

ADVANCED TRAUMA LIFE SUPPORT (ATLS) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. How should external sources of hemorrhage be managed during the primary survey?**
 - A. With IV fluids
 - B. Using manual pressure or a tourniquet
 - C. Through surgical intervention
 - D. By administering anticoagulants
- 2. Which step is NOT part of the ATLS primary survey?**
 - A. Assess airway maintenance
 - B. Control circulation with hemorrhage management
 - C. Conduct a detailed medical history
 - D. Assess disability by checking neurological status
- 3. Which of the following is NOT a sign to inspect during a chest exam?**
 - A. Deformity
 - B. Bruising
 - C. Heart sounds
 - D. Bullet holes or stab wounds
- 4. Which assessment technique is crucial for determining respiratory distress in trauma patients?**
 - A. Checking pulse pressure
 - B. Assessing for stridor and abnormal respiration
 - C. Listening to heart sounds
 - D. Measuring body temperature
- 5. What is one key component of the tertiary survey in trauma assessment?**
 - A. Head to toe exam to identify missed injuries
 - B. Detailed family history assessment
 - C. Immediate surgical intervention
 - D. Analysis of social media activity

- 6. In trauma assessment, which of the following should be CT-scanned?**
- A. Abdomen and pelvis
 - B. Head
 - C. Extremities
 - D. All of the above
- 7. What is the expected pulse characteristic in a normovolemic patient?**
- A. Weak and irregular
 - B. Full, slow, regular
 - C. Rapid and thready
 - D. Absent in peripheral areas
- 8. During a musculoskeletal (MSK) inspection, which finding is not typically assessed?**
- A. Deformities
 - B. Swelling
 - C. Blood pressure
 - D. Contusions
- 9. How much blood volume can be lost from each side of the chest?**
- A. 0.5-1L
 - B. 1-1.5L
 - C. 1.5-2L
 - D. 2-2.5L
- 10. In trauma patients showing hypotension or signs of shock, what is the likely cause?**
- A. Severe dehydration
 - B. Internal bleeding
 - C. Heart failure
 - D. Respiratory distress

Answers

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1. B
2. C
3. C
4. B
5. A
6. D
7. B
8. C
9. C
10. B

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Explanations

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1. How should external sources of hemorrhage be managed during the primary survey?

- A. With IV fluids
- B. Using manual pressure or a tourniquet**
- C. Through surgical intervention
- D. By administering anticoagulants

The management of external sources of hemorrhage during the primary survey prioritizes immediate and effective measures to control bleeding to stabilize the patient. Using manual pressure or a tourniquet is crucial as these methods aim to restrict blood flow to the area of injury and halt significant blood loss, which is vital for the immediate preservation of life. Manual pressure applies direct force to the wound, promoting clot formation and reducing blood flow. When direct pressure is insufficient, especially in cases of severe extremity hemorrhaging, a tourniquet may be indicated. Tourniquets are effective for controlling extremity bleeding by compressing the blood vessels beyond the injury site, making them an essential tool in trauma care. Other management options, such as IV fluids, surgical intervention, or the administration of anticoagulants, serve different purposes and are not the immediate priorities during the primary survey focused on addressing life-threatening situations. IV fluids are useful for volume resuscitation after bleeding is controlled. Surgical intervention may be necessary later on, but it cannot directly address external hemorrhage in the critical early moments. Administering anticoagulants could exacerbate bleeding and is not appropriate in the acute management of hemorrhage.

2. Which step is NOT part of the ATLS primary survey?

- A. Assess airway maintenance
- B. Control circulation with hemorrhage management
- C. Conduct a detailed medical history**
- D. Assess disability by checking neurological status

The primary survey in the Advanced Trauma Life Support (ATLS) protocol is designed to identify and manage life-threatening conditions in a trauma patient. The primary survey follows the ABCDE approach: Airway, Breathing, Circulation, Disability, and Exposure. This structured approach allows for rapid assessment and stabilization of the patient. Conducting a detailed medical history, while crucial for overall patient management, is not part of the primary survey. The primary survey specifically focuses on immediate life threats and stabilization rather than obtaining extensive background information. This detailed medical history typically occurs later in the evaluation process, once immediate life-threatening issues have been addressed. In contrast, assessing airway maintenance is essential to ensure that the patient can breathe effectively. Controlling circulation with hemorrhage management is critical to prevent shock and stabilize the patient. Evaluating disability by checking neurological status is an important component to identify any potential neurologic compromise. Understanding these priorities helps to appreciate that the primary survey's main goal is to quickly identify and treat life-threatening conditions rather than gathering comprehensive patient history. This approach ensures that the patient's immediate needs are addressed first, which is key in trauma management.

3. Which of the following is NOT a sign to inspect during a chest exam?

- A. Deformity
- B. Bruising
- C. Heart sounds**
- D. Bullet holes or stab wounds

During a chest exam, various physical signs are critical for assessing potential injuries or underlying conditions. Inspecting for deformity, bruising, and open wounds such as bullet holes or stab wounds provides essential information regarding trauma, potential fractures, and injuries that may require immediate attention. Heart sounds, on the other hand, are not assessed through inspection but rather through auscultation. The evaluation of heart sounds involves listening with a stethoscope to identify irregularities such as murmur, gallops, or rhythm issues. Therefore, while heart sounds are a crucial aspect of cardiovascular assessment, they do not fall under the visual inspection category during a chest examination. Understanding the context of physical examination helps in distinguishing between different techniques, such as inspection (looking), palpation (feeling), percussion (tapping), and auscultation (listening). Each step serves a specific purpose in diagnosing and managing patient conditions effectively.

4. Which assessment technique is crucial for determining respiratory distress in trauma patients?

- A. Checking pulse pressure
- B. Assessing for stridor and abnormal respiration**
- C. Listening to heart sounds
- D. Measuring body temperature

Assessing for stridor and abnormal respiration is essential for determining respiratory distress in trauma patients, as these findings can indicate significant airway compromise, the presence of obstruction, or respiratory failure. Stridor, a high-pitched sound resulting from turbulent airflow in the upper airway, is particularly concerning and often signals conditions such as laryngeal edema or foreign body aspiration, which can rapidly lead to respiratory distress if not addressed promptly. Abnormal respiratory patterns, such as irregular or labored breathing, can also provide critical information regarding the patient's respiratory status and the effectiveness of their ventilatory effort. Recognizing these signs allows for immediate interventions, such as securing the airway or providing supplemental oxygen, to prevent further deterioration. The other assessment techniques, while valuable in a comprehensive evaluation, do not directly indicate respiratory distress. Checking pulse pressure relates more to hemodynamic stability, listening to heart sounds evaluates cardiac function, and measuring body temperature can assist in assessing for infection or other systemic issues. These assessments play an important role in trauma care but are not as crucial in the immediate identification of respiratory distress in trauma situations as observing for stridor and abnormal respiration.

5. What is one key component of the tertiary survey in trauma assessment?

A. Head to toe exam to identify missed injuries

B. Detailed family history assessment

C. Immediate surgical intervention

D. Analysis of social media activity

One key component of the tertiary survey in trauma assessment is a comprehensive head-to-toe examination to identify any missed injuries. This phase typically occurs 24 hours after the initial evaluation and is crucial for detecting injuries that may not have been apparent during the primary and secondary surveys. The tertiary survey focuses on re-evaluating the patient thoroughly, as subtle injuries can become evident with time or may have been overlooked due to the patient's unstable condition during the initial assessment. This thorough examination is essential to ensure that any additional treatments or interventions can be promptly initiated, improving the overall outcomes for trauma patients. The other options, while potentially relevant in different contexts, do not align with the primary goals of the tertiary survey in trauma care. The detailed family history assessment, immediate surgical intervention, or analysis of social media activity do not address the need for an exhaustive re-evaluation of physical injuries, which is the essence of the tertiary survey.

6. In trauma assessment, which of the following should be CT-scanned?

A. Abdomen and pelvis

B. Head

C. Extremities

D. All of the above

In trauma assessment, a CT scan is a critical imaging tool that provides rapid and detailed information about a patient's injuries. When considering trauma patients, evaluating the potential for internal injuries and bleeding in various regions of the body is essential to guide treatment and surgical intervention. A CT scan of the abdomen and pelvis is often crucial for assessing internal organ damage, such as liver, spleen, kidney, and vascular injuries, particularly in cases of blunt abdominal trauma. Early identification of these injuries can significantly impact surgical decision-making and patient outcomes. Scanning the head is equally important, especially if there is a mechanism of injury that could lead to traumatic brain injury. A CT scan of the head allows for immediate evaluation of skull fractures, intracranial hemorrhages, and brain contusions, which can be life-threatening and require urgent management. Regarding extremities, while X-rays are typically the first-line imaging modality for assessing fractures, a CT scan may be warranted if there are signs of complex fractures, vascular injury, or if the clinical suspicion extends beyond skeletal injury to include intra-articular or soft tissue concerns. Given the critical nature of trauma cases, a comprehensive assessment often necessitates evaluating multiple areas of the body to ensure that no injuries are overlooked. Thus, performing a CT

7. What is the expected pulse characteristic in a normovolemic patient?

A. Weak and irregular

B. Full, slow, regular

C. Rapid and thready

D. Absent in peripheral areas

In a normovolemic patient, the expected pulse characteristic is full, slow, and regular. This indicates that the patient has adequate blood volume and maintains stable hemodynamics. A full pulse suggests sufficient stroke volume returned to the heart and adequate perfusion throughout the body. The slow and regular aspect indicates that the heart is functioning effectively, maintaining a steady rate that allows for proper filling and ejection of blood with each heartbeat. Patients who are normovolemic typically do not exhibit signs of volume deficit, which often results in weaker pulses or tachycardia. Therefore, options that suggest weak, irregular, rapid, or absent pulses are indicative of altered volume status or potential shock, which does not apply to a normovolemic state.

8. During a musculoskeletal (MSK) inspection, which finding is not typically assessed?

- A. Deformities
- B. Swelling
- C. Blood pressure**
- D. Contusions

In the context of a musculoskeletal (MSK) inspection, the evaluation primarily focuses on visible and palpable findings related to the bones, joints, and soft tissues. The assessment generally includes identifying deformities, noting any swelling, and observing for contusions that may indicate injury or trauma to the musculoskeletal system. Blood pressure, on the other hand, pertains to cardiovascular evaluation rather than direct musculoskeletal assessment. While changes in blood pressure can be relevant in a general health context or in specific situations such as trauma or critical care, it is not a direct observation or finding that pertains to the inspection of the musculoskeletal system. Therefore, its inclusion as a musculoskeletal assessment finding is not typical, highlighting that blood pressure is more relevant in evaluating systemic health rather than assessing musculoskeletal conditions.

9. How much blood volume can be lost from each side of the chest?

- A. 0.5-1L
- B. 1-1.5L
- C. 1.5-2L**
- D. 2-2.5L

The correct answer indicates that each side of the chest can accommodate a significant volume of blood loss, specifically 1.5 to 2 liters. This is particularly relevant in cases of thoracic trauma, where injuries to major blood vessels or organs within the thoracic cavity can lead to extensive hemorrhage. It is important to understand that the chest contains a large space filled with vital structures, including the lungs, heart, major arteries, and veins. Traumatic events such as rib fractures, blunt force trauma, or penetrating injuries can lead to the disruption of these structures and result in significant internal bleeding, potentially causing a large volume of blood to collect in the pleural space or within the thoracic cavity itself. Recognizing the capacity for blood loss in the chest is critical for trauma care providers. This volume can impact hemodynamics, leading to potential hypovolemic shock, necessitating rapid assessment and intervention. Appropriate measures may include fluid resuscitation, thoracostomy for drainage of blood or fluid, and surgical intervention depending on the source of bleeding. Understanding this significant volume loss helps clinicians prioritize which patients may require immediate life-saving interventions. Hence, identifying and managing such blood loss is a key component of effective trauma management.

10. In trauma patients showing hypotension or signs of shock, what is the likely cause?

- A. Severe dehydration
- B. Internal bleeding**
- C. Heart failure
- D. Respiratory distress

In trauma patients who present with hypotension or signs of shock, internal bleeding is a highly likely cause due to the mechanisms involved in traumatic injuries. Trauma can often lead to significant vascular injury, resulting in hemorrhage. When blood volume decreases due to internal bleeding, the heart is not able to maintain adequate cardiac output, leading to hypotension. This condition often occurs in severe trauma scenarios, such as motor vehicle accidents or falls from heights, where major blood vessels can be damaged, or organs can be lacerated. The body responds to this significant blood loss with compensatory mechanisms initially; however, as the bleeding continues and the volume decreases, these compensatory mechanisms can fail, leading to shock. While severe dehydration, heart failure, and respiratory distress can all lead to hypotension, they are not as directly associated with trauma as internal bleeding is. Severe dehydration typically develops over time and is less common in acute trauma settings. Heart failure might be a concern if the patient has a history of cardiac issues, but it is not the primary concern in the context of acute trauma. Respiratory distress can complicate trauma cases, but it does not directly cause the hypotension that stems from a loss of blood volume following internal bleeding. Thus, internal bleeding is the

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://atls.examzify.com>

We wish you the very best on your exam journey. You've got this!

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