

Field Internship Student Data Acquisition Project (FISDAP) Trauma Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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. What type of injury do overstretched and torn ligaments indicate?**
 - A. Strain**
 - B. Sprain**
 - C. Fracture**
 - D. Dislocation**
- 2. What should be the immediate action for a patient presenting with both chest trauma and unstable vital signs?**
 - A. Administer pain relief**
 - B. Prepare for rapid transport**
 - C. Perform a secondary assessment**
 - D. Monitor vital signs closely**
- 3. When treating a patient with a laceration and possible arterial bleeding, which approach is crucial?**
 - A. Direct pressure at the wound site**
 - B. Keep the patient sitting up**
 - C. Apply cold packs directly**
 - D. Use a tourniquet immediately**
- 4. Which of the following is NOT considered a high priority condition?**
 - A. Poor general impression**
 - B. Unresponsiveness**
 - C. Severe pain**
 - D. Childbirth**
- 5. If a patient has lost the distal one-third of a lower extremity, what is the injury called?**
 - A. Amplitude**
 - B. Avulsion**
 - C. Extremity exodus**
 - D. Amputation**

6. Which of the following is a characteristic feature of second degree burns?

- A. Painful, red and swollen**
- B. Painless and white**
- C. Blistered and painful**
- D. Dry and leathery**

7. When transporting a trauma patient, what should you do if their condition deteriorates?

- A. Stop the ambulance and begin CPR**
- B. Tell your partner to drive faster**
- C. Reassess your patient**
- D. Call medical control**

8. In situations of airway obstruction, which technique is recommended if a trauma patient has a compromised airway?

- A. Jaw-thrust maneuver**
- B. Head-tilt/chin-lift**
- C. BVM ventilation**
- D. Tracheostomy**

9. If a patient has paradoxical breathing and equal breath sounds, what condition is most likely present?

- A. A flail chest**
- B. A tension pneumothorax**
- C. Cardiac tamponade**
- D. Floating ribs**

10. What is the primary treatment for an evisceration?

- A. Apply a dry bulky dressing only**
- B. Applying a wet dressing first, followed by a bulky dressing**
- C. Do not touch the evisceration, rapid transport only**
- D. Attempt to replace exposed organs and then cover with a bulky dressing**

Answers

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

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Explanations

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1. What type of injury do overstretched and torn ligaments indicate?

- A. Strain**
- B. Sprain**
- C. Fracture**
- D. Dislocation**

Overstretched and torn ligaments specifically indicate a sprain. Ligaments are bands of fibrous tissue that connect bones at a joint, and when they are overstretched or torn, the result is categorized as a sprain. This type of injury often occurs during activities that involve sudden twists, impacts, or falls that place stress on the joint beyond its normal range of motion. In contrast, a strain refers to the overstretching or tearing of muscles or tendons, which are different structures from ligaments. Fractures involve the breaking of a bone, while dislocations entail a joint being forced out of its normal position, often causing significant pain and affecting the surrounding ligaments and muscles as well. Understanding the specific differences between these types of injuries is essential for accurate assessment and appropriate treatment.

2. What should be the immediate action for a patient presenting with both chest trauma and unstable vital signs?

- A. Administer pain relief**
- B. Prepare for rapid transport**
- C. Perform a secondary assessment**
- D. Monitor vital signs closely**

For a patient with chest trauma and unstable vital signs, the most crucial action is to prepare for rapid transport. This is because unstable vital signs can indicate significant internal injury, hemorrhage, or compromise in respiratory function. The priority in such scenarios is to ensure that the patient receives definitive care as quickly as possible, which means transporting them to a medical facility where advanced intervention can be provided. The emphasis on rapid transport stems from the understanding that time is critical in trauma cases, especially when vital signs reflect potential life-threatening conditions. Waiting to perform a secondary assessment or to monitor vital signs could delay necessary interventions that might stabilize the patient. While pain relief is important, it is not the immediate priority when the patient shows signs of instability that may require urgent surgical or advanced medical treatment. In summary, when faced with chest trauma and unstable vital signs, prioritizing transport to a facility equipped to provide critical care is essential to improve the chances of a positive outcome for the patient.

3. When treating a patient with a laceration and possible arterial bleeding, which approach is crucial?

- A. Direct pressure at the wound site**
- B. Keep the patient sitting up**
- C. Apply cold packs directly**
- D. Use a tourniquet immediately**

Direct pressure at the wound site is a critical approach when treating a patient with a laceration and possible arterial bleeding. This technique is essential because applying direct pressure can help control bleeding by promoting clot formation at the site of the injury. It is often the first and most effective method to stop bleeding before further interventions are necessary. In cases of arterial bleeding, which can be more severe than other types of bleeding, the prompt application of direct pressure can significantly reduce blood loss and improve the patient's chances of stabilization. The pressure applied helps to compress the blood vessels, slowing or stopping the flow of blood from the lacerated artery. While other approaches, such as using a tourniquet, may be necessary in severe cases where direct pressure does not control the bleeding, it is generally recommended to attempt direct pressure first, particularly since a tourniquet can have complications and should be applied with caution. Keeping the patient sitting up might not be advisable as it could exacerbate bleeding or complicate the treatment. Applying cold packs directly is also often not recommended for significant bleeding, as it does not effectively control bleeding and could cause tissue damage if applied improperly.

4. Which of the following is NOT considered a high priority condition?

- A. Poor general impression**
- B. Unresponsiveness**
- C. Severe pain**
- D. Childbirth**

Childbirth is generally not considered a high-priority condition in the same urgent context as the other options listed. While childbirth can sometimes have complications that require immediate attention, it is often a normal physiological process that many healthcare providers are trained to handle in a controlled environment. In contrast, poor general impression, unresponsiveness, and severe pain typically indicate potentially life-threatening conditions that require rapid assessment and intervention. For instance, a poor general impression can suggest a severe underlying issue, unresponsiveness often points to critical neurological or systemic impairment, and severe pain can be indicative of significant injury or other health problems that need urgent care. Thus, while childbirth is important and can sometimes require high-priority attention, it does not inherently have the same sense of urgency as the other conditions listed.

5. If a patient has lost the distal one-third of a lower extremity, what is the injury called?

- A. Amplitude**
- B. Avulsion**
- C. Extremity exodus**
- D. Amputation**

When a patient loses a portion of a limb, specifically the distal one-third of the lower extremity, the injury is classified as an amputation. An amputation refers to the surgical or traumatic removal of a limb or extremity. In this case, it indicates that the lower extremity has been severed or removed at a point near the foot, which constitutes a significant loss of anatomical structure and function. Understanding the context of other options can help clarify why amputation is the correct choice. For instance, an avulsion typically refers to an injury where a body structure is forcibly detached from its normal point of insertion, such as skin or flesh being torn away, but does not necessarily imply complete loss of the extremity. Furthermore, terms like "amplitude" and "extremity exodus" are not commonly used in the context of injuries related to limb loss or trauma. Therefore, identifying the correct term for the complete loss of a section of a limb relies heavily on the precise definition of amputation, making it the most appropriate answer in this scenario.

6. Which of the following is a characteristic feature of second degree burns?

- A. Painful, red and swollen**
- B. Painless and white**
- C. Blistered and painful**
- D. Dry and leathery**

Second-degree burns, also known as partial-thickness burns, are characterized by damage that extends beyond the outer layer of skin (epidermis) and into the underlying layer (dermis). The presence of blisters is a hallmark of this type of burn. These blisters are formed due to the accumulation of fluid between the layers of skin, indicating a significant injury that affects the dermis. In addition to blister formation, second-degree burns are typically painful due to the exposure of nerve endings within the dermis. The injured area will appear red and swollen as a result of inflammation and increased blood flow to the affected tissue as part of the body's healing response. This combination of symptoms—blisters and pain—is integral to identifying a second-degree burn as opposed to first-degree, which involves only the epidermis and presents as red and swollen without blisters, or third-degree burns, which can be dry and leathery and may not be painful due to nerve damage. Understanding these characteristics is crucial for appropriate assessment and management of burn injuries.

7. When transporting a trauma patient, what should you do if their condition deteriorates?

- A. Stop the ambulance and begin CPR**
- B. Tell your partner to drive faster**
- C. Reassess your patient**
- D. Call medical control**

When transporting a trauma patient whose condition deteriorates, the appropriate action is to reassess your patient. This step is crucial because it allows you to gather updated information on the patient's vital signs and overall status. By performing a reassessment, you can identify any changes in consciousness, breathing, circulation, or other vital parameters that may indicate a need for immediate intervention. This will inform your next steps in treatment and stabilization. Reassessing the patient ensures that you are not only aware of their current condition but also able to make informed decisions based on the latest findings. The dynamic nature of trauma patients means that continuous monitoring is essential for managing their care effectively during transport. Additionally, this allows you to communicate accurate information to medical control if necessary, ensuring they are prepared for your arrival. Addressing a deteriorating condition requires a systematic approach, and reassessing is the foundation of that process. This approach helps improve outcomes by ensuring that all aspects of the patient's condition are evaluated regularly during transport.

8. In situations of airway obstruction, which technique is recommended if a trauma patient has a compromised airway?

- A. Jaw-thrust maneuver**
- B. Head-tilt/chin-lift**
- C. BVM ventilation**
- D. Tracheostomy**

The jaw-thrust maneuver is the recommended technique for managing airway obstruction in trauma patients with a compromised airway because it minimizes the risk of further injury to the cervical spine. In trauma cases, particularly those involving potential neck injury, spinal precautions are critical. The jaw-thrust maneuver is performed by placing the fingers behind the angles of the patient's jaw and applying a forward thrust to elevate the jaw, which opens the airway without extending the neck. This technique is particularly beneficial because it helps displace the tongue away from the back of the throat, which is a common cause of airway obstruction, especially in unconscious patients. It is a safer alternative than the head-tilt/chin-lift maneuver in trauma situations since the latter can inadvertently exacerbate spinal injuries due to neck extension. The other options serve different purposes or are contraindicated in the context of airway management for trauma patients. For example, bag-valve-mask (BVM) ventilation is used for providing positive pressure ventilation but is not an initial airway opening maneuver. Tracheostomy is an advanced procedure typically reserved for situations where other airway management techniques have failed and is not immediately appropriate in cases of suspected airway obstruction.

9. If a patient has paradoxical breathing and equal breath sounds, what condition is most likely present?

- A. A flail chest**
- B. A tension pneumothorax**
- C. Cardiac tamponade**
- D. Floating ribs**

The presence of paradoxical breathing, combined with equal breath sounds on auscultation, suggests a specific pattern of chest movement and ventilation that typically indicates flail chest. In flail chest, multiple adjacent ribs are fractured in more than one place, creating a segment of the chest wall that moves paradoxically—that is, it moves in the opposite direction of normal chest wall expansion during inhalation and exhalation. This leads to a characteristic pattern of respiration where the affected segment sinks inward while the rest of the chest expands, resulting in ineffective ventilation in that area. Moreover, equal breath sounds imply that air is moving adequately through the airways and that there is no significant obstruction or additional lung pathology that would create unequal breath sounds, such as fluid or collapsed lung tissue. This further supports the diagnosis of flail chest, as the presence of paradoxical movement specifically correlates with rib fractures without compromising the lung itself in the manner that would alter breath sounds. In contrast, other conditions listed would present with different symptoms. For example, a tension pneumothorax typically results in distended neck veins, respiratory distress, and unequal breath sounds due to pressure in the pleural space collapsing one lung. Cardiac tamponade could lead to symptoms related to the heart

10. What is the primary treatment for an evisceration?

- A. Apply a dry bulky dressing only**
- B. Applying a wet dressing first, followed by a bulky dressing**
- C. Do not touch the evisceration, rapid transport only**
- D. Attempt to replace exposed organs and then cover with a bulky dressing**

The primary treatment for an evisceration involves careful management of the exposed organs to prevent further damage and contamination. Applying a wet dressing first serves to keep the exposed organs moist, which is crucial for preventing tissue damage. The wet dressing aids in maintaining the viability of the organs until definitive surgical care can be provided. Following that, covering with a bulky dressing helps to protect the area from contamination and provides some degree of stabilization. This approach focuses on minimizing the risk of infection and preserving the condition of the organs during transport to a medical facility. It's essential to treat eviscerations with caution, thereby ensuring that the exposed tissues are adequately managed while en route for surgery. This understanding highlights the critical nature of moisture in the treatment of eviscerations, distinguishing this method as appropriate and effective in an emergency scenario.

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://fisdaptrauma.examzify.com>

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

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