

# **PREHOSPITAL TRAUMA LIFE SUPPORT (PHTLS) PRACTICE TEST (SAMPLE) STUDY GUIDE**



## **SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://prehospitaltraumalifesupport.examzify.com>



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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. 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
- 2. How does the body typically respond to significant trauma?**
  - A. Relaxation of blood vessels and lower heart rate
  - B. Increased oxygenation of peripheral tissues
  - C. Activation of the sympathetic nervous system, leading to increased heart rate and vasoconstriction
  - D. Increased secretion of insulin
- 3. Essential airway skills include manual clearing of the airway, manual maneuvers, suctioning, and which of the following?**
  - A. Dual lumen airway
  - B. Endotracheal intubation
  - C. Laryngeal mask airway
  - D. Oropharyngeal airway
- 4. Which type of burn is characterized by blistering and severe pain?**
  - A. First-degree burn
  - B. Second-degree burn
  - C. Third-degree burn
  - D. Fourth-degree burn
- 5. What is the recommended approach when managing a trauma patient with major hemorrhage?**
  - A. Immediate surgery to control bleeding
  - B. Administration of intravenous antibiotics
  - C. Rapid fluid resuscitation and control of hemorrhage
  - D. Monitoring vital signs for changes

- 6. When should a cervical spine immobilization device be considered in trauma patients?**
- A. Only for patients with visible deformities
  - B. In any trauma patient with potential spinal injury signs
  - C. For all patients regardless of injury
  - D. Only if the patient is conscious
- 7. What is the significance of renal injury in trauma management?**
- A. It typically resolves on its own
  - B. It can lead to significant bleeding and the need for surgical intervention
  - C. It is often overlooked
  - D. It only requires monitoring without intervention
- 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. Which of the following is the preferred prehospital wound management for a patient with a 36% body surface area flame burn?**
- A. Cool moist dressings
  - B. Dry sterile dressings
  - C. Elastic bandages
  - D. Topical ointments
- 10. What key patient information can be obtained during the scene assessment?**
- A. Only the patient's name and contact information
  - B. Mechanism of injury, environment, and potential hazards at the scene
  - C. Time of injury only
  - D. Patient's previous medical history

## **Answers**

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

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## **Explanations**

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**1. 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.*

**2. How does the body typically respond to significant trauma?**

- A. Relaxation of blood vessels and lower heart rate
- B. Increased oxygenation of peripheral tissues
- C. Activation of the sympathetic nervous system, leading to increased heart rate and vasoconstriction**
- D. Increased secretion of insulin

*The body's response to significant trauma is primarily governed by the activation of the sympathetic nervous system, commonly referred to as the "fight or flight" response. When trauma occurs, the body perceives it as a stressor requiring immediate action. This activation results in physiological changes designed to preserve life and stabilize the body. One of the key responses is an increase in heart rate, which enhances blood flow to vital organs and muscles, preparing the body for potential fight or flight. Additionally, vasoconstriction occurs in peripheral blood vessels, redirecting blood to the core and essential organs such as the heart and brain. This helps to ensure that, despite potential blood loss, there is adequate perfusion to the areas most critical for survival. While other responses might occur—including hormonal changes and adjustments in metabolic processes—the primary mechanism immediately triggering responses to trauma is this sympathetic nervous system activation. This physiological reaction is crucial in managing life-threatening situations and maintaining homeostasis until further medical treatment can be provided.*

**3. Essential airway skills include manual clearing of the airway, manual maneuvers, suctioning, and which of the following?**

- A. Dual lumen airway
- B. Endotracheal intubation
- C. Laryngeal mask airway
- D. Oropharyngeal airway**

*The inclusion of the oropharyngeal airway as one of the essential airway skills is key due to its role in maintaining airway patency in unresponsive patients without a gag reflex. This device is designed to keep the tongue from obstructing the throat and facilitating airflow. It is simple to insert and does not require advanced training, making it accessible for first responders and those trained in basic life support. Furthermore, using an oropharyngeal airway can be lifesaving in prehospital settings, as it allows for improved ventilation and oxygenation in patients who have lost consciousness. Proper application of this skill, along with suctioning and manual airway maneuvers, ensures that the airway is clear and functional, effectively reducing the risk of hypoxia. The other options, while they may be involved in airway management, typically require more advanced training or are utilized in different contexts of care. Thus, the oropharyngeal airway is essential for those in prehospital trauma scenarios due to its effectiveness and ease of use.*

**4. Which type of burn is characterized by blistering and severe pain?**

- A. First-degree burn
- B. Second-degree burn**
- C. Third-degree burn
- D. Fourth-degree burn

*A second-degree burn is characterized by blistering and severe pain. This type of burn affects both the epidermis (the outer layer of skin) and the dermis (the underlying layer). The damage to these layers results in redness, swelling, and blister formation, which are key indicators of second-degree burns. The presence of blisters is particularly notable as they are filled with fluid and can be painful to the touch, contributing to the individual's discomfort. In contrast, first-degree burns primarily affect only the epidermis, leading to redness and pain but without the formation of blisters. Third-degree burns extend deeper into the dermis and can destroy nerve endings, often resulting in a lack of pain in the burned area due to nerve damage. Fourth-degree burns penetrate through the skin into underlying tissues, such as muscles and bones, and also do not present with blistering or significant pain in the burned area. Therefore, the distinctive features of blistering and severe pain identified in second-degree burns are what make this the correct answer.*

**5. What is the recommended approach when managing a trauma patient with major hemorrhage?**

- A. Immediate surgery to control bleeding
- B. Administration of intravenous antibiotics
- C. Rapid fluid resuscitation and control of hemorrhage**
- D. Monitoring vital signs for changes

*The recommended approach when managing a trauma patient with major hemorrhage focuses on rapid fluid resuscitation and control of hemorrhage. This method is critical because significant blood loss can lead to shock and organ failure, making immediate action essential. Rapid fluid resuscitation involves the administration of intravenous fluids to maintain adequate blood volume and pressure, thus ensuring sufficient perfusion to vital organs. The priority is to restore circulating volume quickly to counteract the effects of hypovolemia, especially in trauma settings where patients often present with significant blood loss. Controlling hemorrhage is equally vital. This can involve direct pressure to the wound, the application of tourniquets for extremity injuries, and, in some cases, surgical intervention if bleeding cannot be managed through external means. The dual objectives of managing hemorrhage and maintaining hemodynamic stability are essential components of trauma care protocols aimed at improving survival rates. Other options, while related to trauma care, do not prioritize the immediate life-threatening aspects of major hemorrhage. For instance, immediate surgery may not always be feasible or safe in the initial assessment phase, and monitoring vital signs, while important, does not actively address the critical need to address blood loss. Similarly, the administration of intravenous antibiotics, although necessary in certain contexts*

**6. When should a cervical spine immobilization device be considered in trauma patients?**

- A. Only for patients with visible deformities
- B. In any trauma patient with potential spinal injury signs**
- C. For all patients regardless of injury
- D. Only if the patient is conscious

*A cervical spine immobilization device should be considered in any trauma patient with signs of potential spinal injury due to the high risk of spinal cord injury in trauma cases. This includes not only visible deformities but also subtle indications such as mechanism of injury, neurological deficits, or altered mental status. In trauma scenarios, mechanisms such as falls from a height, high-speed vehicle collisions, or impact-related injuries can lead to spinal injuries that might not be immediately evident. By using a cervical spine immobilization device, prehospital personnel can help prevent further injury while providing stabilization during transport. Using such a device in patients who may present with high-risk mechanisms or symptoms related to the spine is crucial, as early immobilization can reduce the chance of exacerbating any existing spinal injuries. Thus, the decision to use a cervical spine device should be based on the potential for injury rather than solely on visible injuries, the patient's consciousness level, or blanket application to all patients, which could lead to unnecessary interventions and complications.*

## 7. What is the significance of renal injury in trauma management?

- A. It typically resolves on its own
- B. It can lead to significant bleeding and the need for surgical intervention**
- C. It is often overlooked
- D. It only requires monitoring without intervention

*Renal injury in trauma management is significant because it can lead to significant bleeding and may require surgical intervention. The kidneys are highly vascular organs, and trauma can result in lacerations or ruptures that compromise blood vessels. When this occurs, there is a risk of hemorrhage, which can be life-threatening if not properly managed. In cases of severe renal injury, such as those involving major vascular structures or extensive renal parenchyma damage, surgical intervention may be necessary to control bleeding, repair the injury, or in some cases, to remove the affected kidney. This underscores the importance of thorough assessment and monitoring of renal injuries in trauma patients, as timely intervention can prevent complications associated with significant blood loss and help in preserving renal function when possible. Additionally, while some renal injuries may resolve on their own, relying on this possibility can be dangerous. Ongoing evaluation is essential to determine the nature of the injury and whether intervention is needed to mitigate risks associated with hemorrhage and maintain overall patient stability.*

## 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. Which of the following is the preferred prehospital wound management for a patient with a 36% body surface area flame burn?**

- A. Cool moist dressings
- B. Dry sterile dressings**
- C. Elastic bandages
- D. Topical ointments

*The preferred prehospital wound management for a patient with a 36% body surface area flame burn is the application of dry sterile dressings. This approach is considered optimal for several reasons. First, dry sterile dressings provide a protective barrier that helps prevent infection, which is crucial in burn management. Open burns can easily become contaminated, leading to complications. A dry dressing keeps the wound covered and reduces the risk of infection by acting as a physical barrier. Second, using dry dressings allows for better management of heat loss from the burned area. While cooling is important in the initial phases after a burn occurs, once the wound is being treated, it is vital to cover it adequately to help maintain body temperature. Moist dressings, while initially beneficial in cooling burns, can lead to additional heat loss and are not recommended for long-term coverage. Additionally, topical ointments and elastic bandages may not provide adequate protection on their own for significant burns. Ointments might be delayed for use until further medical evaluation, and elastic bandages are primarily used for compression and are not suitable for open wounds like burns. Overall, the choice of dry sterile dressings aligns with best practices in managing significant flame burns prehospitally, ensuring protection, minimizing infection risk*

**10. What key patient information can be obtained during the scene assessment?**

- A. Only the patient's name and contact information
- B. Mechanism of injury, environment, and potential hazards at the scene**
- C. Time of injury only
- D. Patient's previous medical history

*During the scene assessment, obtaining information about the mechanism of injury, the environment, and potential hazards at the scene is crucial for several reasons. Understanding the mechanism of injury helps responders gauge the severity of the patient's condition and anticipate possible injuries that may not be immediately visible. The environment provides context about the conditions under which the injury occurred, which can influence decision-making and treatment strategies. Additionally, identifying potential hazards is vital for ensuring the safety of both the patient and the responders; awareness of environmental risks can prevent further injuries. In contrast, the other options provide either limited or less critical information for immediate patient care in a trauma situation. For example, knowing just the patient's name and contact information does not assist in treating the injuries or understanding the circumstances of the trauma. Similarly, the time of injury alone lacks context about the condition of the patient or the mechanisms involved. Understanding the patient's previous medical history is important but is generally obtained during the secondary assessment, rather than being a focal point of scene assessment where immediate threats and injury mechanics are prioritized.*

## 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://prehospitaltraumalifesupport.examzify.com>

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

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