

# PBCFR Trauma Alert Criteria Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**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

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>16</b>

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 should be documented for each trauma alert case?**
  - A. Patient demographics only**
  - B. Only the primary injury**
  - C. Complete vitals, assessment findings, interventions, and patient response**
  - D. Verbal reports to other responders only**
  
- 2. Which vital signs are typically measured during a trauma assessment?**
  - A. Heart rate, blood pressure, and temperature**
  - B. Respiratory rate, GCS, and body temperature**
  - C. Heart rate, blood pressure, respiratory rate, and GCS**
  - D. Pulse, blood pressure, respiratory rate, and body temperature**
  
- 3. What type of fracture indicates a need for red alert based on the number of long bones involved?**
  - A. One long bone fracture**
  - B. Two or more long bone fractures**
  - C. Three long bone fractures**
  - D. Only short bone fractures**
  
- 4. What condition involving the neck would typically require a red alert?**
  - A. Sore throat**
  - B. Painful range of motion**
  - C. Suspected spinal cord injury**
  - D. Minor swelling**
  
- 5. If ground transport is expected to exceed 25 minutes, what should be done?**
  - A. Transfer the patient to the hospital**
  - B. Contact the family**
  - C. Fly the patient**
  - D. Wait for ground transport**

- 6. What condition is considered a red trauma alert due to high risk factors involving anticoagulant use?**
- A. Simple sprain of ankle**
  - B. Minor cuts on the wrist**
  - C. Fractures or dislocations due to MVC in a high-risk bleeding patient**
  - D. Only minor lacerations without significant internal bleeding**
- 7. What type of amputation warrants a trauma alert if it occurs?**
- A. At or above the wrist or ankle**
  - B. Below the knee**
  - C. Below the elbow**
  - D. At any joint**
- 8. Which of the following is an example of a BLUE trauma alert criterion related to trauma?**
- A. Single long bone fracture site due to MVC**
  - B. Electrocution causing loss of consciousness**
  - C. Non-GSW penetrating injury to the abdomen**
  - D. Severe facial trauma**
- 9. What should be prioritized for patients with potential spinal injuries?**
- A. Immediate pain relief**
  - B. Maintaining airway patency**
  - C. Immobilization and careful transport**
  - D. Assessment of injury history**
- 10. How is shock defined in the context of trauma alerts?**
- A. A state where the body is healing quickly**
  - B. A condition of excessive hydration**
  - C. A state where the perfusion of tissues is inadequate**
  - D. A response to medication**

## **Answers**

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

## 1. What should be documented for each trauma alert case?

- A. Patient demographics only**
- B. Only the primary injury**
- C. Complete vitals, assessment findings, interventions, and patient response**
- D. Verbal reports to other responders only**

Documentation for each trauma alert case must be comprehensive to ensure the continuity of care and to provide a complete medical record. Recording complete vitals, assessment findings, interventions, and patient response serves several critical purposes. First, detailed documentation facilitates effective communication among medical personnel, ensuring that everyone involved in the patient's care is on the same page regarding the patient's condition and treatment. This is especially important in trauma cases, where the situation can change rapidly, and timely interventions are vital. Second, thorough records of vital signs and assessments provide a baseline for monitoring the patient's progress and response to interventions. This information is crucial for making informed clinical decisions and adjustments to the treatment plan. Third, documenting interventions and the patient's response informs future care and can aid in recognizing patterns that might indicate complications or the need for additional treatment. In the context of trauma, relying solely on patient demographics, the primary injury, or verbal reports does not offer the holistic view required for effective patient management. Without complete documentation, critical details could be missed, potentially compromising patient safety and care quality.

## 2. Which vital signs are typically measured during a trauma assessment?

- A. Heart rate, blood pressure, and temperature**
- B. Respiratory rate, GCS, and body temperature**
- C. Heart rate, blood pressure, respiratory rate, and GCS**
- D. Pulse, blood pressure, respiratory rate, and body temperature**

The assessment of vital signs during a trauma evaluation is crucial for understanding the patient's physiological status and determining the urgency of intervention. The correct answer includes heart rate, blood pressure, respiratory rate, and the Glasgow Coma Scale (GCS), which collectively provide a comprehensive view of the patient's cardiovascular, respiratory, and neurological functions. Heart rate indicates the efficiency of the heart to pump blood, blood pressure assesses the force of the blood circulating in the arteries, and respiratory rate offers insight into lung function and overall oxygenation. The GCS is a standardized scale used to assess a patient's level of consciousness, which is particularly important in trauma cases where neurological status may be compromised due to potential head injuries. Each of these measurements plays a critical role in the early identification of life-threatening conditions. For example, abnormal heart rate and blood pressure readings can suggest shock or significant blood loss, while abnormal respiratory rates may indicate respiratory distress or failure. The GCS helps identify patients needing immediate neurological assessment or intervention. Other options may include combinations of vital signs, but they do not provide the complete set that encompasses cardiovascular, respiratory, and neurological assessments critical for trauma patients. Therefore, the combination provided in the correct answer is essential for a thorough trauma assessment.

**3. What type of fracture indicates a need for red alert based on the number of long bones involved?**

- A. One long bone fracture**
- B. Two or more long bone fractures**
- C. Three long bone fractures**
- D. Only short bone fractures**

The indication for a red alert in the context of trauma criteria is primarily tied to the number of long bone fractures present. When a patient sustains two or more long bone fractures, it significantly elevates their risk for serious complications, including substantial blood loss and shock. Long bones, such as the femur, tibia, and humerus, have a large medullary canal that can contribute to hemorrhage when fractured. This can lead to a critical state in the patient that requires immediate and advanced medical intervention. Having one long bone fracture may not elicit the same level of concern; while it can certainly be serious, the physiologic impact generally does not trigger a red alert. A scenario with three long bone fractures would indeed be severe, but the established threshold for activating a red alert is specifically at two or more fractures. Short bone fractures do not meet the criteria for initiating a red alert regarding trauma alert protocols, as they typically do not result in the same level of systemic impact as long bone fractures.

**4. What condition involving the neck would typically require a red alert?**

- A. Sore throat**
- B. Painful range of motion**
- C. Suspected spinal cord injury**
- D. Minor swelling**

A suspected spinal cord injury is a critical condition that warrants a red alert due to the high risk of significant and potentially life-threatening complications. When assessing a patient with a suspected spinal cord injury, quick action is essential. This condition can lead to paralysis or other severe neurological deficits, so immediate medical attention is necessary to stabilize the patient and prevent further harm. The presence of such an injury often accompanies mechanisms of trauma, such as falls, vehicle collisions, or other high-impact incidents, which may compromise the stability of the cervical spine. Recognition of these signals and quick reporting ensures that necessary imaging and treatment can be initiated without delay, thereby improving the chances of a better outcome for the patient. While other conditions involving the neck, such as a sore throat or minor swelling, may need attention, they do not pose the same immediate danger to the patient's life and neurological function as a suspected spinal cord injury. Painful range of motion might indicate underlying issues but does not carry the same urgency as a suspected spinal injury, which can drastically affect a patient's motor and sensory functions.

**5. If ground transport is expected to exceed 25 minutes, what should be done?**

- A. Transfer the patient to the hospital**
- B. Contact the family**
- C. Fly the patient**
- D. Wait for ground transport**

In situations where ground transport is anticipated to take longer than 25 minutes, flying the patient can be crucial for ensuring timely access to advanced medical care, especially in cases where the patient's condition may be deteriorating or if there are complications that require rapid intervention. Air transport can drastically reduce travel time compared to ground methods, which can be vital in trauma cases where every minute counts. Flying the patient allows for quicker delivery to a specialized trauma center equipped with the necessary resources for critical care, which can significantly improve outcomes. In emergency medical situations, minimizing transport time directly contributes to the effectiveness of treatment and overall patient survival rates. Options such as transferring the patient to the hospital or contacting the family do not address the urgent need for expedient care. Likewise, waiting for ground transport would be counterproductive, considering the recognized time constraint. Hence, the decision to utilize air transport is aligned with protocols aimed at prioritizing patient safety and the urgency associated with trauma care.

**6. What condition is considered a red trauma alert due to high risk factors involving anticoagulant use?**

- A. Simple sprain of ankle**
- B. Minor cuts on the wrist**
- C. Fractures or dislocations due to MVC in a high-risk bleeding patient**
- D. Only minor lacerations without significant internal bleeding**

The correct answer pertains to fractures or dislocations caused by a motor vehicle collision (MVC) in a high-risk bleeding patient, particularly one who is on anticoagulant therapy. This is categorized as a red trauma alert because anticoagulants significantly heighten the risk of severe hemorrhage in trauma situations. When a patient on anticoagulants suffers a fracture or dislocation from a mechanism like an MVC, the potential for internal bleeding and complications increases dramatically, warranting immediate and comprehensive medical intervention. Anticoagulant medications affect the body's ability to form blood clots, making even minor injuries potentially life-threatening. In the scenario presented, the combination of trauma from an MVC and the presence of anticoagulants means that even a seemingly simple injury can lead to significant complications, justifying the designation of a red trauma alert to ensure that the patient receives prioritized care. In contrast, the other scenarios mentioned, such as a simple sprain, minor cuts, or only minor lacerations without internal bleeding, typically do not carry the same level of risk or urgency. These injuries are often manageable without the critical intervention required for high-risk patients, particularly those on blood-thinning medication. Therefore, while they may deserve medical attention, they do not meet the criteria

**7. What type of amputation warrants a trauma alert if it occurs?**

- A. At or above the wrist or ankle**
- B. Below the knee**
- C. Below the elbow**
- D. At any joint**

The correct answer is that amputations occurring at or above the wrist or ankle warrant a trauma alert. This criterion is established because these types of amputations are associated with a greater risk for severe hemorrhage and necessitate immediate medical intervention. Amputations at this level can also indicate a higher potential for traumatic injuries that may affect other vital structures, such as nerves and blood vessels, and can result in significant functional impairment. In the context of trauma assessment, timely identification and response to serious injuries are critical. Amputations at or above the wrist or ankle often involve a greater degree of injury and complexity, which can lead to complications such as shock and infection. Therefore, these injuries are prioritized within trauma protocols to ensure that the affected individuals receive urgent and appropriate care.

**8. Which of the following is an example of a BLUE trauma alert criterion related to trauma?**

- A. Single long bone fracture site due to MVC**
- B. Electrocution causing loss of consciousness**
- C. Non-GSW penetrating injury to the abdomen**
- D. Severe facial trauma**

The criteria for a BLUE trauma alert involve situations where the mechanism of injury is less likely to lead to immediate life threat, but still requires careful evaluation and management. The example of a single long bone fracture caused by a motor vehicle collision (MVC) fits this criterion well. In the context of trauma alerts, a long bone fracture, especially as a result of an MVC, indicates that there has been significant impact and potential force applied to the body. While it certainly merits assessment and possible intervention, a singular long bone fracture typically does not present an immediate life-threatening condition in the same urgent manner as some other types of injuries. This places it within the BLUE alert framework, which is a tier lower than more severe scenarios that would prompt higher alert levels. Comparatively, the other options represent scenarios that may indicate a higher level of concern. Electrocution causing loss of consciousness can suggest a critical condition, while a non-GSW penetrating injury to the abdomen often indicates potential internal injury or organ damage. Severe facial trauma also poses the risk of airway compromise or significant hemorrhage, which would raise the alert level. Therefore, a single long bone fracture due to an MVC accurately exemplifies a BLUE trauma alert situation.

## 9. What should be prioritized for patients with potential spinal injuries?

- A. Immediate pain relief
- B. Maintaining airway patency
- C. Immobilization and careful transport**
- D. Assessment of injury history

For patients with potential spinal injuries, ensuring their safety during transport is of utmost importance. Immobilization and careful transport prioritize limiting movement of the spine to prevent further damage. Spinal injuries can lead to severe complications, including paralysis, if the patient is not properly stabilized. When a patient has suffered trauma that raises suspicion of a spinal injury, the risk of exacerbating any existing damage necessitates the use of spinal precautions. This involves methods like placing the patient on a spine board and securing them to minimize movement. It is critical to ensure that the patient's spine remains aligned and stable throughout the transport process. While other aspects such as pain relief, airway patency, and injury history assessments are indeed important in the overall management of trauma patients, they do not take precedence over the immediate need to immobilize the spine in potential spinal injuries. Prioritizing immobilization helps protect the patient from further harm during any subsequent evaluations or treatments.

## 10. How is shock defined in the context of trauma alerts?

- A. A state where the body is healing quickly
- B. A condition of excessive hydration
- C. A state where the perfusion of tissues is inadequate**
- D. A response to medication

Shock, in the context of trauma alerts, is defined as a state where the perfusion of tissues is inadequate. This condition occurs when the blood flow to tissues is insufficient to meet their metabolic needs, leading to cellular dysfunction and potential organ failure. In trauma cases, this may result from severe blood loss, trauma-induced vasodilation, or obstruction of blood flow. Recognizing shock is crucial in emergency medical situations, as timely intervention can significantly impact patient outcomes. The other options do not accurately describe shock. For example, a state where the body is healing quickly refers to recovery processes, not a critical condition of inadequate perfusion. Excessive hydration is unrelated to shock, as it implies an overabundance of fluids, which does not correlate with the inadequate blood flow characteristic of shock. Similarly, a response to medication does not define shock, as shock is primarily related to circulatory failure rather than a pharmacological response. Thus, option C effectively captures the essence of shock in trauma assessment.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://pbcfrtraumaalertcriteria.examzify.com>**

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

**SAMPLE**