CHAPTER 31 QUIZ

Write the letter of the best answer in the space provided.

1. The major components of the central nervous system include the brain and the
   A. cranium.  
   B. spinous process.  
   C. spinal cord.  
   D. dura mater.

2. If a patient tries to move away from or remove a painful stimulus, this response is termed _____ movement.
   A. purposeful  
   B. nonpurposeful  
   C. catatonic  
   D. decorticate

3. The helmet-like structure that protects the brain is called the
   A. basilar skull.  
   B. cranial skull.  
   C. dura mater.  
   D. meninges.

4. The weakest portion of the skull is made up of many separate bones. It is called the _____ skull.
   A. basilar  
   B. temporal  
   C. parietal  
   D. occipital

5. Because of the scalp’s rich blood supply, one likely result of a scalp injury is
   A. Battle’s sign.  
   B. bleeding from the ears.  
   C. cerebrospinal fluid from the nose.  
   D. profuse bleeding.

6. After taking BSI precautions, the first step in providing emergency care to a patient with skull fractures and brain injuries is to
   A. apply a cervical collar.  
   B. control bleeding.  
   C. provide manual stabilization of the head.  
   D. transport the patient immediately.

7. A collection of blood within the skull or brain tissue is called a
   A. hematoma.  
   B. contusion.  
   C. concussion.  
   D. laceration.

8. Within the skull, the brain is cushioned in a dense serous substance called _____ fluid.
   A. cerebrospinal  
   B. meningeal  
   C. pericardial  
   D. peritoneal

9. All of the following structures are part of the brain stem except the
   A. pons.  
   B. midbrain.  
   C. medulla.  
   D. arachnoid.

10. All of the following are highly vascular membranes separating the cranium and the brain except the
    A. subarachnoid space.  
    B. pia mater.  
    C. dura mater.  
    D. arachnoid.

11. All of the following are signs of Cushing’s reflex except a(n)
    A. increase in blood pressure.  
    B. decrease in heart rate.  
    C. increase in heart rate.  
    D. change in respiratory status.

(continued)
12. The bruising and swelling of brain tissue that may accompany concussion is called a(n)
   A. contusion.  
   B. stroke.  
   C. epidural rupture.  
   D. subdural avulsion.

13. The extreme emergency following a skull fracture in which arterial bleeding pools between the skull and the protective covering of the brain is called a(n)
   A. subdural hematoma.  
   B. laceration.  
   C. contusion.  
   D. epidural hematoma.

14. In documenting a possible head or spine injury, it is critical to note whether the patient, even briefly, lost
   A. his breath.  
   B. consciousness.  
   C. his balance.  
   D. capillary refill.

15. A head injury in which the scalp is lacerated but there is no opening in the skull is a(n)
   A. open head injury.  
   B. closed head injury.  
   C. epidural hematoma.  
   D. subdural hematoma.
Review the following real-life situation. Then answer the questions that follow.

At 1800 hours on a hot summer afternoon, you and your crew are called to a domestic dispute. Dispatch informs you that guns were involved. When you arrive, the police have secured the scene and it is safe. As you approach the scene, you find a 32-year-old male patient who is combative and responds only to painful stimuli. You note an entrance wound on the left parietal area. In addition, you note the presence of Battle’s sign. Initial assessment reveals an increasing blood pressure, decreasing heart rate, and altered respirations.

1. What are your initial management considerations?

2. Explain your transport decision.

3. What five interventions should be carried out while en route to the definitive care facility?
CHAPTER 31 REVIEW

Write the word or words that best complete each sentence in the space provided.

1. The major components of the ______________ ______________ ______________ ______________ are the brain and the spinal cord.

2. The serous substance called ______________ ______________ ______________ protects the brain and spinal cord against impact.

3. Because head injuries can be so serious, the EMT must always be alert for signs of the mechanism of injury during the ______________ ______________ ______________.

4. The ______________ skull is made up of plates of large, flat bones that are fused together to form a helmet-like covering.

5. Inside the skull, the brain is protected from injury by three ______________.

6. The scalp has many ______________ ______________ ______________, so any scalp injury may bleed profusely.

7. ______________ hematoma is the most common type of head injury.

8. Bruising and swelling of the brain tissue, or a(n) ______________ ______________, occurs when the force of a blow is great enough to rupture blood vessels.

9. In addition to AVPU, some EMS systems use the ______________ ______________ ______________ ______________ for determining a patient’s level of responsiveness.

10. A late finding in a patient with isolated head trauma is that blood pressure ______________ ______________ and heart rate ______________ ______________.

11. Two nonpurposeful responses that a patient with a head injury might make include ______________ ______________ and ______________ ______________.

12. In a rapid trauma exam of a patient with a head injury, examine the head for ______________ ______________ ______________ ______________, or ______________ ______________ ______________ around the head and face.

13. The lowest level on the AVPU scale is ______________ ______________.

(continued)
14. A purplish discoloration of the soft tissues around one or both eyes is called ________________________________ and may be an indication of intracranial injury.

15. In documenting injuries to the head and spine, carefully note any changes in the patient’s ________________________________ throughout assessment, treatment, and transport.
HEAD TRAUMA: LISTING

1. List four types of brain injuries.

2. List, in order from outer to inner, the meninges.

3. List the three anatomical components of the brain and give one function or characteristic of each.

4. List four mechanisms of injury that commonly produce head injuries.

5. List the three signs indicative of Cushing’s reflex.
Recognizing Brain Structure

Demonstrate your familiarity with the anatomy of the brain by writing the names of the following structures in the appropriate places on the diagram below.

- Arachnoid
- Cerebellum
- Cerebral cortex
- Cranium
- Dura mater
- Medulla oblongata
- Pia mater
- Spinal cord
CHAPTER 32 QUIZ

Write the letter of the best answer in the space provided.

_______ 1. All of the following are signs and symptoms in patients with spinal injuries except
   A. paralysis.                        C. hyperglycemia.
   B. priapism.                      D. incontinence.

_______ 2. The part of the nervous system located outside of the brain and spinal cord that detects
   sensations such as pain is the _____ nervous system.
   A. peripheral                        C. central
   B. autonomic                        D. involuntary

_______ 3. The part of the nervous system that controls involuntary functions such as heartbeat and
   breathing is the _____ nervous system.
   A. peripheral                        C. central
   B. autonomic                        D. involuntary

_______ 4. Sports helmets most typically open in the
   A. front.                            C. left side.
   B. back.                            D. right side.

_______ 5. In the prehospital environment, the two most likely types of helmets to be encountered
   are the sports helmet and the _____ helmet.
   A. flight                          C. football
   B. military                        D. motorcycle

_______ 6. The mechanism of injury in which the vertebrae and spinal cord are stretched and pulled
   apart is called
   A. rotation.                       C. distraction.
   B. flexion.                       D. extension.

_______ 7. The appropriate time to initiate in-line stabilization of the cervical spine is
   A. prior to opening the airway.
   B. after opening the airway.
   C. during transport.
   D. after insertion of an oropharyngeal airway.

_______ 8. In spinal shock, a patient’s skin is
   A. cool and dry.                C. flushed and damp.
   B. warm and dry.              D. cool and sweaty.

_______ 9. Probably the most common and reliable sign of spinal-cord injury in conscious
   patients is
   A. Battle’s sign.                C. raccoon’s sign.
   B. pupil dilation.           D. paralysis of the extremities.

_______ 10. In the normal extrication of a patient with suspected spinal injury, the device that an
    EMT would apply first is the
    A. cervical collar.          C. Kendrick Extrication Device.
    B. short spine board.      D. long spine board.
11. The mechanism of injury in which there is severe forward movement of the head or the torso is curved excessively forward is called
   A. rotation.                   C. distraction.
   B. flexion.                   D. extension.

12. When applying a short spine board or flexible extrication device, you should first secure the
   A. torso.                     C. shoulders.
   B. chest.                     D. head.

13. The move used to shift a supine patient onto a long backboard for immobilization is the
   A. blanket drag.              C. firefighter’s lift.
   B. armpit–forearm drag.       D. log roll.

14. The spinal column is composed of 33 bones called
   A. meninges.                  C. phalanges.
   B. vertebrae.                 D. carpals.

15. Which one of the following is not an indication for removing a helmet in a case of suspected head or spine injury?
   A. Helmet interferes with assessment of the ABCs.
   B. Helmet fits snugly.
   C. Patient goes into cardiac arrest.
   D. Helmet fits loosely.
IN THE FIELD

Review the following real-life situation. Then answer the questions that follow.

You and your partner are called to the football stadium at the local high school. You arrive to find the quarterback lying in the center of the field at the 30-yard line in a supine position. Coaches are gathered around him, and one of them meets you as you exit the ambulance. This coach tells you that the quarterback has not moved since he was tackled. As you approach, you notice that none of the quarterback’s protective gear has been removed.

1. What is your general impression of the mechanism of the patient’s injury?

2. As you approach the patient, what should you do?

3. What device would you use for transporting the patient?

4. What continuing emergency care steps would you provide for this patient?
Write the word or words that best complete each sentence in the space provided.

1. Two major functions of the nervous system are ______________________________ and ______________________________.

2. The structural divisions of the nervous system are the ______________________________ nervous system and the ______________________________ nervous system.

3. The functional divisions of the nervous system are the ______________________________ nervous system and the ______________________________ nervous system.

4. The ______________________________ ______________________________ gives the body its framework, supports and protects vital organs, and permits motion.

5. The ______________________________ ______________________________ is the principal support system of the body.

6. The spinal column is made up of 33 irregularly shaped bones called ______________________________.

7. The first seven vertebrae, which form the neck, are called the ______________________________ ______________________________.

8. ______________________________ ______________________________ must not be released until the patient is securely strapped to a backboard and is completely immobilized.

9. A condition referred to as ______________________________ shock inhibits neural transmissions to the arteries and arterioles.

10. If neurogenic shock is caused by spinal-cord injury, it may be called ______________________________ shock.

11. ______________________________ is a persistent erection of the penis resulting from damage to the spinal nerves to the genitals.

12. Damage to the spinal cord and neck can produce complete paralysis of the entire body, a condition called ______________________________.

13. Paralysis to only one side of the body is more common in head injuries and stroke, and it is called ______________________________.
14. An EMT will need to ______________________________ ______________________________ a supine patient to apply the long backboard.

15. Whenever an EMT sees a spider-web-cracked windshield, he or she knows that the driver needs full ______________________________ ______________________________.
SPINAL COLUMN AND SPINAL CORD TRAUMA: LISTING

1. List the structural divisions and functional divisions of the nervous system.

2. List four signs or symptoms that suggest a possible spinal injury.

3. List the five divisions of the spinal or vertebral column and the number of vertebra in each.
4. Compression is one mechanism of spinal injury. List six others.

5. List questions that should be asked during assessment of a patient with suspected spine injury.
Indicate if the following statements are true or false by writing T or F in the space provided.

1. If the EMT suspects that the patient has a spinal injury, he or she should initiate spinal precautions.

2. Your suspicion regarding the presence of a spinal injury should not be altered by the patient’s ability to walk.

3. Until the EMT has completely immobilized the patient, manual stabilization of the head and neck should be maintained.

4. Because an improperly fitting immobilization device will do more harm than good, proper sizing is of utmost importance.

5. The larger head of the infant or young child will cause the head to flex when the patient is supine.

6. If a sports helmet is left in place on the patient, the spine is considered to be properly immobilized.

7. Spinal injury cannot exist without external evidence of trauma.

8. Spinal shock results specifically from injury to the spinal cord, usually high in the cervical spine.

9. A single spinal-cord injury can affect several body organ systems.

10. If a patient is responsive, a rapid trauma assessment is not indicated.
Review your knowledge of immobilization techniques by putting the steps of the procedures below in proper order. With each procedure, write “1” in the space provided next to the step you would perform first, “2” next to the step you would perform next, and so on.

A. Spinal Immobilization of a Supine Patient
   _____ Immobilize patient’s torso to the board.
   _____ Move patient onto long board without compromising integrity of spine.
   _____ Apply appropriately sized cervical collar.
   _____ Immobilize patient’s head to the long board.
   _____ Secure patient’s legs to board.
   _____ Place head in neutral in-line position and maintain manual stabilization.
   _____ Position long spine board.

B. Spinal Immobilization of a Seated Patient
   _____ Immobilize to long spine board.
   _____ Apply appropriately sized cervical collar.
   _____ Rotate patient and lower to long spine board.
   _____ Pad behind patient’s head as necessary.
   _____ Manually stabilize patient’s head in neutral in-line position.
   _____ Position short immobilization device behind patient.
   _____ As needed, secure patient’s legs.
   _____ Secure patient’s head to the device.
   _____ Secure device to patient’s torso.
Write the letter of the best answer in the space provided.

1. The part of the eye that contains the aqueous humor is the
   A. lens.  
   B. cornea.  
   C. anterior chamber.  
   D. vitreous body.

2. An eye injury that involves an eye being pulled out of its socket is called a(n)
   A. extrusion.  
   B. evisceration.  
   C. orbital fracture.  
   D. periorbital ecchymosis.

3. The neck contains all of the following structures except the
   A. carotid arteries.  
   B. mandible.  
   C. jugular veins.  
   D. trachea.

4. The facial bone that is not fused into immovable joints is the
   A. mandible.  
   B. malar.  
   C. temporal bone.  
   D. maxillae.

5. An EMT should only attempt to remove a foreign object from the
   A. retina.  
   B. cornea.  
   C. globe.  
   D. conjunctiva.

6. The globe of the eye, or eyeball, is a sphere approximately 1 inch in diameter that is covered with a tough outer coat called the
   A. cornea.  
   B. pupil.  
   C. sclera.  
   D. iris.

7. A primary treatment for a patient with chemical burns to the eye is
   A. plentiful irrigation.  
   B. bandaging only the injured eye.  
   C. covering both eyes with dry dressings.  
   D. covering both eyes with soaked gauze pads.

8. The signs and symptoms of orbital fracture include all of the following except
   A. vision improvement.  
   B. double vision.  
   C. nasal discharge.  
   D. tenderness to palpation.

9. The portion of the eye that focuses light to the retina is the
   A. cornea.  
   B. pupil.  
   C. iris.  
   D. lens.

10. If a patient has sustained a chemical burn to the eye, the EMT should irrigate the eye for at least 20 minutes or, if the injury involves an alkali, for at least
    A. 1 ½ hours.  
    B. 1 hour.  
    C. 45 minutes.  
    D. 30 minutes.

11. An appropriate irrigant for an EMT to use for a chemical burn is
    A. diluted vinegar.  
    B. alcohol.  
    C. saline.  
    D. sodium bicarbonate.

(continued)
12. The thin covering of the inner eyelids is called the
   A. conjunctiva.  
   B. sclera.  
   C. retina.  
   D. orbit.

13. The correct emergency treatment for profuse bleeding with facial injuries includes
   A. application of cold packs.  
   B. application of heat packs.  
   C. application of alum.  
   D. application of direct pressure.

14. Clear or bloody fluid draining from the ear can indicate a
   A. dangerously high fever.  
   B. skull fracture.  
   C. foreign body.  
   D. flexion injury.

15. If a nose fracture is suspected, the EMT should
   A. apply direct pressure.  
   B. apply cold compresses.  
   C. apply warm compresses.  
   D. pack the nose with saline gauze.
IN THE FIELD

Review the following real-life situation. Then answer the questions that follow.

Today is a particularly warm day in July. You and your partner respond to a call to a residence not far from your station. A woman is standing in the front yard flagging you down and appears to be quite upset. As you follow her to the back of the house, she explains to you, between sobs, that her 8-year-old son was hosting a pool party for his baseball team. Two of the young boys were scuffling, and her son was inadvertently pushed into a plate glass window into the house.

You enter the house and you note a very upset and crying child lying just inside the den. You note moderate bleeding from the patient’s face and neck. In addition, the boy is holding his hand over his left eye. He complains of pain in that eye. After you convince him to remove his hand and allow you to inspect the injury, you note a 1-inch vertical laceration on the left lower eyelid. There is also a laceration on the left side of the neck.

1. List the basic steps you would take in treating this patient.

2. List your steps in management of the eyelid injury.

3. Name at least four considerations for the assessment and treatment of these face and neck injuries.
CHAPTER 33 REVIEW

Write the word or words that best complete each sentence in the space provided.

1. The bony structures of the skull that surround the eyes are called the ______________________________ .

2. The face has ______________________________ bones.

3. The proper medical term for the cheekbones is the ______________________________ bones.

4. When considering an injury to the eye, the EMT must be aware that ______________________________ is a critical consideration in the treatment.

5. If a foreign object becomes lodged in the ______________________________ , the EMT should not attempt to disturb it.

6. The face has many ______________________________ ______________________________ , so any facial injuries may bleed profusely.

7. Injuries serious enough to cause orbital fractures may also cause trauma to the ______________________________ .

8. Eyelid injuries include ______________________________ , ______________________________ , and ______________________________ .

9. Injuries to the globe are best treated at the ______________________________ .

10. A chemical burn to the eye represents a(n) ______________________________ ______________________________ .

11. If an eyeball injury is not suspected, the EMT should cover an injured eyelid with ______________________________ ______________________________ to help reduce swelling.

12. In all calls involving chemical burns to the eye, the EMT should begin ______________________________ with ______________________________ or ______________________________ immediately on contact with the patient.

13. The primary concern with facial fractures is ______________________________ .

14. With chemical burns to the eye, the EMT should irrigate the eye for at least ______________________________ minutes or until arrival at the hospital.

15. Eye injuries are often complicated by the presence of ______________________________ .
1. List five anatomical structures of the eye.

2. List four structures contained in the neck.

3. List four types of facial fractures.

4. List four signs and/or symptoms of orbital fractures.
Indicate if the following statements are true or false by writing T or F in the space provided.

1. When treating bleeding wounds to the neck, the EMT should use circumferential bandages.

2. When treating an injury to the nose, the EMT should not probe for a foreign body.

3. Maintaining an airway is extremely important in neck injuries as is maintaining a high index of suspicion for spine injuries.

4. When dressing an injured ear, place part of the dressing between the ear and side of the head.

5. If the patient has a foreign object impaled in the cheek of the face, the EMT should immediately remove it and transport the patient.

6. When assessing and treating a facial fracture, your first priorities should be to establish and maintain a patent airway, support breathing, and control bleeding.

7. If a tooth has been lost, the tooth should be wrapped in dry gauze.

8. The specialized structures of the face are prone to injury because of their location, but injuries to them are rare.

9. Only attempt removal of objects in the conjunctiva; do not attempt removal of objects on or lodged in the cornea.

10. Even though they are designed for extended wear, soft contact lenses can cause damage if left in for a long time.

11. Generally, you should not remove contact lenses if there has been a chemical burn to the eye.

12. The EMT should always attempt to replace an extruded eyeball back into the socket.

13. If fracture of the orbits is suspected, you should establish and maintain spinal immobilization.

CHAPTER 34 QUIZ

Write the letter of the best answer in the space provided.

1. The respiratory and circulatory organs are protected by the
   A. ribs.                        C. vena cavae.
   B. mediastinum.                D. clavicles.

2. A flail segment occurs
   A. when initiated by paradoxical motion.
   B. with fracture of two or more ribs in two or more places.
   C. only from bullet or knife wounds.
   D. after a pneumothorax.

3. When a patient presents with jugular venous distension, respiratory distress, and hypotension following a closed chest injury, suspect
   A. rib fractures.               C. subcutaneous emphysema.
   B. a sucking chest wound.       D. a tension pneumothorax.

4. A screwdriver impaled in the chest should be managed by
   A. stabilizing it with a bulky dressing.
   B. removing it and covering with an occlusive dressing.
   C. applying vaseline around the screwdriver to seal the edge.
   D. removing it and covering the wound with a pressure dressing.

5. If a patient develops respiratory distress after an occlusive dressing has been applied to a chest wound, the EMT should
   A. cover the wound with more dressing.
   B. lift a corner of the dressing to allow pressure to escape.
   C. begin assisting breathing with positive-pressure ventilation.
   D. continue monitoring, as this reaction is to be expected.

6. A pulmonary contusion can be life-threatening because it can
   A. reduce oxygen exchange via the alveoli.
   B. cause a hemorrhage into the trachea.
   C. take up space needed by the heart to contract.
   D. penetrate the lung.

7. During traumatic asphyxia there is a
   A. slow increase in pressure in the chest.
   B. slow decrease in pressure in the chest.
   C. rapid increase in pressure in the chest.
   D. rapid decrease in pressure in the chest.

8. In a cardiac contusion the most likely area of the heart to be injured is the
   A. right atrium.               C. left atrium.
   B. right ventricle.           D. left ventricle.
9. The most common cause of cardiac tamponade is
   A. shotgun wound to the chest.
   B. fall from a ladder.
   C. stab wound to the heart.
   D. explosion.

10. All of the following are signs and symptoms of major chest trauma except
    A. hemoptysis.
    B. cyanosis.
    C. paradoxical movement.
    D. bradycardia.
Read the following real-life situation. Then answer the questions that follow.

You are dispatched to a tavern where a fight has just taken place. The caller had stated that one man was injured and needed an ambulance because he couldn’t breathe.

1. Given the reported circumstances, what causes might you expect for this problem?

2. What would you do first upon arrival at the scene?

3. After you are able to enter the scene, you find a 24-year-old male lying on the floor, splinting his right rib area and having some difficulty breathing. Blood is noted on the floor, and a raspy noise is heard each time he takes a breath. What would you do next?

4. What emergency care would you provide?

5. During transport, the young man complains of greater difficulty breathing. He is cool, tachypneic, and his neck veins are distended. Examination reveals no breath sounds on the right side. What is likely to be the cause of the problem?

6. What emergency care would you provide?
Write the word or words that best complete each sentence in the space provided.

1. The ______________________________ is the tube-like structure that connects the stomach with the mouth.
2. The two types of chest injuries are ______________________________ and ______________________________.
3. The aorta, vena cava, esophagus, and trachea are located in the ______________________________, a hollow area in the center of the thoracic cavity.
4. The heart is a special type of ______________________________ muscle that can be damaged by penetrating or blunt trauma.
5. Inhalation occurs when the ______________________________ contracts and drops downward and the ______________________________ pull the ribs outward.
6. A(n) ______________________________ ______________________________ occurs when air trapped in the thoracic cavity expands under pressure.
7. A(n) ______________________________ ______________________________ is an injury that is created by a rib segment unattached to the rest of the rib cage.
8. In ______________________________ ______________________________, the rib segment will move inward during inhalation and outward during exhalation.
9. Stabilize a flail segment in the ______________________________ position.
10. Apply a(n) ______________________________ ______________________________ to seal an open chest wound.
11. If a(n) ______________________________ ______________________________ exists, it will become increasingly difficult to ventilate the patient.
12. An open chest wound can pull air into the thoracic cavity, sometimes with a noticeable sound. This injury is referred to as a(n) ______________________________ ______________________________.
13. Fractured ribs may produce ______________________________, a grating sound or sensation.
14. An impaled object in the chest must be ______________________________ before moving the patient.
Indicate if the following statements are true or false by writing T or F in the space provided.

1. The mediastinum houses the trachea.  
   **T**

2. During exhalation, the diaphragm contracts and moves downward.  
   **F**

3. A pneumothorax occurs only if there is a break in the skin over the chest cavity.  
   **T**

4. An occlusive dressing must be taped on all four sides to protect the chest wound.  
   **T**

5. Air in the chest cavity is a hemothorax.  
   **T**

6. Penetrating chest trauma occurs most often with violence.  
   **T**

7. Gloves and eye protection are considered minimal body substance isolation precautions for an open chest injury.  
   **T**

8. Jugular venous distension is an early sign of a tension pneumothorax.  
   **T**

9. Crepitation with rib fractures is generally felt over the abdomen.  
   **T**

10. When a sucking chest wound is detected, immediate care is to dress and bandage it.  
    **F**

11. A patient with a chest injury is considered a high priority.  
    **T**

12. A blow to the chest may cause ineffective heart pumping.  
    **T**
Chest Trauma: Matching

Write the letter of the term in the space provided next to the appropriate definition.

1. Air trapped in the thoracic cavity under pressure  A. bradycardia
2. Blood in the sac surrounding the heart  B. crepitation
3. Contrary chest motion during respiration  C. flail segment
4. Engorgement of the neck veins  D. intercostal muscles
5. Sudden compression of the thoracic cavity  E. jugular venous distension
6. Muscles between the ribs  F. paradoxical movement
7. Collapsed lung  G. pericardial tamponade
8. The space within the chest  H. pneumothorax
9. An open chest wound that permits air entry  I. sucking chest wound
10. Slow heart rate  J. tachypnea
11. Rapid respiratory rate  K. tension pneumothorax
12. Condition created by the fracture of two or more ribs in two or more places  L. thoracic cavity
13. Grating sensation  M. tracheal deviation
14. Movement of the primary breathing tube from its usual position  N. traumatic asphyxia
CHAPTER 35 Quiz

Write the letter of the best answer in the space provided.

1. The damage that results from ruptured hollow abdominal organs is
   A. treatable in the field.
   B. caused by profuse bleeding.
   C. caused by acids and bacteria.
   D. non-life-threatening.

2. Your patient is the driver of a car that was hit head on. You find her lying on the sidewalk with her knees drawn toward her chest. She has no specific complaints. You suspect
   A. little or no injury because she has gotten out of the car.
   B. abdominal trauma due to mechanism of injury and positioning.
   C. cavitational injuries due to mechanism of injury.
   D. paradoxical motion due to patient positioning.

3. Your patient with evisceration becomes tachycardic, cool, and hypotensive during transport; your next action should be to
   A. replace the dressing.
   B. support the injury with the patient’s arm.
   C. reevaluate priority status and expedite transport.
   D. loosen one corner of the dressing.

4. Management of an injury caused by blunt trauma to the scrotum may include
   A. direct pressure.
   B. cold compresses.
   C. oxygen.
   D. all of the above.

5. Management of a female patient who has suffered a laceration to the genital area will include all of the following except
   A. direct pressure.
   B. use of a moistened sanitary pad.
   C. vaginal packing.
   D. assessment for hypoperfusion.

6. The abdominal cavity is separated from the chest cavity by the
   A. diaphragm.
   B. stomach.
   C. lower ribs.
   D. pelvis.

7. All of the following are hollow organs except the
   A. stomach.
   B. gallbladder.
   C. urinary bladder.
   D. liver.

8. Shoulder pain caused by blood irritating the diaphragm is caused by
   A. Kehr sign.
   B. Babinsky sign.
   C. Starling’s law.
   D. none of the above.

9. Abdominal aortic aneurysm may cause the pulses of the lower extremity to
   A. be weaker than the upper extremities.
   B. be different on either side.
   C. be absent.
   D. all of the above.

10. Which is the most common cause of blunt abdominal trauma?
    A. gunshot wounds
    B. assaults
    C. motor vehicle crashes
    D. falls
ABDOMINAL AND GENITOURINARY TRAUMA: MATCHING

Write the letter of the term in the space provided next to the appropriate description.

_______ 1. Protrusion of the abdominal organs
_______ 2. The inner lining of the peritoneum
_______ 3. Liver, spleen, pancreas, and kidneys
_______ 4. Abdominal aorta and inferior vena cava
_______ 5. Pain in the shoulder
_______ 6. Retroperitoneal organs
_______ 7. Inflammation of the peritoneal lining
_______ 8. During inhalation moves down by as much as 3 inches
_______ 9. Assess airway, breathing, and circulation
_______10. Part of the secondary assessment

A. solid organs
B. Kehr sign
C. vascular structures
D. evisceration
E. OPQRST
F. kidneys
G. peritonitis
H. visceral
I. primary assessment
J. diaphragm
Write the word or words that best complete each sentence in the space provided.

1. The abdominal cavity is lined by a ______________________________ -______________________________ sheath-like membrane.

2. ______________________________ ______________________________ spill their contents into the abdominal cavity.

3. Blood is not irritating to the ______________________________ ______________________________ and may not cause severe abdominal pain.

4. The ______________________________ and ______________________________ ______________________________ will bleed massively and quickly lead to hemorrhagic shock.

5. ______________________________ injuries result from penetrating trauma.

6. It takes ______________________________ liter(s) of blood to expand the girth of the abdomen by 1 inch.

7. In conscious patients abdominal pain can be evaluated by using the ______________________________ ______________________________ ______________________________ ______________________________ ______________________________ mnemonic.

8. ______________________________ ______________________________ cause excruciating pain and can be quite embarrassing for the patient.

9. An injury to the ______________________________ and ______________________________ should be treated as a soft tissue injury.

10. Patients with abdominal injuries are not allowed to ______________________________ or ______________________________ in case they need to have emergency surgery.
**ABDOMINAL AND GENITOURINARY TRAUMA: LISTING**

1. List six of the hollow organs contained in the abdominal cavity.

2. List six emergency treatments for abdominal trauma.