distance, movement during the fall, underlying medical conditions
  - 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?
- Assisting ventilations
  - Supplemental oxygen
  - Occlusive dressing
  - Spinal motion restriction
46. The “Golden Period” begins:
- At the time of injury
  - At the time your unit is dispatched
  - When your unit arrives on scene
  - When your unit leaves the scene for the hospital
47. Pulsus paradoxus is best described by which of the following?
- The radial pulse disappears upon inspiration
  - The radial pulse is absent
  - The radial pulse is stronger than the carotid pulse
  - There are unequal radial pulses
48. Which of the following is the correct orientation for inserting an intraosseous needle to the proximal tibia?
- Medial to the midline, avoiding the growth plate
  - Medial to the midline, pointing towards the growth plate
  - Lateral to the midline, avoiding the growth plate
  - Lateral to the midline, pointing towards the growth plate
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 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?
- Pre-existing condition (anisocoria)
  - Increased intracranial pressure
  - Alcohol intoxication
  - Hypotension
50. In the elderly, which of the following findings is most likely caused by an acute injury?
- Edema of the lower extremities
  - Hypotension
  - Loss of lung tissue elasticity
  - Decreased peripheral vision