

# JBL Trauma Practice Test (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

- 1. In a case involving a significant traumatic accident, which condition is MOST immediately life-threatening?**
  - A. Fractured tibia**
  - B. Pneumothorax**
  - C. Hemorrhagic shock**
  - D. Closed head injury**
- 2. When treating a patient rescued from a burning house with respiratory distress, what is the most immediate threat?**
  - A. Hypothermia**
  - B. Severe burns**
  - C. Severe infection**
  - D. Airway swelling**
- 3. When managing a submerged patient, which condition should be considered first?**
  - A. Spinal injury**
  - B. Hyperthermia**
  - C. Internal bleeding**
  - D. Airway obstruction**
- 4. What condition might cause a patient to exhibit tachycardia, hypotension, and diaphoresis?**
  - A. Chest trauma with pulmonary injury**
  - B. Decompensated shock from internal bleeding**
  - C. Cardiac tamponade due to pericardial bleeding**
  - D. Increased intracranial pressure due to head injury**
- 5. Which type of intracranial injury occurs when the head strikes the windshield during a motor vehicle crash?**
  - A. Injury to the occipital lobe.**
  - B. Compression to the anterior brain.**
  - C. Hyperflexion injury of the cervical spine.**
  - D. Stretching injury to the posterior brain.**

- 6. A baseball player collapses after being struck in the chest. What is the MOST likely cause of his collapse?**
- A. Rupture of the aorta**
  - B. Myocardial contusion**
  - C. Ventricular fibrillation**
  - D. Shearing of the vena cava**
- 7. What is a critical consideration when managing an open wound bleeding profusely?**
- A. Perform a thorough debridement.**
  - B. Ensure patient privacy and comfort.**
  - C. Control bleeding immediately.**
  - D. Assess for signs of infection.**
- 8. A 22-year-old man suffers from a chemical burn in both eyes after a strong acid splash. What is the first step in treatment?**
- A. Leaving the contact lenses in and beginning irrigation**
  - B. Removing the contact lenses and beginning irrigation**
  - C. Covering the eyes with sterile gauze**
  - D. Applying antibiotic ointment to both eyes**
- 9. Which finding is most concerning in a patient with significant burns?**
- A. Severe blisters to both hands.**
  - B. Closed deformity of the wrist.**
  - C. Dry cough and a hoarse voice.**
  - D. Clothes adhered to burned skin.**
- 10. In the event of a patient with severe burns, what is an appropriate way to manage airway concerns?**
- A. Leave the airway unassisted until arrival at the hospital.**
  - B. Administer high-flow oxygen via a non-rebreather mask.**
  - C. Position the patient upright to facilitate breathing.**
  - D. Hasten transport without monitoring the airway closely.**

## **Answers**

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

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## **Explanations**

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**1. In a case involving a significant traumatic accident, which condition is MOST immediately life-threatening?**

- A. Fractured tibia**
- B. Pneumothorax**
- C. Hemorrhagic shock**
- D. Closed head injury**

Hemorrhagic shock is considered the most immediately life-threatening condition in a case involving significant trauma because it results from a severe loss of blood volume, leading to inadequate perfusion of vital organs. If not addressed rapidly, hemorrhagic shock can lead to organ failure and death within a very short time frame. The body relies on a sufficient blood volume and pressure to deliver oxygen and nutrients to tissues; a rapid and substantial decrease can cause critical systems to shut down. While pneumothorax can also be life-threatening, particularly if it is a tension pneumothorax that compromises cardiovascular function, the immediate urgency of addressing hemorrhagic shock takes precedence. A fractured tibia, although it can be serious, typically does not pose an immediate threat to life compared to the systemic effects of shock. Similarly, while a closed head injury can lead to complications, especially concerning increased intracranial pressure, the critical nature of significant blood loss in hemorrhagic shock categorizes it as the most urgent condition to be managed.

**2. When treating a patient rescued from a burning house with respiratory distress, what is the most immediate threat?**

- A. Hypothermia**
- B. Severe burns**
- C. Severe infection**
- D. Airway swelling**

In situations involving patients rescued from a burning building, the most immediate threat is airway swelling. Exposure to heat, smoke, and toxic gases can lead to inflammation of the airways, compromising the airway and potentially leading to respiratory distress or failure. This swelling can progress rapidly and may obstruct airflow, making it critical to address immediately to ensure the patient can breathe and receive enough oxygen. Other threats, while significant, do not pose the same immediate risk to life. Hypothermia might occur, especially if the patient is exposed to cold after being rescued, but it does not take precedence over ensuring a patent airway in the context of acute respiratory distress. Severe burns are also a serious concern, as they can cause significant pain and complications, but the priority in an emergent setting is to secure the airway first. Severe infection is a concern in the longer term but is not an immediate threat in the acute phase right after rescue from a fire. The primary focus must be on airway management, making airway swelling the critical threat in this scenario.

**3. When managing a submerged patient, which condition should be considered first?**

- A. Spinal injury**
- B. Hyperthermia**
- C. Internal bleeding**
- D. Airway obstruction**

In managing a submerged patient, airway obstruction should be prioritized first. When a person is submerged in water, it is critical to ensure their airway is clear and that they can breathe. Water can enter the lungs very quickly, leading to drowning or near-drowning situations where the victim's airway may be compromised. It's essential for rescuers to first assess and manage any potential airway obstruction because without a clear airway, the patient cannot receive the oxygen necessary for survival. Other concerns such as spinal injury, hyperthermia, and internal bleeding are indeed significant but must be managed after the airway has been secured. Attention to airway management can directly influence a patient's chance of survival and subsequent outcomes in treatment.

**4. What condition might cause a patient to exhibit tachycardia, hypotension, and diaphoresis?**

- A. Chest trauma with pulmonary injury**
- B. Decompensated shock from internal bleeding**
- C. Cardiac tamponade due to pericardial bleeding**
- D. Increased intracranial pressure due to head injury**

The condition of decompensated shock from internal bleeding is characterized by a combination of symptoms such as tachycardia (increased heart rate), hypotension (low blood pressure), and diaphoresis (excessive sweating). When significant internal bleeding occurs, the body's compensatory mechanisms attempt to maintain adequate blood flow to vital organs. Initially, this can lead to tachycardia as the heart works harder to pump the reduced blood volume. However, as blood loss continues and the body's compensatory mechanisms fail, hypotension can develop due to insufficient blood volume, leading to inadequate perfusion of organs. Diaphoresis can occur as part of the body's stress response to shock, where the sympathetic nervous system is activated. In contrast, while chest trauma with pulmonary injury can lead to respiratory distress and similar symptoms, it is more specifically associated with respiratory compromise rather than pure shock symptoms. Cardiac tamponade could cause tachycardia and hypotension, but it is often accompanied by other signs like jugular venous distension or muffled heart sounds, forming the classic triad of Beck's triad. Increased intracranial pressure, resulting from a head injury, can lead to changes in vital signs, but it typically presents with

**5. Which type of intracranial injury occurs when the head strikes the windshield during a motor vehicle crash?**

- A. Injury to the occipital lobe.**
- B. Compression to the anterior brain.**
- C. Hyperflexion injury of the cervical spine.**
- D. Stretching injury to the posterior brain.**

The correct answer focuses on the mechanism of injury often seen in motor vehicle crashes when the head strikes a rigid object such as the windshield. This impact can lead to significant physical forces that cause the neck to rapidly flex forward and then extend. This dynamic motion results in a hyperflexion injury, which primarily affects the cervical spine. Hyperflexion injuries occur when the head moves forward beyond its normal range of motion, leading to potential damage of the cervical spine structures, including ligaments, muscles, and spinal cord. The forces generated upon impact can compress and stretch the cervical spine, causing injury to the surrounding tissues. This kind of injury is particularly relevant in motor vehicle accidents because of the sudden deceleration and the nature of the impact with fixed objects. In contrast, the other options pertain to different types of injuries that might occur under various circumstances or mechanisms. Injuries to specific lobes of the brain, such as the occipital lobe or anterior brain, typically relate to direct trauma rather than the dynamic motion of a hyperflexion injury. Stretching injuries to the posterior brain also involve different mechanisms, often associated with larger, more severe types of movement or forces rather than the initial impact with a windshield. Thus, the nature of the injury

**6. A baseball player collapses after being struck in the chest. What is the MOST likely cause of his collapse?**

- A. Rupture of the aorta**
- B. Myocardial contusion**
- C. Ventricular fibrillation**
- D. Shearing of the vena cava**

When evaluating the scenario of a baseball player collapsing after being struck in the chest, the most likely cause of this event is ventricular fibrillation. This condition can arise from a blunt force trauma to the chest, particularly during a specific moment in the cardiac cycle called "commotio cordis." When a projectile, like a baseball, hits the chest just before or after the peak of the T wave in the heart's electrical cycle, it can cause an abnormal heartbeat, leading to ventricular fibrillation. Ventricular fibrillation is a critical and life-threatening arrhythmia where the heart's electrical activity becomes disordered, preventing it from effectively pumping blood. This would explain the sudden collapse of the athlete on the field. Rapid recognition and intervention with defibrillation are crucial in this scenario to restore a normal heart rhythm and ensure survival. While other conditions like rupture of the aorta or myocardial contusion can occur due to significant trauma, they are less likely to cause an immediate collapse in response to a non-penetrating chest injury compared to the rapid onset of ventricular fibrillation.

**7. What is a critical consideration when managing an open wound bleeding profusely?**

- A. Perform a thorough debridement.**
- B. Ensure patient privacy and comfort.**
- C. Control bleeding immediately.**
- D. Assess for signs of infection.**

When managing an open wound that is bleeding profusely, the immediate priority is to control the bleeding. This is critical because excessive blood loss can quickly lead to shock, organ failure, and can be life-threatening. The body has a limited capacity to cope with blood loss, and timely intervention is crucial to stabilize the patient's condition. Controlling bleeding often involves direct pressure on the wound, elevation of the injured area, and possibly the use of tourniquets or hemostatic agents if necessary. By prioritizing this step, healthcare providers can significantly reduce the risk of complications related to hypovolemia and ensure that the patient can receive further medical treatment safely. While the other considerations like debridement, ensuring privacy and comfort, and assessing for signs of infection are important, they take a backseat in urgent situations where life-threatening hemorrhage is present. Immediate action to manage bleeding can save lives and is the foundational step in trauma care protocols.

**8. A 22-year-old man suffers from a chemical burn in both eyes after a strong acid splash. What is the first step in treatment?**

- A. Leaving the contact lenses in and beginning irrigation**
- B. Removing the contact lenses and beginning irrigation**
- C. Covering the eyes with sterile gauze**
- D. Applying antibiotic ointment to both eyes**

The first step in treating a chemical burn to the eyes, especially with a strong acid, is to remove any contact lenses and begin irrigation immediately. This is critical because contact lenses can trap the chemical against the cornea, potentially causing further damage. By removing them, you allow for better flushing of the eyes. Initiating irrigation as soon as possible is essential as it helps to dilute and wash away the chemical agent, reducing the severity of the injury. Using copious amounts of sterile saline or clean water for at least 15-30 minutes is typically recommended to ensure thorough irrigation. Other options would not effectively address the immediate needs of the injury. For instance, leaving contact lenses in compromises the treatment by preventing proper irrigation. Covering the eyes with sterile gauze may protect them but doesn't help with the immediate need to flush out the chemical. Applying antibiotic ointment should only happen after thorough irrigation and doctor evaluation, as it can cause further irritation if the chemical is not adequately removed first.

**9. Which finding is most concerning in a patient with significant burns?**

- A. Severe blisters to both hands.**
- B. Closed deformity of the wrist.**
- C. Dry cough and a hoarse voice.**
- D. Clothes adhered to burned skin.**

In a patient with significant burns, finding a dry cough and a hoarse voice is particularly concerning as it may indicate inhalation injury. The presence of respiratory symptoms suggests that the patient could be experiencing damage to the airway or lungs due to the inhalation of smoke or hot gases. This type of injury can significantly complicate the patient's condition and lead to respiratory distress, which may require immediate intervention. Burns typically affect the skin and surrounding tissues, but inhalation injuries can lead to life-threatening complications. Symptoms like a dry cough and hoarseness reflect potential edema and inflammation in the upper airway, indicating that the airway may be compromised. In severe instances, this can lead to airway obstruction, making it crucial to assess and manage the patient's airway promptly. Other findings listed, such as severe blisters on the hands or clothes adhered to burned skin, are significant but primarily related to the management of the burn wounds and overall skin integrity rather than an immediate threat to the airway. A closed deformity of the wrist does suggest a need for orthopedic evaluation and possibly surgical intervention, but it does not indicate an acute risk to the patient's respiratory status like the cough and hoarseness do. Thus, the finding of a dry cough and a hoarse voice stands out

**10. In the event of a patient with severe burns, what is an appropriate way to manage airway concerns?**

- A. Leave the airway unassisted until arrival at the hospital.**
- B. Administer high-flow oxygen via a non-rebreather mask.**
- C. Position the patient upright to facilitate breathing.**
- D. Hasten transport without monitoring the airway closely.**

The appropriate management of airway concerns in a patient with severe burns includes administering high-flow oxygen via a non-rebreather mask. This approach is vital because patients with severe burns are at high risk for inhalation injuries, especially if there is a history of smoke inhalation or burns to the face. Applying high-flow oxygen helps to ensure that enough oxygen is available to the body while also addressing potential carbon monoxide or cyanide poisoning, which can occur in such injuries. A non-rebreather mask allows for a high concentration of oxygen to be delivered directly to the patient, which is particularly critical given their compromised airway and potential respiratory distress. Inhalation injuries can lead to airway swelling and compromise, so prompt delivery of oxygen is essential until the patient can be evaluated and treated further in a hospital setting. This method provides a simple yet effective means of stabilizing the patient's condition in the pre-hospital phase. Other options, such as leaving the airway unassisted or hastening transport without continuous monitoring, do not prioritize adequate oxygenation and monitoring of the airway, which are crucial in managing severe burn patients. Positioning the patient upright could facilitate breathing in some cases, but it is not the first-line response for addressing airway concerns in this context.