

## CHAPTER 10 QUIZ

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

- \_\_\_\_\_ 1. After the initial assessment, the more thorough assessment that an EMT-B performs in the field is the:  
**A.** detailed physical examination.  
**B.** primary survey.  
**C.** focused history and physical exam.  
**D.** scene survey.
- \_\_\_\_\_ 2. The decision to do a rapid trauma assessment is based on:  
**A.** information obtained from the SAMPLE history.  
**B.** the level of consciousness.  
**C.** mechanism of injury.  
**D.** vitals are outside normal limits.
- \_\_\_\_\_ 3. Which of the following would appear in the focused history and physical exam of a medical patient with no signs of trauma or significant mechanism of injury?  
**A.** Determine responsiveness.  
**B.** Assess history of present illness.  
**C.** Determine chief complaint.  
**D.** Do a detailed examination of all extremities.
- \_\_\_\_\_ 4. An easy way for an EMT-B to remember what to look for in assessing the body of a trauma patient is the mnemonic:  
**A.** SAMPLE. **C.** DCAP-BTLS.  
**B.** AVPU. **D.** OPQRST.
- \_\_\_\_\_ 5. In assessing areas of a patient's body, the two main methods the EMT-B uses are inspection and:  
**A.** palliation. **C.** palpation.  
**B.** presentation. **D.** pressure.
- \_\_\_\_\_ 6. The medical term for "bruises" is:  
**A.** deformities. **C.** contusions.  
**B.** abrasions. **D.** lacerations.
- \_\_\_\_\_ 7. Among the most common injuries that an EMT-B can expect to see are:  
**A.** deformities. **C.** abrasions.  
**B.** contortions. **D.** avulsions.
- \_\_\_\_\_ 8. All of the following would lead an EMT-B to suspect a cervical spine injury except:  
**A.** bruise on the forehead. **C.** abdominal pain.  
**B.** broken collar bone. **D.** loss of consciousness.
- \_\_\_\_\_ 9. A cervical spine immobilization device should have all of the following characteristics except:  
**A.** stiffness. **C.** correct size.  
**B.** softness. **D.** rigidity.
- \_\_\_\_\_ 10. Internal bleeding may cause:  
**A.** crepitation. **C.** distortion.  
**B.** paradoxicality. **D.** distention.

- \_\_\_\_\_ 11. All the following would be considered “significant” mechanisms of injury except:
- A. death of another occupant in a car.
  - B. fall from a standing position, less than 6 feet.
  - C. motor-vehicle collision with rollover.
  - D. ejection of a passenger from motor vehicle.
- \_\_\_\_\_ 12. Flat neck veins in a patient who is lying flat indicate:
- A. head injury.
  - B. neck injury.
  - C. chest injury.
  - D. blood loss.
- \_\_\_\_\_ 13. Crepitation refers to the:
- A. altering of mental status.
  - B. sound or feel of broken bones rubbing.
  - C. loss of vision.
  - D. presence of uncontrolled shivering.
- \_\_\_\_\_ 14. Paradoxical motion is most commonly associated with:
- A. chest injury.
  - B. abdominal injury.
  - C. extremity injury.
  - D. head injury.
- \_\_\_\_\_ 15. In a rapid assessment of the body, the area that an EMT-B would examine last is (are) the:
- A. head.
  - B. abdomen.
  - C. pelvis.
  - D. extremities.
- \_\_\_\_\_ 16. In trauma situations, the “S” in SAMPLE history can stand for all the following except:
- A. story.
  - B. symptoms.
  - C. spinal status.
  - D. signs.
- \_\_\_\_\_ 17. Begin the assessment of infant and child trauma patients at the:
- A. head.
  - B. fingertips.
  - C. toes.
  - D. abdomen.
- \_\_\_\_\_ 18. The assessment procedure usually performed on seriously injured or ill patients en route to the hospital is the:
- A. initial assessment.
  - B. detailed physical exam.
  - C. SAMPLE history.
  - D. rapid trauma assessment.
- \_\_\_\_\_ 19. Areas that an EMT-B will assess in the detailed physical examination that were not assessed during the rapid trauma assessment include the:
- A. head and neck.
  - B. chest and abdomen.
  - C. pelvis and posterior body.
  - D. ears, eyes, nose, and mouth.
- \_\_\_\_\_ 20. The best way to calm a frightened trauma patient is through:
- A. administration of sedation.
  - B. constant monitoring.
  - C. avoidance of eye contact.
  - D. explanation of procedures.

## IN THE FIELD

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

You and your partner arrive on the scene of a motor-vehicle accident within minutes of the call. You see the flashing lights of the state troopers' cars. A fire truck is also in sight. The firefighters have put up scene lights. To the right of the road, you spot a set of tire tracks. An automobile rests on all four wheels in a ditch.

After the fire department stabilizes the vehicle, you approach. Inside the vehicle, you notice a middle-aged man who appears to be sleeping, judging by his snoring. He seems oblivious to all the commotion. You immediately stabilize his head manually and then try to arouse him. The patient awakens quickly, but he seems confused and his speech is slightly slurred. His airway is patent, and his breathing relaxed and displays no apparent difficulty. His radial pulse is strong and regular at roughly 100 beats per minute. As you work, you notice a strong smell of alcohol in the car and on the patient.

Your partner points out the damage on both sides of the car and on the roof. You conclude that the driver rolled his car before it went off the road. You decide to continue manual stabilization of his cervical spine and extricate him from the vehicle onto a long backboard. While you take this care step, you ask one of the EMT-Bs from the fire department to take a set of baseline vital signs. You also request a Paramedic intercept through the EMS coordinator.

At this point, you begin to perform the rapid trauma assessment. The assessment reveals no significant injuries to the patient. The vital signs are also within normal limits. In light of his mental status, you choose to move the patient rapidly out of the ditch, via a Stokes basket, up a ladder, and into the waiting ambulance.

1. What is the mechanism of injury? Would you consider it "significant"?
2. Were the assessments correctly performed? Explain.
3. Considering the injuries presented and the mechanism involved, where should this patient have been transported?

## CHAPTER 10 REVIEW

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

1. \_\_\_\_\_ means “injury,” and injuries can range from slight to severe, from a cut finger to a massive wound.
2. The first step of the focused history and physical exam is to reconsider the \_\_\_\_\_.
3. The \_\_\_\_\_ is what the patient tells you is the matter.
4. When you assess areas of the patient’s body, you will evaluate them in two main ways: \_\_\_\_\_ and \_\_\_\_\_.
5. An easy way to remember what you are trying to find during a physical exam is the memory aid \_\_\_\_\_.
6. The medical term for bruising is \_\_\_\_\_.
7. Cut, open wounds that sometimes cause significant blood loss are known as \_\_\_\_\_.
8. Make sure the cervical collar is the right \_\_\_\_\_ for the patient.
9. The “T” in DCAP-BTLS stands for \_\_\_\_\_.
10. The assessment step called for in a patient with a significant mechanism of injury is the \_\_\_\_\_.
11. The sound or feel of bones rubbing against each other is known as \_\_\_\_\_.
12. A(n) \_\_\_\_\_ is a permanent surgical opening in the neck through which a patient breathes.
13. \_\_\_\_\_ can be a sign of a condition known as “flail chest.”
14. In trauma situations, it is good to think of the “S” in SAMPLE as standing for not just “signs and symptoms” but also for \_\_\_\_\_.
15. Assess all four extremities for \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and sensation.
16. En route to the hospital, you may have time to do a more complete patient assessment known as the \_\_\_\_\_.
17. Bruising behind a patient’s ears is called \_\_\_\_\_.

**HANDOUT 10-4: Continued**

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18. In conducting a detailed physical exam of the ears, you are looking for DCAP-BTLS plus \_\_\_\_\_.
19. The final step of the detailed physical exam is to reassess the \_\_\_\_\_.
20. A detailed physical exam does not take place before transport unless \_\_\_\_\_.

## TRAUMA PATIENT ASSESSMENT LISTING

Complete the following lists.

1. List the five steps for the focused history and physical exam of a trauma patient with no significant mechanism of injury.

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2. List nine significant mechanisms of injury for adults.

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3. List three additional significant mechanisms of injury for a child.

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4. List the eight things to look for when using DCAP-BTLS to assess areas of a patient's body.

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**TRAUMA PATIENT ASSESSMENT MATCHING**

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

- A. colostomy
- B. crepitation
- C. detailed physical examination
- D. distention
- E. focused history and physical exam
- F. jugular vein distention
- G. paradoxical motion
- H. priapism
- I. rapid trauma assessment
- J. stoma

- \_\_\_\_\_ 1. quick physical assessment of the major areas of the body to detect injury
- \_\_\_\_\_ 2. permanent surgical opening in the neck that the patient breathes through
- \_\_\_\_\_ 3. surgical opening in the wall of the abdomen
- \_\_\_\_\_ 4. assessment that involves using SAMPLE to gather information
- \_\_\_\_\_ 5. methodical physical examination of the patient done en route to the hospital
- \_\_\_\_\_ 6. bulging neck veins, normally seen in a patient lying flat
- \_\_\_\_\_ 7. persistent erection of the penis, often resulting from spinal injury
- \_\_\_\_\_ 8. grating sound or feeling of broken bones rubbing together
- \_\_\_\_\_ 9. condition of being stretched, bloated, inflated, or larger than normal
- \_\_\_\_\_ 10. movement of part of the chest in the opposite direction of the rest of the chest when breathing

# Chapter 10 Answer Key

## HANDOUT 10-2: Chapter 10 Quiz

- |      |       |       |       |
|------|-------|-------|-------|
| 1. C | 6. C  | 11. B | 16. C |
| 2. C | 7. C  | 12. D | 17. C |
| 3. B | 8. C  | 13. B | 18. B |
| 4. C | 9. B  | 14. A | 19. D |
| 5. C | 10. D | 15. D | 20. D |

## HANDOUT 10-3 In the Field

1. An assessment of the damage would indicate that the car rolled over at least once. This is considered a significant mechanism of injury. The EMT-B should perform a focused history and physical exam for a trauma patient with a significant mechanism of injury.
2. Yes. After the initial assessment, the EMT-B correctly decided that this patient was a high-priority patient. The EMT-B continued manual cervical spine immobilization, requested an ALS intercept, and began a rapid trauma assessment while waiting for the crew to package the patient.
3. In light of the injuries, or apparent lack of them, it would seem that the patient could be transported to the local hospital. However, in reassessing the mechanism of injury, it is obvious that there is a potential for extensive internal injuries. Therefore, the patient should be transported to the closest trauma center for further evaluation.

## HANDOUT 10-4: Chapter 10 Review

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|-----------------------------|----------------------------------|
| 1. Trauma                   | 12. stoma                        |
| 2. mechanism of injury      | 13. Paradoxical motion           |
| 3. chief complaint          | 14. story                        |
| 4. inspecting, palpating    | 15. distal pulse, motor function |
| 5. DCAP-BTLS                | 16. detailed physical exam       |
| 6. contusion                | 17. Battle's sign                |
| 7. lacerations              | 18. drainage                     |
| 8. size                     | 19. vital signs                  |
| 9. tenderness               | 20. transport is delayed         |
| 10. rapid trauma assessment |                                  |
| 11. crepitation             |                                  |

## HANDOUT 10-5: Trauma Patient Assessment Listing

1. Reconsider the MOI. Determine the chief complaint. Perform a focused physical exam. Obtain baseline vital signs. Take a SAMPLE history.
2. ejection from vehicle; death in same passenger compartment; falls of more than 15 feet or 3 times patient's height; rollover of vehicle; high-speed vehicle collision; vehicle-pedestrian collision; motorcycle crash; unresponsive or altered mental status; penetrations of the head, chest, or abdomen
3. falls from more than 10 feet; bicycle collision; vehicle in medium-speed collision
4. deformities, contusions, abrasions, punctures/penetrations, burns, tenderness, lacerations, swelling

## HANDOUT 10-6: Trauma Patient Assessment Matching

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|------|------|------|------|-------|
| 1. I | 3. A | 5. C | 7. H | 9. D  |
| 2. J | 4. E | 6. F | 8. B | 10. G |