

FIELD INTERNSHIP STUDENT DATA ACQUISITION PROJECT (FISDAP) TRAUMA PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

SAMPLE

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

SAMPLE

- 1. What is the best care for a suspected hemothorax?**
 - A. Applying an occlusive dressing
 - B. Providing manual ventilations
 - C. Transporting rapidly
 - D. Stabilizing the chest segment

- 2. In a stabbing incident, which patient is most likely to have low blood pressure?**
 - A. The man, because of the nature and location of the injury, he may be losing blood internally. His pulse is too slow as well.
 - B. The woman, because if she cannot breathe well her BP will drop.
 - C. The man, because a respiration rate of 24 is indicative of low blood pressure.
 - D. Neither will have a low blood pressure; they will both be high.

- 3. Which of the following is NOT considered a complication of crush injuries?**
 - A. Compression of tissues
 - B. Fractures
 - C. No injury at all
 - D. Compartment syndrome

- 4. 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

- 5. What is the body surface area percentage burned for a 17-year-old female with a second degree circumferential burn on her left lower leg and foot?**
 - A. 9
 - B. 21
 - C. 4
 - D. 18

- 6. In penetrating trauma, a permanent cavity is formed by the projectile contacting tissues. How is a temporary cavity formed?**
- A. By the twisting of the projectile
 - B. By energy scrubbing off of the projectile
 - C. The wadding entering the body
 - D. Unspent gun powder
- 7. A 25 year old male has a deep laceration on his right forearm and continues to bleed despite direct pressure. What should you do?**
- A. Tension pneumothorax
 - B. Apply a tourniquet proximal the laceration
 - C. Align with gentle traction until resistance is met
 - D. Transport rapidly
- 8. What is the most critical step when dealing with a patient who is unconscious but breathing?**
- A. Monitor vital signs
 - B. Perform CPR immediately
 - C. Check for spinal injuries
 - D. Ensure airway is clear
- 9. What is the most appropriate initial treatment for a patient with severe bleeding from his right forearm after falling off a roof?**
- A. Apply a tourniquet to stop the bleeding
 - B. Place the patient in the trendelenburg position
 - C. Take c-spine precautions
 - D. Administer high flow oxygen
- 10. Why is immediate treatment crucial after a patient has suffered a traumatic injury from a collapse?**
- A. To prevent infection
 - B. To minimize pain
 - C. To reduce the risk of shock
 - D. To ensure patient doesn't panic

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the best care for a suspected hemothorax?

- A. Applying an occlusive dressing
- B. Providing manual ventilations
- C. Transporting rapidly**
- D. Stabilizing the chest segment

In cases of suspected hemothorax, rapid transport of the patient is critical. A hemothorax involves the accumulation of blood in the pleural cavity, which can lead to compromised respiratory function and significant hemodynamic instability. The urgency of transporting a patient with this condition stems from the need for advanced medical intervention, such as chest tube insertion or surgical exploration, which cannot be performed in the pre-hospital setting. While it's important to consider supplemental oxygen and other supportive measures, the primary concern in a suspected hemothorax is to get the patient to a hospital where they can receive definitive care. The immediate natural response may involve addressing airway and breathing issues, but if a hemothorax is suspected, the highest priority must be the prompt transport to facilities capable of managing the condition effectively. The other options, while related to supportive care, do not address the urgency of transport required for a suspected hemothorax situation. For example, applying an occlusive dressing is more appropriate for an open chest wound, while manual ventilations may be necessary in cases of respiratory distress but do not substitute for the urgent transport needed. Stabilizing the chest segment can help manage pain and improve breathing but is ancillary to the main priority of transporting the patient

2. In a stabbing incident, which patient is most likely to have low blood pressure?

- A. The man, because of the nature and location of the injury, he may be losing blood internally. His pulse is too slow as well.**
- B. The woman, because if she cannot breathe well her BP will drop.
- C. The man, because a respiration rate of 24 is indicative of low blood pressure.
- D. Neither will have a low blood pressure; they will both be high.

The reasoning for selecting the man as the patient most likely to have low blood pressure is rooted in the implications of his injuries and vital signs. In trauma situations such as a stabbing, significant blood loss can occur, often leading to internal bleeding, especially if the injury involves vital organs or major blood vessels. The statement about the man's blood pressure being low due to the nature and location of the injury indicates a realistic concern for hemorrhagic shock, which occurs when blood volume decreases significantly. A slow pulse further suggests potential compensatory mechanisms at play, where the body is responding to decreased blood volume by trying to maintain circulation with a lower heart rate, which is atypical in shock and could signify a more advanced state of deterioration. In contrast, the other scenarios do not directly connect the mechanisms of injury and physiological response to low blood pressure as effectively. The woman's breathing difficulties could contribute to low blood pressure, but without a specific indication of how her injuries directly lead to significant blood loss or shock, it is less certain. Additionally, an increased respiration rate on its own does not directly imply low blood pressure, nor does the claim that both individuals will have high blood pressure misinterpret the dynamics of traumatic injury management. Therefore, the man's condition, with the

3. Which of the following is NOT considered a complication of crush injuries?

- A. Compression of tissues
- B. Fractures
- C. No injury at all**
- D. Compartment syndrome

Crush injuries can lead to a variety of serious complications due to the significant force applied to the tissues, muscles, and structures within the affected area. Among the other options provided, compression of tissues, fractures, and compartment syndrome are all recognized complications that can arise from such injuries. When tissues are compressed for a prolonged period, it can lead to ischemia (lack of blood flow) and subsequent tissue damage, which is a common outcome of crush injuries. Fractures may occur as a direct result of the crushing force impacting the bone structures. Additionally, compartment syndrome is a life-threatening condition that can develop when swelling occurs within a confined space in the body, such as a muscle compartment, leading to increased pressure, decreased blood flow, and potential muscle and nerve damage. In contrast, the choice indicating "no injury at all" directly contradicts the definition and understanding of crush injuries. Such injuries by their very nature involve some level of damage or trauma to the affected area. Therefore, this choice is accurate in identifying what does not align with the known complications associated with crush injuries.

4. 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.

5. What is the body surface area percentage burned for a 17-year-old female with a second degree circumferential burn on her left lower leg and foot?

A. 9

B. 21

C. 4

D. 18

To determine the body surface area percentage burned for a second-degree circumferential burn on the left lower leg and foot, it's important to understand the percentage distribution used in the Rule of Nines or the Lund and Browder chart. In adults, the total body surface area (TBSA) is approximated differently for various anatomical regions. For a lower limb, including the foot, the general rule allocates about 18% of the body surface area to each leg (the entire lower limb) and 1% to the foot. However, since the scenario specifies a circumferential burn, it's critical to focus only on the affected region: the left lower leg and foot. For a single lower leg, including the foot, the calculation typically breaks down as follows: - The lower leg constitutes approximately 9% of the total body area. - The foot constitutes about an additional 1% of the total area. When combined, the total body surface area burned by a second-degree circumferential burn on just the left lower leg and foot results in a significant but specific portion of TBSA. Therefore, this gives a total of approximately 10%, not counting the full circumferential effect since we are focusing on the lower leg and foot burn

6. In penetrating trauma, a permanent cavity is formed by the projectile contacting tissues. How is a temporary cavity formed?

A. By the twisting of the projectile

B. By energy scrubbing off of the projectile

C. The wadding entering the body

D. Unspent gun powder

The correct answer is the option identifying that a temporary cavity is formed by energy scrubbing off of the projectile. In the context of penetrating trauma, when a projectile, such as a bullet, travels through body tissues, it creates a significant amount of energy upon impact. This energy causes the surrounding tissues to temporarily stretch and expand, creating a temporary cavity. As the projectile moves, it imparts kinetic energy to the surrounding tissues, causing them to move outward and create this temporary cavity. After the projectile has passed through, the tissues will return somewhat to their original state, which is why this cavity is described as temporary. This understanding of temporary and permanent cavities is crucial in trauma assessment and management, as it helps to predict potential tissue damage and impacts on neighboring structures. The other options may relate to projectile behavior or effects, but they do not accurately describe the mechanism by which the temporary cavity is formed during penetrating trauma. The formation of a temporary cavity specifically pertains to the energy transfer from the projectile to the tissues.

7. A 25 year old male has a deep laceration on his right forearm and continues to bleed despite direct pressure. What should you do?

- A. Tension pneumothorax
- B. Apply a tourniquet proximal the laceration**
- C. Align with gentle traction until resistance is met
- D. Transport rapidly

In a scenario where a patient has a deep laceration on the forearm that continues to bleed despite the application of direct pressure, applying a tourniquet proximal to the laceration is the most appropriate intervention. A tourniquet is designed to occlude arterial blood flow to a limb and control severe bleeding that is not manageable by direct pressure alone. This method is particularly crucial in cases of traumatic injuries where there is a significant risk of hemorrhagic shock or life-threatening blood loss. The effectiveness of a tourniquet lies in its ability to create sufficient pressure to stop the flow of blood, dramatically reducing the risk of further blood loss while facilitating potential transport to advanced medical care. It also allows for the treatment of more serious injuries efficiently, as it prevents the need for continual pressure application that may be ineffective. Additionally, it's important to remember that while rapid transport can be necessary in trauma cases, it should not come at the expense of directly addressing life-threatening bleeding. The application of a tourniquet is a critical step that may stabilize the patient before transport. Therefore, using a tourniquet in this situation not only addresses the immediate bleeding but also prepares the patient for further evaluation and intervention by healthcare professionals.

8. What is the most critical step when dealing with a patient who is unconscious but breathing?

- A. Monitor vital signs
- B. Perform CPR immediately
- C. Check for spinal injuries
- D. Ensure airway is clear**

In the scenario of an unconscious but breathing patient, ensuring the airway is clear is the most critical step. This is essential because an unconscious patient is unable to protect their airway, making them prone to airway obstruction from the tongue or other foreign materials. If the airway is not maintained and protected, the patient could stop breathing, leading to severe hypoxia and other life-threatening complications. Once the airway is ensured to be clear, other assessments and interventions, such as monitoring vital signs, checking for spinal injuries, or initiating CPR if necessary, can follow. However, without a clear airway, the patient's condition can quickly deteriorate. Therefore, managing the airway takes priority in emergency situations involving an unconscious patient.

9. What is the most appropriate initial treatment for a patient with severe bleeding from his right forearm after falling off a roof?

- A. Apply a tourniquet to stop the bleeding
- B. Place the patient in the trendelenburg position

C. Take c-spine precautions

- D. Administer high flow oxygen

In the scenario of a patient with severe bleeding from the forearm, the most appropriate initial treatment involves a focused approach to managing the life-threatening condition of hemorrhage. Applying a tourniquet would be a standard method to control significant bleeding, especially if direct pressure on the wound has failed or is impractical due to the location and severity of the injury. Taking c-spine precautions primarily addresses potential spinal injuries, which is essential in cases where fall mechanisms are involved. However, in this specific case of severe bleeding, the immediate concern lies in stopping the hemorrhage to prevent hypovolemic shock and stabilize the patient's condition. Placing the patient in the Trendelenburg position, although traditionally used for hypotensive patients, does not effectively address the urgent need to control bleeding and can potentially complicate the clinical picture depending on the patient's status. Administering high flow oxygen is also important for a patient in shock; however, it does not directly address the critical issue of controlling the bleeding. In emergencies involving severe external bleeding, the priority should be to apply direct methods to stop the bleeding, such as using a tourniquet if necessary, while also preparing to support the patient's overall condition through other interventions as needed, such as oxygen

10. Why is immediate treatment crucial after a patient has suffered a traumatic injury from a collapse?

- A. To prevent infection

- B. To minimize pain

C. To reduce the risk of shock

- D. To ensure patient doesn't panic

Immediate treatment following a traumatic injury from a collapse is fundamental to reduce the risk of shock. In cases of trauma, the body may experience significant blood loss or physiological stress, leading to a condition known as shock, where the circulatory system fails to provide sufficient blood supply to the body's organs. This can result in severe complications, including organ dysfunction or failure. By providing immediate care, including stabilizing the patient's condition, applying pressure to control bleeding, and ensuring adequate oxygenation, healthcare providers can help to maintain blood pressure and perfusion to vital organs. Addressing shock quickly can significantly improve the likelihood of a successful recovery and reduce the long-term effects of the injury. While preventing infection, minimizing pain, and managing anxiety are important aspects of trauma care, the immediate priority in the aftermath of such an injury is to stabilize the patient and mitigate the life-threatening effects of shock.

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!

SAMPLE