DHO First Aid Practice Test (Sample)

Study Guide

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Questions

1. Which symptom is commonly associated with heat exhaustion?

A. Fever

B. Rapid heart rate

C. Chills

D. Increased appetite

2. What effect does raising an injured part above heart level have when controlling bleeding?

A. Increases blood flow to the area

B. Decreases blood flow to the area

C. Has no effect on bleeding

D. Complicates the injury

3. What are traction splints primarily used to treat?

A. Fractures of the wrist

B. Fractures of the femur or thighbone

C. Twisted ankles

D. Sprains of the knee

4. What might cause a rapid and weak pulse in a patient experiencing shock?

A. Increased blood volume

B. Cardiac arrest

C. Peripheral vasodilation

D. Dehydration

5. Which of the following is NOT a step in treating heat exhaustion?

A. Move victim to a cool area

B. Give them coffee

C. Lie the victim down and elevate their feet

D. Apply cool wet cloth to face

6. What type of pneumatic splint uses air to inflate?

- **A. Vacuum splint**
- **B. Water splint**
- **C. Air splint**
- **D. Marine splint**

7. Which of the following is NOT a symptom of shock?

- **A. Thirst and nausea**
- **B. Rapid, weak pulse**
- **C. Bright red skin**
- **D. General weakness**

8. Which of the following actions should you take to reduce the cause of shock?

- **A. Give them a moist cloth**
- **B. Control bleeding**
- **C. Call emergency services**
- **D. Elevate their feet and legs**

9. What type of burn affects all layers of the skin?

- **A. First degree burn**
- **B. Second degree burn**
- **C. Third degree burn**
- **D. Fourth degree burn**

10. How high should you elevate the feet and legs of a shock victim if it does not cause pain?

- **A. 6 inches**
- **B. 12 inches**
- **C. 18 inches**
- **D. 24 inches**

Answers

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

Explanations

1. Which symptom is commonly associated with heat exhaustion?

A. Fever

B. Rapid heart rate

C. Chills

D. Increased appetite

Rapid heart rate is a common symptom associated with heat exhaustion because the body's response to heat stress involves the cardiovascular system working harder to cool down. When a person experiences heat exhaustion, they may lose significant amounts of water and salt through sweating, leading to dehydration. Along with other symptoms such as heavy sweating, weakness, dizziness, and nausea, the body compensates for decreased blood volume by increasing heart rate. This elevated heart rate helps to maintain blood circulation and ensure that vital organs continue to receive adequate blood flow despite the challenges posed by heat and potential dehydration. Other symptoms like fever, chills, or increased appetite are not typically linked to heat exhaustion. Fever and chills suggest the presence of an infection or illness, which is different from the dehydration and heat-related stress seen in heat exhaustion. An increased appetite also wouldn't align with the body's response to overheating or dehydration, where the body often has a limited desire for food due to nausea and overall discomfort.

2. What effect does raising an injured part above heart level have when controlling bleeding?

A. Increases blood flow to the area

B. Decreases blood flow to the area

C. Has no effect on bleeding

D. Complicates the injury

Raising an injured part above heart level is an effective measure for controlling bleeding because it decreases blood flow to that area. When a limb or body part with a wound is elevated, gravity helps reduce the amount of blood that can reach the injury site. This elevation minimizes the hydrostatic pressure in the blood vessels of the injured area, leading to a reduction in blood loss. In situations involving bleeding, whether from a traumatic injury or surgical wound, constraining blood flow is essential to help clotting mechanisms work more effectively and to prevent excessive blood loss, which could be life-threatening. This practice aligns with the principles of first aid and hemorrhage control, reinforcing the importance of elevation in managing bleeding situations.

3. What are traction splints primarily used to treat?

A. Fractures of the wrist

B. Fractures of the femur or thighbone

C. Twisted ankles

D. Sprains of the knee

Traction splints are primarily utilized for the treatment of fractures of the femur or thighbone. This is because these fractures often require realignment and stabilization to ensure proper healing and to alleviate pain. The design of a traction splint allows for the application of pulling force, which helps to maintain alignment of the broken bone by gently extending the limb. This is particularly important with femur fractures, as they can lead to significant bleeding and instability if not properly managed. Other fractures, such as those of the wrist, do not typically require the same approach, as they involve smaller bones and can be immobilized effectively with simpler splinting techniques. Similarly, sprains of the knee and twisted ankles are managed with different types of support and do not benefit from the specific traction characteristics that traction splints provide. Therefore, the key purpose of traction splints aligns directly with the treatment of femur fractures.

4. What might cause a rapid and weak pulse in a patient experiencing shock?

A. Increased blood volume

B. Cardiac arrest

C. Peripheral vasodilation

D. Dehydration

A rapid and weak pulse in a patient experiencing shock can be attributed to peripheral vasodilation. In shock, the body's response to maintain adequate blood flow to vital organs leads to the widening of blood vessels, particularly in the peripheral areas. This vasodilation causes a decrease in systemic vascular resistance, which can result in a drop in blood pressure. As the heart attempts to compensate for the reduced perfusion pressure, it beats faster, leading to a rapid pulse. However, due to the inadequate circulation and lower volume of blood reaching the extremities, the pulse may feel weak. In contrast, options like increased blood volume or cardiac arrest represent scenarios that wouldn't typically lead to this presentation. Increased blood volume would generally maintain a stronger pulse, while in cardiac arrest, the pulse may be absent or non-palpable. Dehydration can lead to a weak pulse, but often the rapid heart rate due to significant compensatory mechanisms is directly influenced by the peripheral vasodilation occurring in shock states. Therefore, the mechanism of peripheral vasodilation aligns well with the observed vital signs of a rapid and weak pulse in this context.

5. Which of the following is NOT a step in treating heat exhaustion?

A. Move victim to a cool area

B. Give them coffee

C. Lie the victim down and elevate their feet

D. Apply cool wet cloth to face

The correct answer is giving the victim coffee, as it is not a recommended step in treating heat exhaustion. When someone is experiencing heat exhaustion, the main goal of first aid is to cool the body and replenish lost fluids. Coffee contains caffeine, which is a diuretic and can lead to increased fluid loss, exacerbating dehydration. In contrast, the other steps—moving the victim to a cool area, lying them down with elevated feet, and applying cool wet cloths to the face—are essential for helping to lower body temperature and improve circulation. This combination supports the body's natural recovery processes, making those actions more effective in handling heat exhaustion.

6. What type of pneumatic splint uses air to inflate?

A. Vacuum splint

B. Water splint

C. Air splint

D. Marine splint

The correct answer is the type of pneumatic splint that uses air to inflate is known as an air splint. These types of splints are made from durable, flexible materials that can be inflated with air, creating a supportive structure around an injured limb. The inflated air gives it stability while immobilizing the area, which is crucial for reducing pain and preventing further injury. Air splints are particularly useful in first aid scenarios as they are lightweight, easy to apply, and can be quickly adjusted to provide the necessary support. Their inflatable nature allows for compact storage and portability, making them an excellent choice for emergency situations where space and weight are considerations. In comparison, vacuum splints use air pressure but work by creating a vacuum to secure an injured limb within the splint. Water splints utilize water for support, and marine splints are not commonly used or recognized in standard first aid terminology. This emphasizes the specific characteristics and mechanisms of air splints that make them distinct and effective for immobilizing injuries.

7. Which of the following is NOT a symptom of shock?

A. Thirst and nausea

B. Rapid, weak pulse

C. Bright red skin

D. General weakness

In the context of shock, bright red skin is typically not a symptom. Shock often leads to poor circulation and inadequate blood flow to the skin, which can result in pale, cool, and clammy skin instead. In some specific types of shock, such as septic shock, the skin can appear flushed, but this is more the exception than the rule. In contrast, symptoms of shock commonly include thirst and nausea due to reduced blood flow to the digestive system, a rapid and weak pulse as the body tries to compensate for low blood pressure, and general weakness resulting from the body's diminished ability to function properly under stress. These symptoms indicate that the body's organs are not receiving sufficient oxygen and nutrients, which is critical to identifying and responding to a state of shock.

8. Which of the following actions should you take to reduce the cause of shock?

A. Give them a moist cloth

B. Control bleeding

C. Call emergency services

D. Elevate their feet and legs

Controlling bleeding is a critical action to take in the event of shock because excessive blood loss is a primary factor in the development of shock. When the body loses a significant amount of blood, the heart struggles to pump enough blood to maintain adequate circulation to vital organs. This can lead to life-threatening situations. By applying direct pressure to the wound to stop bleeding, you can help stabilize the person's condition, preserve blood volume, and improve chances of recovery. While other actions like calling emergency services, elevating the legs, or providing a moist cloth can support a person experiencing shock, they do not directly address one of its most immediate and serious causes. Elevating the feet may be appropriate in some cases but should not be prioritized over controlling active bleeding. Thus, controlling bleeding stands out as the most effective and essential action to mitigate the risk of shock.

9. What type of burn affects all layers of the skin?

A. First degree burn

B. Second degree burn

C. Third degree burn

D. Fourth degree burn

A third-degree burn affects all layers of the skin, including the epidermis, dermis, and even deeper tissues. This type of burn is characterized by a complete destruction of the skin's thickness and may extend into the underlying fat. The affected area may appear white, charred, or leathery, and because nerve endings are often destroyed, the person may not feel pain in the burned area, unlike in first and second-degree burns where some sensation persists. Understanding the severity and characteristics of different burn types is crucial for effective first aid treatment and further medical intervention.

10. How high should you elevate the feet and legs of a shock victim if it does not cause pain?

A. 6 inches

B. 12 inches

C. 18 inches

D. 24 inches

When treating a shock victim, elevating the feet and legs can help increase blood flow to vital organs and improve circulation. The recommended elevation is around 12 inches. This height is generally considered appropriate because it allows for effective blood return to the heart without causing discomfort or additional strain to the victim. Elevating the legs by this amount can help in stabilizing their condition while waiting for professional medical assistance to arrive. Elevating the limbs too high, such as at 18 or 24 inches, may lead to complications, especially if the victim experiences discomfort or exacerbates any underlying injuries. Elevation of 6 inches may not be sufficient to achieve the desired effect of aiding circulation. Therefore, 12 inches strikes the right balance for effective first aid in shock management.