

MULTIPLE CHOICE QUESTIONS

DO NOT WRITE ON THIS PAPER

Each question has **ONLY ONE** correct answer

Q1. Primary Survey should be performed

- a. After a secondary survey
- b. After rapid ambulance transfer of the patient to a Central Hospital
- c. Only at the Central Hospital and not at the District Hospital
- d. Within 2 to 5 minutes
- e. Within 30 minutes.

Q2 The most common cause of airway obstruction in an unconscious patient is

- a. A chest injury
- b. A foreign body in the airway
- c. The tongue falling to the back of the pharynx
- d. A fractured larynx
- e. A fractured mandible

Q3. The commonest type of shock in a trauma patient is

- a. Cardiogenic shock
- b. Haemorrhagic shock
- c. Neurogenic shock
- d. Septic shock
- e. Anaphylactic shock

Q4. Management of a tension pneumothorax detected in the primary survey is

- a. Decompression immediately
- b. Decompression after chest x-ray confirmation
- c. Decompression by chest drain insertion as part of the secondary survey
- d. Decompression after anaesthetising the patient
- e. Decompression when tracheal shift develops

Q5. The most reliable method of securing the airway is by using

- a. Nasopharyngeal airway
- b. Guedel's airway
- c. Laryngeal mask airway
- d. Tracheal intubation
- e. Oesophageal obturator airway

Q6. An **early** sign of compartment syndrome in a limb is

- a. Absent pulse
- b. Pain
- c. Pale colour
- d. Altered sensation
- e. Paralysis

Q7. What is the most likely cause of death following injury to a solid abdominal organ?

- a. Haemorrhage
- b. Infection
- c. Peritonitis
- d. Poor function or loss of function of the injured organ
- e. Renal failure.

- Q8 Which part of the child can be used to estimate the correct tracheal tube size?
- Ear canal
 - Index finger
 - Nostril
 - Smallest toe
 - Thumb
- Q9. In Inhalational injury airway swelling is suggested by
- Electrical burns to the hands
 - Eye swelling from chemical splash
 - Flash burns to the face
 - Hoarse voice
 - Maxillofacial injury
- Q10. An adult male assessed 30 minutes after a road traffic accident has a Glasgow Coma Score of 12/15, a BP of 130/80, a respiratory rate of 13. His right pupil is 5mm diameter with no reaction to light, his left is 3mm and reacting to light. He has a left hemiparesis. The most likely diagnosis is
- Cervical spinal cord injury at C5
 - Diffuse axonal injury
 - Cerebral haematoma on the left side
 - Cerebral haematoma on the right side
 - Posterior fossa haematoma.
- Q11. During transport, a trauma patient develops severe difficulty breathing, distended neck veins, diminished breath sounds on the right, cyanosis, and deviation of the trachea to the left. Vital signs are blood pressure; 60/40; respirations, 36 per minute; and pulse, 130 per minute. Which of the following is the most appropriate next step?
- intubate the patient
 - needle decompress right chest
 - insert bilateral chest drains
 - perform a detailed exam
 - start an intravenous line
- Q 12. The Secondary survey
- Will identify haemodynamic instability
 - Looks for significant injuries that are not an immediate threat to life
 - Includes assessment of AVPU
 - Includes the establishment of intravenous access
 - Should be carried out even if the patient is deteriorating
- Q13. Haemothorax
- Is more common in non penetrating injury
 - Is associated with increased breath sounds on the affected side
 - Produces tracheal deviation
 - Can result in haemorrhagic shock
 - Always requires thoracotomy
- Q14. An adult male with an obvious head injury is comatose. His BP is 170/100, pulse 50 bpm, respiratory rate 24pm. Which is the most likely diagnosis?
- Hypovolaemia
 - Increased intracranial pressure
 - Drug overdose
 - Pain and anxiety

- e. Spinal cord injury.

Q15. A 5 year old child has been struck by a car. She is unconscious with obvious head injuries. Her vital signs on arrival are BP 50/30, pulse 156 bpm, respiratory rate 40 pm. Her weight is estimated as 15 Kg. Initial fluid management is

- a. Do not give fluids
- b. Give normal saline 50mls bolus
- c. Give normal saline 300mls bolus
- d. Give O negative blood
- e. Wait for cross-matched blood.

Q16. In a patient with greater than 20% by area burns

- a. Fluids must be restricted to prevent renal failure
- b. The depth of the burn is more significant in resuscitation than the area burned
- c. Full thickness burns are more painful than superficial burns
- d. Intubation should be avoided with airway burns
- e. Crystalloid resuscitation to achieve a urine output of 0.5 to 1.0 mls per Kg per hour is the aim of fluid management.

Q17. In a pregnant trauma patient

- a. The patient should be resuscitated in the right lateral position
- b. Premature labour is unlikely
- c. At 24 weeks the uterus is at the xiphoid cartilage
- d. The foetus is less vulnerable as the uterus enlarges
- e. Placental separation is an early consequence of blunt abdominal trauma

Q18. Increasing haemodynamic instability is treated by

- a. Arrangement of transfer to a major hospital
- b. Administering a crystalloid fluid bolus
- c. Repeating the secondary survey
- d. Performing a neurological examination
- e. Administering analgesia using morphine

Q 19. In cervical spine injury

- a. Cardiac changes are hypertension and tachycardia
- b. Lower limb reflexes are preserved
- c. Examination should be carried out in the neutral position
- d. Diaphragmatic breathing is preserved in high cervical lesions
- e. Assessment of the level of injury does not determine prognosis

Q20. Tracheal intubation must be considered when there is need to

- a. Secure an open airway
- b. Establish haemodynamic stability
- c. Stabilise a cervical fracture
- d. Treat a tension pneumothorax
- e. Improve peripheral oxygenation in a spontaneously breathing patient.