

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

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	6
Answers	9
Explanations	11
Next Steps	17

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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. What is the importance of performing a thorough secondary survey after the primary survey?**
 - A. To provide comfort to the patient and ease anxiety**
 - B. To identify any additional injuries that were not immediately life-threatening but could worsen**
 - C. To facilitate rapid transport to the hospital**
 - D. To collect demographic information about the patient**
- 2. What is the recommended initial treatment for a patient with suspected abdominal injury?**
 - A. Immediate surgery**
 - B. NPO status and monitoring for signs of peritonitis or shock**
 - C. Administer pain medication**
 - D. Encourage oral fluid intake**
- 3. What is the key assessment finding in a patient with abdominal injury that would necessitate immediate surgical intervention?**
 - A. Presence of bowel sounds**
 - B. Motor function below the injury site**
 - C. Visible organs protruding from the wound**
 - D. Localized swelling and bruising**
- 4. What does the "assessment triangle" consist of?**
 - A. Appearance, work of breathing, and circulation to skin**
 - B. Respiration rate, heart rate, and level of consciousness**
 - C. Blood pressure, temperature, and pulse oximetry**
 - D. Skin color, blood sugar, and capillary refill**
- 5. What is the primary objective of PHTLS?**
 - A. To reduce hospital stay lengths**
 - B. To improve the quality of trauma care in the prehospital environment**
 - C. To increase the number of trauma centers**
 - D. To enhance post-hospital trauma rehabilitation**

- 6. What is one of the earliest signs of hypovolemic shock?**
- A. Hypotension**
 - B. Bradycardia**
 - C. Anxiety**
 - D. Reduced urine output**
- 7. When should advanced airway management techniques be considered by a provider?**
- A. When the patient is unconscious.**
 - B. When the patient is unable to maintain their own airway or has altered mental status.**
 - C. When the patient is conscious and capable of swallowing.**
 - D. When the patient has stable vital signs.**
- 8. How important is scene safety in the context of delivering trauma care?**
- A. It is crucial to ensure the safety of responders and patients while providing interventions**
 - B. It can be overlooked if the patient requires immediate attention**
 - C. It is less important than administering care**
 - D. It only applies to hospital settings**
- 9. What is the priority when assessing a patient in a multi-casualty incident?**
- A. Quickly triage patients to determine the urgency of treatment needed for each individual**
 - B. Provide equal treatment to all patients regardless of severity**
 - C. Focus solely on the most severely injured patient first**
 - D. Await additional personnel before beginning assessments**
- 10. What is the most appropriate initial action for a deep laceration with significant bleeding?**
- A. Apply a tourniquet**
 - B. Apply direct pressure**
 - C. Initiate rapid transport**
 - D. Restore blood volume**

Answers

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

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Explanations

1. What is the importance of performing a thorough secondary survey after the primary survey?
 - A. To provide comfort to the patient and ease anxiety
 - B. To identify any additional injuries that were not immediately life-threatening but could worsen**
 - C. To facilitate rapid transport to the hospital
 - D. To collect demographic information about the patient

Performing a thorough secondary survey after the primary survey is crucial because it allows healthcare providers to identify any additional injuries that may not be immediately life-threatening but have the potential to worsen if left untreated. The primary survey focuses on identifying and managing life threats such as airway compromise, breathing difficulties, and circulation problems. However, once these critical issues have been addressed, the secondary survey becomes essential for a comprehensive assessment of the patient's condition. During the secondary survey, detailed examinations of the head, neck, chest, abdomen, and extremities are conducted. This thorough assessment helps in recognizing common injuries like fractures, internal bleeding, or soft tissue injuries that might not present symptoms right away but could lead to significant complications. Other options, while they may provide some benefits, do not capture the core intent of the secondary survey. For instance, while providing comfort to the patient can help alleviate anxiety, it is not the primary goal of the secondary assessment. Rapid transportation is important but relies on the outcomes of both surveys to ensure that any additional injuries are managed appropriately before moving the patient. Lastly, collecting demographic information, although useful for record-keeping and further medical treatment, does not pertain to the clinical evaluation of physical injuries and stability necessary in an emergency setting. Thus,

2. What is the recommended initial treatment for a patient with suspected abdominal injury?
 - A. Immediate surgery
 - B. NPO status and monitoring for signs of peritonitis or shock**
 - C. Administer pain medication
 - D. Encourage oral fluid intake

The recommended initial treatment for a patient with suspected abdominal injury is to maintain NPO (nothing by mouth) status and monitor for signs of peritonitis or shock. This approach is crucial because abdominal injuries can be associated with serious complications, such as internal bleeding or organ perforation. Keeping the patient NPO prevents any oral intake that could complicate surgical intervention if it becomes necessary. Monitoring for signs of peritonitis, which can include abdominal tenderness, rigidity, and rebound tenderness, is critical as these symptoms can indicate irritation of the peritoneum due to internal injury or bleeding. Additionally, assessing for signs of shock is vital, as trauma can lead to significant blood loss and result in hypovolemic shock. Early identification of these conditions allows for appropriate and timely intervention, which is key in trauma management. Thus, the emphasis on observation and avoiding oral intake aligns with best practices in prehospital trauma care.

3. What is the key assessment finding in a patient with abdominal injury that would necessitate immediate surgical intervention?

- A. Presence of bowel sounds**
- B. Motor function below the injury site**
- C. Visible organs protruding from the wound**
- D. Localized swelling and bruising**

The presence of visible organs protruding from the wound is a critical assessment finding that necessitates immediate surgical intervention. This situation indicates a potential evisceration, where internal organs have been displaced from their normal anatomical positions due to trauma. Such exposure not only raises concerns about the viability of the organs but also significantly increases the risk of infection and further complications, making urgent surgical repair essential to protect the organs and restore normal anatomy. In cases of abdominal injury, other findings such as bowel sounds may suggest that the intestines are functioning, but they do not indicate the severity of the injury requiring surgical repair. Motor function below the injury site might point to neurological concerns and could indicate spinal cord involvement, but it does not necessarily necessitate immediate surgery to address abdominal trauma directly. Localized swelling and bruising can indicate injury but do not correlate with the need for immediate surgical intervention unless accompanied by more severe findings like those presented in the correct answer.

4. What does the "assessment triangle" consist of?

- A. Appearance, work of breathing, and circulation to skin**
- B. Respiration rate, heart rate, and level of consciousness**
- C. Blood pressure, temperature, and pulse oximetry**
- D. Skin color, blood sugar, and capillary refill**

The assessment triangle consists of appearance, work of breathing, and circulation to the skin. This framework is essential in evaluating a patient's overall clinical status quickly and effectively, especially in a prehospital setting where time is critical. Appearance refers to the general observation of the patient, including their level of consciousness and responsiveness. A patient's appearance can provide immediate insight into their neurological status and whether they might be experiencing a life-threatening condition. Work of breathing assesses how well the patient is ventilating, which includes looking for signs of respiratory distress or the use of accessory muscles. This component is crucial in identifying patients who may be hypoxic or in respiratory failure, allowing for prompt intervention. Circulation to the skin involves evaluating the skin's color, temperature, and moisture. This assessment helps to determine the adequacy of the patient's perfusion and can indicate shock or other circulatory issues. Together, these three elements create a comprehensive picture of the patient's immediate needs and help guide further assessment and intervention. Understanding this triangle is vital for providers as they prioritize patient care in emergency situations.

5. What is the primary objective of PHTLS?

- A. To reduce hospital stay lengths
- B. To improve the quality of trauma care in the prehospital environment**
- C. To increase the number of trauma centers
- D. To enhance post-hospital trauma rehabilitation

The primary objective of Prehospital Trauma Life Support (PHTLS) is to improve the quality of trauma care in the prehospital environment. This objective is essential because timely and effective prehospital care significantly influences patient outcomes in traumatic injuries. PHTLS emphasizes the importance of initial assessment, rapid intervention, and proper transportation decisions, all of which are crucial in the critical moments following a traumatic event. By focusing on the quality of care provided before the patient reaches a hospital, PHTLS aims to stabilize patients, minimize the potential for further injury, and ultimately enhance their chances for recovery. While reducing hospital stay lengths, increasing the number of trauma centers, and enhancing post-hospital rehabilitation are all relevant aspects of trauma care, they are secondary to the immediate goal of providing timely and effective care in the field. Improving prehospital care sets the foundation for better outcomes throughout the entire trauma care continuum.

6. What is one of the earliest signs of hypovolemic shock?

- A. Hypotension
- B. Bradycardia
- C. Anxiety**
- D. Reduced urine output

Anxiety is often one of the earliest signs of hypovolemic shock for several reasons. When a person begins to experience significant blood loss and the body's compensatory mechanisms are activated, the sympathetic nervous system responds. This response is characterized by an increase in heart rate and blood pressure initially, but as the condition progresses, anxiety can manifest as a result of the body's declining perfusion and the realization of distressing physical changes. On the other hand, hypotension typically occurs after more significant fluid loss has taken place and often represents a late sign of hypovolemic shock. Bradycardia is less common in hypovolemic shock, as a typical response would be tachycardia due to compensatory mechanisms aiming to maintain adequate circulation. Reduced urine output is often a sign of more severe shock; as the kidneys receive less perfusion due to decreased blood volume, this happens later in the pathophysiological process. Understanding that anxiety can stem from early physiological stress responses helps in recognizing this sign in a prehospital setting, prompting quicker interventions to support the patient before more critical symptoms develop.

7. When should advanced airway management techniques be considered by a provider?

A. When the patient is unconscious.

B. When the patient is unable to maintain their own airway or has altered mental status.

C. When the patient is conscious and capable of swallowing.

D. When the patient has stable vital signs.

Advanced airway management techniques, such as endotracheal intubation or the use of advanced supraglottic airway devices, should be considered when the patient is unable to maintain their own airway or has altered mental status. This is crucial because patients with impaired consciousness or decreased protective reflexes, such as coughing or swallowing, are at a significantly increased risk for airway obstruction and respiratory failure. In cases where the patient's mental status is altered, there may be an inability to respond appropriately to stimuli or control airway patency, which can lead to complications like aspiration or hypoventilation. These conditions necessitate immediate intervention to secure the airway and ensure adequate ventilation. In contrast, considering advanced airway management for conscious patients who can swallow properly is unnecessary and may carry risks associated with the procedure that outweigh the benefits. Similarly, stable vital signs alone do not indicate a need for advanced airway techniques, as they don't directly address the ability to protect or maintain the airway. Thus, the specific scenario of altered mental status or inability to maintain airway control is the key indicator for employing advanced airway management techniques.

8. How important is scene safety in the context of delivering trauma care?

A. It is crucial to ensure the safety of responders and patients while providing interventions

B. It can be overlooked if the patient requires immediate attention

C. It is less important than administering care

D. It only applies to hospital settings

Scene safety is an essential component of delivering trauma care because it ensures that both the responders and patients can interact without additional risk of harm. In emergency situations, the environment can be unstable or hazardous; factors such as traffic, fire, potential violence, or unsafe structural conditions may pose threats to those providing care. By prioritizing scene safety, responders can perform interventions effectively while minimizing their own risk and that of the patients. Ensuring a safe environment allows for a more organized and efficient response. Once the scene is assessed and deemed safe, responders can fully focus on administering the necessary medical care without the distraction of external dangers. The principle of "scene safety first" is foundational in prehospital care protocols, as it aligns with the overarching goal of protecting all individuals involved in the incident.

9. What is the priority when assessing a patient in a multi-casualty incident?

A. Quickly triage patients to determine the urgency of treatment needed for each individual

B. Provide equal treatment to all patients regardless of severity

C. Focus solely on the most severely injured patient first

D. Await additional personnel before beginning assessments

In a multi-casualty incident, the priority is to quickly triage patients, allowing responders to determine the urgency of treatment needed for each individual. Triage is a crucial step in emergency response, especially when resources and personnel are limited. By efficiently assessing which patients are in greatest need of immediate care, responders can allocate their resources more effectively, ensuring that those with life-threatening injuries receive treatment first. Triage helps manage situations where the number of patients exceeds the available care capacity, allowing for a systematic approach to patient care based on the severity of their injuries. This method promotes the best possible outcomes, as it prioritizes those most in danger of deterioration. In contrast, providing equal treatment to all patients would likely lead to ineffective use of resources and potentially worsen outcomes for those who desperately need immediate medical attention. Focusing solely on the most severely injured patient may cause delays in treating others who could be stabilized with timely intervention. Additionally, waiting for more personnel before starting assessments can lead to unnecessary mortality, as critical moments may pass where immediate action could significantly impact survival. Overall, rapid triage is essential for managing casualties effectively in high-demand scenarios.

10. What is the most appropriate initial action for a deep laceration with significant bleeding?

A. Apply a tourniquet

B. Apply direct pressure

C. Initiate rapid transport

D. Restore blood volume

Applying direct pressure to a deep laceration with significant bleeding is the most appropriate initial action. This method addresses the primary goal of controlling bleeding effectively. Direct pressure helps to compress the blood vessels at the site of the injury, which can significantly reduce blood loss. It is a fundamental technique taught in trauma care, emphasizing that controlling hemorrhage is a crucial step before considering further interventions. This approach should be applied immediately while assessing the patient's overall condition, which may include checking responsiveness, airway, breathing, and circulation. If direct pressure is not successful in controlling the bleeding within a reasonable time, other measures like a tourniquet can be considered, especially for limbs. However, initiating rapid transport or restoring blood volume can be critical in managing trauma patients, those actions are typically secondary to and contingent upon the effective control of bleeding at the source. Thus, starting with direct pressure is a foundational principle in trauma management.

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://prehospitaltraumalifesupport.examzify.com>

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