

Prehospital Trauma Life Support (PHTLS) Practice Test Sample Study Guide



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for each question.**

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SAMPLE

Questions

- 1. What does the acronym AVPU stand for in trauma assessment?**
 - A. Aggressive, Verbal, Pain, Unresponsive**
 - B. Alert, Verbal, Pain, Unresponsive**
 - C. Awake, Vague, Pain, Unresponsive**
 - D. Alert, Vital, Pain, Unresponsive**
- 2. How can trauma care providers reduce complications associated with severe injuries?**
 - A. By providing pain medication quickly.**
 - B. By waiting for all necessary equipment to arrive.**
 - C. By ensuring timely transport and interventions.**
 - D. By focusing on patient comfort over speed.**
- 3. Why is it critical to monitor for signs of secondary injury in trauma care?**
 - A. To ensure the patient remains calm and collected**
 - B. To mitigate complications and improve overall outcomes**
 - C. To avoid contacting family members too early**
 - D. To determine if the initial treatment was effective**
- 4. How can the capillary refill test be useful in trauma assessment?**
 - A. It helps evaluate the presence of fractures**
 - B. It assesses the patient's immediate response to pain**
 - C. It helps gauge peripheral perfusion and can indicate shock or circulation issues**
 - D. It is used solely for children**
- 5. What should you assess in a patient with suspected internal bleeding?**
 - A. Signs of shock, abdominal tenderness, distension, and referred pain**
 - B. Outer wounds, vital signs, and patient history**
 - C. Movement limitations and neurological function**
 - D. Heart rate, respiratory rate, and skin color**

- 6. What is one key competency for EMS providers in trauma situations?**
- A. To act independently of the healthcare team.**
 - B. To efficiently triage and manage multiple patients.**
 - C. To avoid direct patient interaction.**
 - D. To delay treatment until all family members arrive.**
- 7. What should be done for an open fracture in a trauma patient?**
- A. Control bleeding and stabilize the fracture with splinting**
 - B. Apply a tourniquet to the limb above the fracture**
 - C. Administer pain medication immediately**
 - D. Immobilize the limb without assessing circulation**
- 8. In the context of PHTLS, how should pain in a patient with rib fractures be managed?**
- A. Through appropriate analgesia and encouragement of deep breathing**
 - B. By securing the ribs with tape**
 - C. By advising the patient to restrict movement**
 - D. By withholding fluids to reduce risk of aspiration**
- 9. Which is the preferred fluid for resuscitation of hemorrhagic shock in the prehospital setting?**
- A. 5% dextrose in water**
 - B. 7.5% hypertonic saline**
 - C. Hetastarch**
 - D. Lactated Ringer's**
- 10. What is the most reliable method for verifying endotracheal tube placement?**
- A. Pulse oximetry**
 - B. End-tidal capnometry**
 - C. Syringe aspiration**
 - D. None of the above**

Answers

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

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Explanations

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1. What does the acronym AVPU stand for in trauma assessment?

- A. Aggressive, Verbal, Pain, Unresponsive**
- B. Alert, Verbal, Pain, Unresponsive**
- C. Awake, Vague, Pain, Unresponsive**
- D. Alert, Vital, Pain, Unresponsive**

The acronym AVPU stands for Alert, Verbal, Pain, Unresponsive, which is a vital tool used in trauma assessment to quickly evaluate a patient's level of consciousness. This mnemonic helps responders classify how alert a patient is and determine the appropriate course of action. In this context: - "Alert" indicates that the patient is fully conscious and aware of their surroundings. - "Verbal" means that the patient responds to verbal stimuli, albeit not fully alert. - "Pain" signifies that the patient does not respond to verbal prompts but will react to painful stimuli, showing some level of consciousness. - "Unresponsive" indicates that the patient shows no reaction to any stimulus, implying a more critical status. Using AVPU allows first responders to quickly assess the neurological function of a trauma patient to prioritize treatment and transport decisions. Understanding this scale is essential for effective trauma care and helps ensure that those who are most severely affected receive immediate attention.

2. How can trauma care providers reduce complications associated with severe injuries?

- A. By providing pain medication quickly.**
- B. By waiting for all necessary equipment to arrive.**
- C. By ensuring timely transport and interventions.**
- D. By focusing on patient comfort over speed.**

The choice emphasizing timely transport and interventions is the most effective way trauma care providers can reduce complications associated with severe injuries. This approach prioritizes the critical nature of early medical treatment in trauma cases, where the effectiveness of care often diminishes the longer it takes to deliver necessary interventions. Starting care as soon as possible can stabilize the patient, manage hemorrhage, and offer life-saving procedures which can significantly alter the outcome in severe trauma cases. Timely transport ensures that the patient receives more advanced care in a hospital quickly, which is crucial for conditions such as internal bleeding or traumatic brain injury. Interventions, whether they are medical or surgical, often need to be implemented without delay to mitigate the progression of complications and improve the patient's chances of recovery. In contrast to the other choices, focusing solely on patient comfort or waiting for equipment can lead to delays in care that may adversely impact the patient's condition. Rapid assessment and initiation of transport to a trauma center can deliver the comprehensive care necessary to address complex injuries effectively. Thus, the emphasis on timely transport and interventions aligns perfectly with the principles of trauma care and improves overall patient outcomes.

3. Why is it critical to monitor for signs of secondary injury in trauma care?

- A. To ensure the patient remains calm and collected**
- B. To mitigate complications and improve overall outcomes**
- C. To avoid contacting family members too early**
- D. To determine if the initial treatment was effective**

Monitoring for signs of secondary injury in trauma care is crucial because it directly impacts the patient's recovery and outcomes. Secondary injuries can occur as a result of the body's response to the initial trauma, and these can exacerbate the existing condition or introduce new complications. By recognizing and addressing these secondary injuries promptly, healthcare providers can implement interventions that may prevent further damage, mitigate complications, and ultimately enhance the patient's chances of recovery. This vigilance aids in identifying issues such as hypoxia, hypotension, or increased intracranial pressure that could arise after the initial injury. By doing so, trauma care teams can take proactive measures to stabilize the patient, which is vital for maintaining function and preventing long-term disabilities. Focusing on improving overall patient outcomes encompasses both immediate life-saving actions and longer-term recovery considerations, underscoring the importance of ongoing monitoring in trauma care.

4. How can the capillary refill test be useful in trauma assessment?

- A. It helps evaluate the presence of fractures**
- B. It assesses the patient's immediate response to pain**
- C. It helps gauge peripheral perfusion and can indicate shock or circulation issues**
- D. It is used solely for children**

The capillary refill test is a valuable tool in trauma assessment as it provides insights into peripheral perfusion and can indicate potential issues related to shock or circulation. By assessing how quickly blood returns to the capillaries after pressure is applied to a fingernail or toe, practitioners can determine the adequacy of blood flow to the extremities. A delayed capillary refill time (more than 2 seconds) can suggest that the body's circulatory system is compromised, which may be due to shock or other circulatory problems. This information can guide medical personnel in prioritizing treatment and interventions for the patient, ensuring timely and appropriate care. The other options do not accurately reflect the function of the capillary refill test. While it may indirectly relate to conditions that could arise from fractures or pain responses, its primary role is specifically tied to assessing circulation rather than providing a direct evaluation of fractures or immediate pain responses. Additionally, although the capillary refill test is frequently taught with children in mind, it is applicable to patients of all ages.

5. What should you assess in a patient with suspected internal bleeding?

- A. Signs of shock, abdominal tenderness, distension, and referred pain**
- B. Outer wounds, vital signs, and patient history**
- C. Movement limitations and neurological function**
- D. Heart rate, respiratory rate, and skin color**

In assessing a patient with suspected internal bleeding, it is crucial to evaluate signs that may indicate a significant and potentially life-threatening condition. Signs of shock such as altered mental status, weak or rapid pulse, and low blood pressure can indicate that the body's organs are not receiving adequate blood supply due to internal bleeding. Abdominal tenderness and distension are particularly important as they can suggest internal bleeding in the abdominal cavity, commonly associated with trauma or injury. Referred pain—pain felt in a different location from where the injury occurred—is also a key assessment parameter, especially in cases of splenic or liver injuries, where the patient might experience pain in areas that are not directly affected. This comprehensive assessment approach allows for early recognition of critical issues related to internal bleeding, leading to prompt interventions and improved outcomes for the patient. The other options, while containing elements that may be relevant in a broader trauma assessment, do not directly focus on the specific signs and symptoms associated with internal bleeding.

6. What is one key competency for EMS providers in trauma situations?

- A. To act independently of the healthcare team.**
- B. To efficiently triage and manage multiple patients.**
- C. To avoid direct patient interaction.**
- D. To delay treatment until all family members arrive.**

Efficiently triaging and managing multiple patients is a crucial competency for EMS providers in trauma situations. In emergency settings, especially during mass casualty incidents or disasters, EMS personnel often face the challenge of addressing the needs of several victims simultaneously. This requires the ability to quickly assess the severity of injuries, prioritize patients based on their medical needs (known as triage), and implement appropriate interventions accordingly. Effectively managing multiple patients ensures that those who are most critically injured receive immediate care, thereby maximizing the chances of survival and optimal outcomes. It also allows EMS providers to utilize their resources effectively, which is vital in high-stress environments where medical resources may be limited. Other options like acting independently of the healthcare team, avoiding direct patient interaction, or delaying treatment until family members arrive counteract the collaborative and timely nature of trauma care, which can jeopardize patient outcomes. In trauma care, teamwork, prompt action, and prioritization are essential for delivering effective prehospital care.

7. What should be done for an open fracture in a trauma patient?

- A. Control bleeding and stabilize the fracture with splinting**
- B. Apply a tourniquet to the limb above the fracture**
- C. Administer pain medication immediately**
- D. Immobilize the limb without assessing circulation**

For an open fracture in a trauma patient, controlling bleeding and stabilizing the fracture with splinting is a critical first step in managing the injury effectively. Open fractures expose the bone and surrounding tissue, increasing the risk of infection, and may also lead to significant bleeding. Therefore, controlling any bleeding is paramount to prevent further complications. Stabilization through splinting helps to minimize further movement of the fracture site, which can alleviate pain, reduce the risk of additional injury to soft tissues, and improve blood flow by preventing further displacement of the bone. Proper splinting can also prepare the limb for transport to a medical facility where definitive care can be administered. While applying a tourniquet may be necessary in cases of life-threatening hemorrhage, it is not the immediate priority for an open fracture unless there is severe, uncontrolled bleeding that poses a risk to the patient's life. Administering pain medication is also important for patient comfort but must often wait until after the initial life-threatening issues are addressed. Finally, immobilizing the limb without assessing circulation can lead to serious complications, such as compartment syndrome or worsening of blood flow issues, as circulation must be monitored continuously in the presence of an open fracture. Thus, the focus on both controlling bleeding and stabil

8. In the context of PHTLS, how should pain in a patient with rib fractures be managed?

- A. Through appropriate analgesia and encouragement of deep breathing**
- B. By securing the ribs with tape**
- C. By advising the patient to restrict movement**
- D. By withholding fluids to reduce risk of aspiration**

Managing pain in a patient with rib fractures is essential for ensuring optimal clinical outcomes. Analgesia is critical because uncontrolled pain can lead to inadequate ventilation and an increased risk of respiratory complications, such as pneumonia. Encouraging deep breathing is equally important, as it helps to promote adequate lung expansion and prevent atelectasis. This combination of effective pain management and respiratory encouragement can significantly enhance a patient's overall recovery and reduce complications associated with rib fractures. Other approaches, such as securing the ribs with tape, may restrict chest wall movement and are generally not recommended as they can further impair respiratory function. Advising the patient to restrict movement may alleviate some discomfort but can increase the risk of developing respiratory issues. Withholding fluids to reduce the risk of aspiration does not align with proper management practices, as adequate hydration and necessary fluids are important for overall patient care and should not be compromised. Thus, the approach of providing analgesia and encouraging deep breathing is the most effective and evidence-based strategy for managing pain in rib fractures in a prehospital trauma setting.

9. Which is the preferred fluid for resuscitation of hemorrhagic shock in the prehospital setting?

- A. 5% dextrose in water
- B. 7.5% hypertonic saline
- C. Hetastarch
- D. Lactated Ringer's**

The preferred fluid for resuscitation of hemorrhagic shock in the prehospital setting is Lactated Ringer's solution. This choice is based on several important factors in the management of patients experiencing hemorrhagic shock. Lactated Ringer's is an isotonic crystalloid solution that closely resembles the composition of plasma, making it effective in restoring intravascular volume while also providing electrolytes that can support physiological functions. Its balanced formulation, which includes sodium, potassium, calcium, and lactate, helps to buffer acidosis, commonly associated with shock states, and facilitates better tissue perfusion. In a prehospital setting, where rapid and effective fluid resuscitation is critical to patient outcomes, Lactated Ringer's allows for safe and efficient volume replacement without the additional complications that may arise from more concentrated solutions or synthetic products. It helps to maintain the body's electrolyte balance and is generally well-tolerated in trauma patients. In contrast, hypertonic saline, while useful in certain situations, may require careful monitoring due to shifts in fluid balance and can lead to complications like hypernatremia. Hetastarch is a starch-based colloid that can lead to potential adverse effects including coagulopathy and renal impairment, making it less favorable in

10. What is the most reliable method for verifying endotracheal tube placement?

- A. Pulse oximetry
- B. End-tidal capnometry**
- C. Syringe aspiration
- D. None of the above

The most reliable method for verifying endotracheal tube placement is through end-tidal capnometry. This technique involves measuring the concentration of carbon dioxide in exhaled air, which provides immediate confirmation of proper tube placement in the trachea, as carbon dioxide would not be detected if the tube is placed in the stomach or outside the patient's airway. Pulse oximetry, while useful for measuring oxygen saturation, does not reliably indicate proper placement of an endotracheal tube, since it cannot differentiate between oxygenation from the trachea or other routes. Syringe aspiration can help assess the contents within the airway but does not clearly confirm the position of the tube either. Therefore, among the methods listed, end-tidal capnometry is superior for its ability to provide direct and immediate feedback on tube position.