

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

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Upon arriving at a crash scene, how should you manage two alert and oriented occupants with front-end damage to their vehicle?**
 - A. Put them both on high flow O2 and let them sit in the back of the ambulance
 - B. Treat them at the scene and let them go home
 - C. After putting on collars, put both patients on back boards
 - D. Insert an oral airway and bag them both at 12-20 breaths per minute
- 2. What vital sign should be most closely monitored in a patient experiencing severe hemorrhagic shock?**
 - A. Heart rate
 - B. Respiratory rate
 - C. Blood pressure
 - D. Oxygen saturation
- 3. What is the appropriate oxygen treatment for a patient with pale, cool, clammy skin after being struck in the lower right quadrant with a baseball bat?**
 - A. 15 LPM via bag-valve-mask
 - B. 10 LPM via simple face mask
 - C. 15 LPM via non-rebreather
 - D. 6 LPM via nasal cannula
- 4. For a 23-year-old male with blunt abdominal trauma, what condition should be prioritized in treatment?**
 - A. Aortic rupture
 - B. Hypovolemic shock
 - C. Neurogenic shock
 - D. Ruptured spleen
- 5. How would you classify burns on a 26-year-old female patient who was pulled from a house fire with charred skin and little pain?**
 - A. Full thickness
 - B. Superficial partial thickness burns
 - C. Deep partial thickness burns
 - D. Superficial

- 6. What is the best care for a patient with a flail chest?**
- A. Rapid transport only, do not touch the flail segment
 - B. Stabilizing the flail segment with a bulky dressing
 - C. Applying an occlusive dressing
 - D. Bag valve mask ventilation
- 7. Which of the following is a sign of potential hypovolemic shock?**
- A. BP 132/82. Pulse 66. Cool skin
 - B. BP 160/98. Pulse 112. Warm, dry skin
 - C. BP 102/60. Pulse 120. Pale, cool, clammy skin
 - D. BP 94/56. Pulse 80. Warm, flushed skin
- 8. What is the primary concern with partial thickness burns?**
- A. Infection and pain
 - B. Permanent scarring
 - C. Immediate shock
 - D. Requires surgical intervention
- 9. What is a common indicator of a significant torso injury in trauma patients?**
- A. Lack of breath sounds
 - B. Presence of clear breath sounds
 - C. Engagement of peripheral pulses
 - D. Stable vital signs
- 10. What vital sign could indicate potential shock in a trauma patient?**
- A. Heart rate below 60 bpm
 - B. Blood pressure below normal range
 - C. Respiratory rate under 12 breaths per minute
 - D. Normal temperature

Answers

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

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Explanations

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1. Upon arriving at a crash scene, how should you manage two alert and oriented occupants with front-end damage to their vehicle?

- A. Put them both on high flow O2 and let them sit in the back of the ambulance
- B. Treat them at the scene and let them go home

C. After putting on collars, put both patients on back boards

- D. Insert an oral airway and bag them both at 12-20 breaths per minute

Managing two alert and oriented occupants with front-end damage to their vehicle involves a careful assessment of their potential injuries, particularly in the context of a car crash where mechanisms of injury can be significant. The correct approach is to ensure their safety and stability, and this is where immobilization techniques come into play. Using backboards is a common practice to provide spinal motion restriction for patients who may have sustained potential spinal injuries, even if they are alert and oriented. The mechanism of injury in a crash often results in forces that can lead to neck or back injuries, which may not be immediately apparent. By placing both occupants on backboards after applying cervical collars, you are minimizing the risk of exacerbating any potential injuries while facilitating transportation to a medical facility for further evaluation. This method of management also helps in monitoring the patients during transit, keeping them in a position that allows for easier assessment and treatment should any changes in their condition occur. Therefore, immobilization with backboards and collars is not only a precautionary measure to protect the spine but also aligns with protocols for managing trauma patients effectively. Other options could compromise patient safety or are not aligned with standard trauma management protocols. For instance, administering high flow oxygen or inserting airways may not be warranted for stable

2. What vital sign should be most closely monitored in a patient experiencing severe hemorrhagic shock?

- A. Heart rate
- B. Respiratory rate
- C. Blood pressure**
- D. Oxygen saturation

In a patient experiencing severe hemorrhagic shock, the vital sign that should be most closely monitored is blood pressure. This is because blood pressure is a critical indicator of the perfusion status and overall hemodynamic stability of the patient. Hemorrhagic shock results from significant blood loss, which decreases the circulating blood volume and subsequently leads to a drop in blood pressure. Monitoring blood pressure allows healthcare providers to assess the effectiveness of the body's compensatory mechanisms. In early stages of shock, patients may have a normal or slightly elevated heart rate as they try to compensate for the loss of blood volume. However, as the condition worsens, blood pressure typically falls, indicating the severity of the shock and the need for immediate intervention. An abrupt drop in blood pressure can signal the onset of irreversible shock, necessitating urgent medical or surgical attention to stabilize the patient and address the underlying cause of the hemorrhage. While heart rate, respiratory rate, and oxygen saturation are also important vital signs to monitor, they do not provide as direct an indication of blood volume status as blood pressure does in the context of hemorrhagic shock. Monitoring blood pressure is essential for guiding treatment decisions, including fluid resuscitation and the need for potential surgical intervention.

3. What is the appropriate oxygen treatment for a patient with pale, cool, clammy skin after being struck in the lower right quadrant with a baseball bat?

- A. 15 LPM via bag-valve-mask
- B. 10 LPM via simple face mask
- C. 15 LPM via non-rebreather**
- D. 6 LPM via nasal cannula

The appropriate oxygen treatment for a patient presenting with pale, cool, clammy skin, especially after a trauma such as being struck with a baseball bat, indicates potential significant injury and possibly inadequate perfusion or shock. In this scenario, providing a higher concentration of oxygen is crucial for supporting the patient's oxygenation needs. Using a non-rebreather mask, which delivers approximately 90-100% oxygen, is appropriate in this case because it allows for maximal oxygen delivery to a patient who may be in distress and at risk of hypoxia. The indication of pale, cool, and clammy skin suggests the body is not maintaining adequate perfusion, potentially leading towards hypovolemic or obstructive shock. Administering high-flow oxygen helps to rapidly increase the oxygen saturation levels, thereby supporting vital organs during critical moments. Lower flow options, such as 10 LPM via a simple face mask or 6 LPM via a nasal cannula, would not provide sufficient concentration of oxygen to meet the needs of a patient in this critical condition. A bag-valve-mask at 15 LPM could be useful in other specific scenarios but is typically reserved for patients who are not breathing adequately or are in respiratory distress, which may not have been indicated in

4. For a 23-year-old male with blunt abdominal trauma, what condition should be prioritized in treatment?

- A. Aortic rupture
- B. Hypovolemic shock**
- C. Neurogenic shock
- D. Ruptured spleen

In the context of blunt abdominal trauma, prioritizing hypovolemic shock is crucial due to the potential for significant internal bleeding that can rapidly lead to a life-threatening situation. Hypovolemic shock occurs when there is a substantial loss of blood volume, which is common in abdominal trauma as blood vessels and organs can be damaged, causing hemorrhage. Addressing hypovolemic shock immediately aims to stabilize the patient's hemodynamics by ensuring adequate perfusion to vital organs. This may involve fluid resuscitation and possibly the administration of blood products, which are essential to counteract the effects of blood loss and help restore circulating volume. Ensuring blood pressure and vital signs remain stable is fundamental in trauma management. While conditions like aortic rupture and ruptured spleen can certainly be serious and may contribute to hypovolemic shock, they are typically part of the broader evaluation of injuries rather than the immediate concern for managing shock itself. Neurogenic shock, while important to recognize, is less likely in the setting of blunt abdominal trauma compared to the risk of hypovolemic shock from hemorrhage. Therefore, the immediate focus should be on correcting the shock to improve the patient's chances of survival.

5. How would you classify burns on a 26-year-old female patient who was pulled from a house fire with charred skin and little pain?

A. Full thickness

B. Superficial partial thickness burns

C. Deep partial thickness burns

D. Superficial

The classification of burns is based on the depth of the skin damage and the symptoms presented. In the case of a 26-year-old female patient pulled from a house fire, the presence of charred skin is a strong indicator of full thickness burns. Full thickness burns, also known as third-degree burns, affect all layers of the skin, including the epidermis, dermis, and the subcutaneous tissue underneath. The appearance of charred skin is typical of this type of burn, as the heat damages the skin to such an extent that it becomes blackened and leathery. Additionally, patients with full thickness burns often experience little to no pain in the affected area due to the destruction of nerve endings within the skin. Understanding the characteristics of burn classifications is crucial in determining the appropriate treatment and management of a patient's injuries. The lack of pain, combined with the charred appearance of the skin, reinforces the conclusion that this patient is suffering from full thickness burns.

6. What is the best care for a patient with a flail chest?

A. Rapid transport only, do not touch the flail segment

B. Stabilizing the flail segment with a bulky dressing

C. Applying an occlusive dressing

D. Bag valve mask ventilation

The best care for a patient with a flail chest involves stabilizing the flail segment with a bulky dressing. Flail chest occurs when multiple adjacent ribs are fractured in two or more places, resulting in a section of the chest wall that moves independently from the rest of the rib cage. This can lead to respiratory complications due to impaired mechanics of breathing. By applying a bulky dressing to stabilize the flail segment, you can reduce the paradoxical movement of that segment, allowing for more efficient ventilation and gas exchange. This stabilization helps the patient breathe more effectively and can assist in reducing pain, which in turn can encourage deeper breaths and help prevent atelectasis (collapse of the lung). Other options are less appropriate for managing a flail chest. For example, rapid transport without addressing the flail segment would neglect a critical aspect of patient care that could affect respiratory function. Applying an occlusive dressing might be beneficial in certain situations like treating open chest wounds but is not specifically suitable for flail chest. Bag valve mask ventilation can be necessary if the patient is struggling to breathe, but it does not directly address the mechanics of the chest wall movement that needs to be corrected with proper stabilization.

7. Which of the following is a sign of potential hypovolemic shock?

- A. BP 132/82. Pulse 66. Cool skin
- B. BP 160/98. Pulse 112. Warm, dry skin
- C. BP 102/60. Pulse 120. Pale, cool, clammy skin**
- D. BP 94/56. Pulse 80. Warm, flushed skin

The indication of hypovolemic shock is characterized by symptoms that reflect inadequate blood volume, often resulting from significant fluid loss due to injury, dehydration, or other causes. Among the provided choices, the selection of a blood pressure of 102/60 mmHg, a pulse rate of 120 beats per minute, and the presence of pale, cool, clammy skin is consistent with the signs typically associated with hypovolemic shock. In this scenario, the blood pressure reading is lower than what would be considered normal, indicating potential hypotension, which is a common effect of reduced blood volume. The elevated pulse rate of 120 beats per minute suggests compensation by the heart to maintain perfusion to vital organs, a typical response to diminished blood flow. Furthermore, pale, cool, clammy skin indicates poor perfusion and vasoconstriction, which are indicative of the body's attempt to prioritize blood flow to essential areas despite a significantly reduced blood volume. Understanding these physiological responses is crucial for recognizing and managing hypovolemic shock effectively. This combination of vital signs and skin condition provides a clear picture that aligns with the clinical criteria for hypovolemic shock, making it the correct choice.

8. What is the primary concern with partial thickness burns?

- A. Infection and pain**
- B. Permanent scarring
- C. Immediate shock
- D. Requires surgical intervention

The primary concern with partial thickness burns lies in the potential for infection and the significant pain they can cause. Partial thickness burns, also known as second-degree burns, damage both the epidermis and part of the dermis, leading to exposed nerve endings. This results in notable pain, which can be extreme and impacts the patient's comfort and well-being. Infection is a critical concern because the damaged skin barrier allows bacteria to enter the body more easily. If the burn becomes infected, it can lead to more severe complications and delay the healing process. Therefore, ensuring that these burns are managed effectively with proper wound care and observation is essential to prevent infection and reduce pain. While permanent scarring and the need for surgical interventions can occur with more severe burns, these are not the primary concerns with partial thickness burns. Immediate shock is typically more associated with severe burns rather than partial thickness burns, thus making infection and pain the key issues to address.

9. What is a common indicator of a significant torso injury in trauma patients?

- A. Lack of breath sounds**
- B. Presence of clear breath sounds
- C. Engagement of peripheral pulses
- D. Stable vital signs

A lack of breath sounds is a significant indicator of potential torso injury, particularly when it involves the thoracic cavity. In trauma cases, this could suggest a pneumothorax, hemothorax, or other serious conditions like a ruptured diaphragm or lung injury. When breath sounds are absent on one side or reduced overall, it raises concern about whether air or blood is improperly filling the pleural space, indicating a critical situation that requires immediate assessment and intervention. While the presence of clear breath sounds generally indicates that air is moving in and out of the lungs effectively, it does not specifically highlight the risk of torso injury. Engaging peripheral pulses is useful for assessing circulation, but it does not provide direct evidence of trauma to the torso. Similarly, stable vital signs can be misleading; they might not reflect the severity of internal injuries that could be present and may change rapidly in the context of significant torso trauma. Thus, in assessing trauma patients, the absence of breath sounds is a crucial red flag pointing to serious underlying injuries.

10. What vital sign could indicate potential shock in a trauma patient?

- A. Heart rate below 60 bpm
- B. Blood pressure below normal range**
- C. Respiratory rate under 12 breaths per minute
- D. Normal temperature

A blood pressure reading below the normal range is a critical indicator of potential shock in a trauma patient. In situations of shock, particularly hypovolemic shock due to significant blood loss or fluid loss, blood pressure tends to drop as the body struggles to maintain adequate circulation and perfusion to vital organs. This drop in blood pressure reflects the inability of the cardiovascular system to compensate for the deficits in circulating volume, which is crucial for delivering oxygen and nutrients to tissues. Monitoring blood pressure is essential during trauma assessments, as it provides insight into the patient's hemodynamic status. A decrease in blood pressure, especially if accompanied by an increased heart rate or other signs of distress, serves as a warning sign of potential compromised perfusion, necessitating immediate medical intervention to prevent further deterioration. Understanding this vital sign and its implications is crucial for managing trauma patients effectively and ensuring prompt recognition and treatment of conditions such as 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:

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

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