

- 1. Upon arrival at a trauma scene, you should complete a(n):
 - A. Initial assessment
 - B. Scene size-up
 - C. Rapid trauma survey
 - D. ITLS Reassessment Exam
- 2. Prolonged scene times may reflect:
 - A. A decrease in death rates
 - B. Delivery of better care
 - C. Accomplishment of interventions
 - D. Ineffective team collaboration
- 3. Which of the following indicates a state of hyperventilation?
 - A. An adult respiratory rate greater than 18 per minute
 - B. A tidal volume of less than 400 ml
 - C. An oxygen saturation greater than 94%
 - D. An end tidal carbon dioxide level less than 30 mmHg
- 4. An unresponsive 34-year-old female was struck by a motor vehicle. You observe asymmetrical chest wall movement with a flail segment on the right. Following delegation of c-spine control and opening the airway, you should:
 - A. Consider bag-mask ventilation
 - B. Place a cervical collar
 - C. Administer low-flow oxygen
 - D. Establish pain management plan
- 5. A 23-year-old female fell from a second-floor balcony. Upon arrival, you find her lying in the grass. She responds to verbal commands and your assessment reveals flat neck veins, and normal chest, abdomen and pelvis examinations. Vital signs are BP 74/40, P 54 and weak, and R 16. You should suspect:
 - A. Hypovolemic shock
 - B. Relative hypovolemic (high-space) shock
 - C. Mechanical (obstructive) shock
 - D. Cardiogenic shock



6. Which of the following regarding patient positioning for external jugular cannulation is incorrect?

- A. The patient must be in the supine position
- B. If you suspect cervical-spine injury, the head must not be turned during cannulation
- C. If no suspicion of cervical-spine injury exists, turn the patient's head to the opposite side
- D. Elevate the head to distend the vein and prevent air embolism

7. 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

8. Which of the following statements is incorrect 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

9. A 15-year-old male was stabbed and has an abdominal evisceration. The patient is alert and oriented, BP 112/68, P 94 and R 18. You should:

- A. Irrigate any protruding organs or viscera and gently push back into the wound
- B. Pack the wound with a hemostatic agent and perform complete spinal motion restriction
- C. Cover any protruding organs or viscera with gauze moistened with normal saline
- D. Prepare the patient for immediate transport and establish vascular access en route



- 10. A 33-year-old female's leg was trapped in a piece of industrial equipment and has been extricated. She is now complaining of severe lower leg pain. Patient is alert and oriented with no signs of external hemorrhage. Vital signs are BP 132/78, P 96 and R 20. Which of the following is indicated?
 - A. Apply a tourniquet proximal to the injury site
 - B. Administer sodium bicarbonate
 - C. Administer a pain management medication
 - D. Apply a traction splint
- 11. Establishing vascular access on scene for burn management is indicated:
 - A. To administer medication
 - B. To initiate fluid resuscitation based on the Parkland Formula
 - C. To cool a thermal burn
 - D. To dilute a chemical burn
- 12. Which of the following changes is most useful to monitor in the child with head injury?
 - A. Frequency of vomiting
 - B. Level of consciousness
 - C. Reflexes
 - D. Sensory exam
- 13. In the geriatric patient, 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
- 14. A 31-year-old female was the restrained driver of a vehicle that hit a utility pole at moderate speed. The driver's side airbag deployed. She is alert, oriented and anxious. She reports that she is 8 months pregnant and complains of abdominal, chest and lower extremity pain. Her vital signs are BP 100/60, P 90 and R 20. Your impression and interventions are:
 - A. Compensated shock treated with oxygen, fluid administration at 20 ml/kg
 - B. Anxiety treated with emotional support and transport
 - C. Normal vital signs, no intervention required except transport
 - D. Early signs of shock treated with oxygen and fluid administration



15. A disoriented 23-year-old male is injured in a motorcycle collision. The patient appears to be intoxicated and does not want medical attention despite a large laceration on his scalp, which is actively bleeding. You should:

- A. Have the patient call a friend or family member and have them drive him home and sleep it off
- B. Discuss the impact of alcohol abuse with him
- C. Treat him as a head injured patient
- D. Wait until the patient loses consciousness and then transport

16. What is the most common cause of cardiopulmonary arrest in the trauma patient?

- A. Brain injury
- B. Hypoxemia
- C. Myocardial contusion
- D. Ventricular arrhythmia

17. You may have been exposed to a contaminant (air or fluid borne). You should:

- A. Seek treatment within hours of the exposure
- B. Report the exposure if testing shows a positive result
- C. Only be concerned if the exposure was to Hepatitis B
- D. Only be concerned if the exposure was to HIV

18. A 24-year-old male is involved in a head-on collision. If you suspect:

- A. Lower leg injuries, administer fluid resuscitation at 20 ml/kg
- B. A spinal injury, administer sedation
- C. A head injury, administer an anti-seizure medication
- D. A chest injury, obtain an ECG

19. A brief neurologic exam of an altered mental status patient 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

20. Which of the following findings would indicate the airway needs to be suctioned?

- A. Gurgling sounds with respiration
- B. Poor respiratory effort
- C. Shock
- D. Presence of dried blood in the nares



21. Overinflation of an LMA mask can cause all of the following except:

- A. Malposition
- B. Vomiting
- C. Loss of seal
- D. Trauma
- 22. A 54-year-old male is involved in a motor vehicle collision. The steering wheel is bent. During your initial assessment, you note his skin is pale, radial pulses are present and breath sounds are clear. The patient is tender over his sternum and complains of chest pain. Which intrathoracic injury should you suspect given the above findings?
 - A. Flail chest
 - B. Traumatic aortic rupture
 - C. Cardiac contusion
 - D. Tension pneumothorax

23. Which of the following is not a potential complication of performing chest decompression?

- A. Blood vessel laceration
- B. Difficulty in monitoring the site
- C. Nerve damage
- D. Causing a pneumothorax

24. Which of the following is considered one of the four essential components to maintain normal perfusion?

- A. Serum lactate levels
- B. ETCO₂ levels
- C. SaO₂ levels
- D. Fluid levels

25. What site is generally the easiest to landmark for intraosseous infusion?

- A. Proximal femur
- B. Distal humerus
- C. Proximal tibia
- D. Distal fibula

26. As intracerebral 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



27. Based on the reported mechanism of injury, which patient is likely not to require spinal motion restriction?

- A. 7-year-old pulled unresponsive from a pond
- B. 24-year-old with a gunshot wound to the chest
- C. 15-year-old female with extremity numbness and tingling after falling backward
- D. 14-year-old male with a stab wound to the back of the neck 5 cm from the spine

28. Which of the following organs is contained in the retroperitoneal region of the abdomen?

- A. Stomach
- B. Liver
- C. Kidney
- D. Uterus

29. Which treatment is indicated for the patient who is entrapped for an extended period of time with an isolated crush injury to the lower extremity?

- A. NSS intravenous fluids only
- B. 5% Dextrose intravenous fluids
- C. Sodium bicarbonate and intravenous fluids
- D. Calcium chloride and tourniquet application

30. 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

31. An unresponsive 5-year-old female was struck by a car. She presents with retractions and nasal flaring. The airway is patent, breathing is fast and shallow, and the carotid pulse is weak and slow. Which of the steps in her management should be done first?

- A. Initiate ventilatory assistance
- B. Complete spinal motion restriction
- C. Immediately load and transport
- D. Call medical command

32. Which of the following regarding trauma in the elderly is true?

- A. Elderly patients are less likely to bleed internally than younger patients
- B. Elderly patients have a better outcome following burns than younger patients
- C. Fatal outcomes are more likely in the elderly than in the young
- D. Motor vehicle collisions are an uncommon mechanism of injury

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Supine hypotension syndrome in the pregnant patient is cau	sed by:	:
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- A. Uterine obstruction of venous blood flow
- B. Atelectasis of the lungs
- C. Uterine pressure on the vagal nerve
- D. Gastric reflux

34. Which of the following has a greater chance of surviving traumatic cardiopulmonary arrest?

- A. Patients who suffer blunt force trauma to the torso
- B. Patients with non-dilated pupils
- C. Patients with dilated unresponsive pupils
- D. Patients with penetrating chest trauma who are hypothermic

35. Which of the following concerning blast injury is true?

- A. Primary blast injury is caused by heat
- B. Secondary blast injury is caused by objects propelled by the explosion
- C. Tertiary blast injury is caused by toxic fumes
- D. Quaternary blast injury is caused by the displacement of the body

36. The purpose of the ITLS Primary Survey is to:

- A. Identify all immediate life threats within the first 2 minutes
- B. Establish measured baseline vital signs
- C. Obtain a detailed medical history
- D. Determine if the patient has any medical allergies

37. Which of the following would be the most compelling reason to immediately intubate a patient?

- A. Snoring respirations
- B. Gurgling respirations
- C. Traumatic arrest
- D. Inability to ventilate

38. The depth of the ET tube at the teeth should be approximately ____ times the diameter of the tube.

- A. 2
- B. 3
- C. 4
- D. 5



- 39. During transport, a trauma patient develops shallow and rapid breathing, cyanosis and a weak, rapid carotid pulse with distended neck veins and diminished breath sounds on the right. You should:
 - A. Decompress the right chest
 - B. Intubate the patient
 - C. Perform a pericardiocentesis
 - D. Establish intravenous access
- 40. A 23-year-old female fell from a second-floor balcony. Upon arrival, you find her lying in the grass. She responds to verbal commands and your assessment reveals flat neck veins, and normal chest, abdomen and pelvis examinations. Her skin is cool, clammy and ashen; respirations are rapid and shallow; radial pulses are too rapid to count and thready. You place her on the heart monitor and it shows a wide-complex tachycardia of about 280 per minute. You should suspect:
 - A. Hypovolemic shock
 - B. Relative hypovolemic (high-space) shock
 - C. Mechanical (obstructive) shock
 - D. Cardiogenic shock
- 41. Which of the following is the correct orientation for inserting an intraosseous needle to the proximal tibia?
 - A. Medial to the midline, avoiding the growth plate
 - B. Medial to the midline, pointing toward the growth plate
 - C. Lateral to the midline, avoiding the growth plate
 - D. Lateral to the midline, pointing toward the growth plate
- 42. Barbiturates as a sedative for the head-injured patient should be administered carefully because they:
 - A. Increase cerebral oxygen demand
 - B. Increase intracranial pressure
 - C. Increase the likelihood of seizures
 - D. Decrease blood pressure
- 43. In which situation should an Emergency Rescue be performed?
 - A. Leaking antifreeze from a vehicle radiator
 - B. Amputated upper extremity
 - C. Sudden release of toxic fumes
 - D. Third trimester pregnant patient



44. Which of the following is the most common cause of abdominal trauma?

- A. Aggressive bag-mask ventilation
- B. Caustic ingestion
- C. Blunt force trauma
- D. Penetrating trauma

45. Proper immobilization of a forearm (radius and ulna) fracture includes splinting the:

- A. Elbow and fracture site
- B. Fracture site only
- C. Wrist and fracture site
- D. Wrist, elbow and fracture site

46. A 33-year-old male receives 15% partial thickness thermal burns. You should:

- A. Clean and cover the burns with an antimicrobial sheet
- B. Clean and apply ice packs to the burned area
- C. Cover the burn with a clean, dry dressing
- D. Apply burn cream

47. A 3-year-old male fell 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

48. A 78-year-old female driver struck a parked car while she was traveling at a low rate of speed. She is complaining of shortness of breath and chest pain. Your assessment and treatment should include:

- A. Breath sounds, history, place in a position of comfort
- B. Breath sounds, history, aspirin administration
- C. Breath sounds, history, nitroglycerine administration
- D. Breath sounds, history, ECG

49. When transporting a third trimester pregnant trauma patient in spinal motion restriction, you should:

- A. Initiate intravenous fluids at 20 cc/kg
- B. Tilt or rotate the board or patient 15-30 degrees to the left
- C. Manually displace the uterus to the right
- D. Secure the patient in the left lateral recumbent position



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50. Which of the following statements regarding SPO₂ is correct?

- A. An SPO₂ reading of 90% is equivalent to a PAO₂ reading of 90 mmHg
- B. As a general rule, any pulse oximeter reading below 95% is cause for concern
- C. You should try to maintain a pulse oximeter reading of 95% or higher in your trauma patient
- D. SPO₂ is unreliable in trauma patients and has no value in their assessment



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1	A B C D	26 A B C D
2	A B C D	27 A B C D
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5	A B C D	30 A B C D
6	A B C D	31 A B C D
7	A B C D	32 A B C D
8	A B C D	33 A B C D
9	A B C D	34 A B C D
10	A B C D	35 A B C D
11	A B C D	36 A B C D
12	A B C D	37 A B C D
13	A B C D	38 A B C D
14	A B C D	39 A B C D
15	A B C D	40 A B C D
16	A B C D	41 A B C D
17	A B C D	42 A B C D
18	A B C D	43 A B C D
19	A B C D	44 A B C D
20	A B C D	45 A B C D
21	A B C D	46 A B C D
22	A B C D	47 A B C D
23	A B C D	48 A B C D
24	A B C D	49 A B C D
25	A B C D	50 A B C D