

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 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

2. Which patient does not require spinal immobilization?

- A. Intoxicated patient in a MVC
- B. Patient who fell 8 feet and lost consciousness
- C. Patient complaining of pain on palpation of the neck
- D. Patient with a knife wound to the chest and a GCS of 15

3. What indicates that a trauma patient is in shock?

- A. Increased body temperature and high blood pressure
- B. Decreased blood pressure, increased heart rate, altered mental status, or cold/clammy skin
- C. High blood pressure and rapid breathing
- D. Convulsions and loss of consciousness

4. What is essential for effective communication within a trauma team?

- A. Assigning roles and responsibilities clearly
- B. Having all team members be on-call
- C. Using a single communication tool only
- D. Making decisions independently without consulting others

5. Which vital sign change is most concerning in trauma patients?

- A. Increased heart rate
- B. Decrease in blood pressure
- C. Elevated temperature
- D. Normal respiratory rate

6. What does "secondary assessment" entail in PHTLS?

- A. A thorough head-to-toe examination to identify other injuries after life threats have been managed
- B. Administering immediate medication to stabilize vital signs
- C. Providing emotional support to the patient and family
- D. Assessing vital signs and giving oxygen therapy

7. When is it appropriate to use a backboard on a trauma patient?

- A. When there is suspicion of spinal injury to maintain spinal immobilization
- B. When the patient is unconscious and unable to respond
- C. When the patient exhibits multiple fractures
- D. When there is severe abdominal trauma

8. 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

9. What is the primary concern when caring for a patient with a head injury?

- A. Monitoring for increased intracranial pressure and potential neurological deterioration
- B. Assessing for fractures around facial structures
- C. Evaluating the extent of any external bleeding
- D. Determining the patient's level of consciousness

10. What defines a Level I trauma center?

- A. It provides a full spectrum of trauma services from prevention to rehabilitation
- B. It is a facility with advanced imaging technology
- C. It specializes exclusively in pediatric trauma care
- D. It serves only as an emergency response center

Answers

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

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Explanations

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1. 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.

2. Which patient does not require spinal immobilization?

- A. Intoxicated patient in a MVC
- B. Patient who fell 8 feet and lost consciousness
- C. Patient complaining of pain on palpation of the neck
- D. Patient with a knife wound to the chest and a GCS of 15**

The patient with a knife wound to the chest and a Glasgow Coma Scale (GCS) of 15 does not require spinal immobilization primarily because their level of consciousness and neurological status is intact. A GCS of 15 indicates that the patient is fully alert and oriented, which suggests that there are no immediate concerns regarding spinal injury from potential trauma. Spinal immobilization is typically indicated for patients who present with altered mental status, significant mechanism of injury, or any signs or symptoms of spinal injury, such as pain or tenderness upon palpation of the spinal region. In this case, the knife wound is a severe injury that requires immediate care, but if the patient is neurologically stable with a GCS of 15, the risks and benefits of spinal immobilization can be reassessed depending on the circumstances of the injury and the overall condition of the patient. The other scenarios presented involve patients who are either intoxicated, have experienced a significant fall with loss of consciousness, or are reporting neck pain, all of which raise concerns for a potential spinal injury and warrant immobilization as a precautionary measure.

3. What indicates that a trauma patient is in shock?

- A. Increased body temperature and high blood pressure
- B. Decreased blood pressure, increased heart rate, altered mental status, or cold/clammy skin**
- C. High blood pressure and rapid breathing
- D. Convulsions and loss of consciousness

A trauma patient in shock exhibits certain physiological changes that reflect a significant compromise in their circulatory system. The correct choice identifies key indicators such as decreased blood pressure, increased heart rate, altered mental status, and cold/clammy skin. Decreased blood pressure is a hallmark of shock, indicating that the body's ability to perfuse organs is compromised. Increased heart rate occurs as the body attempts to compensate for low blood volume and maintain circulation. Altered mental status can range from confusion to unresponsiveness, signaling that the brain is receiving inadequate blood supply. Cold and clammy skin is also a classic sign, resulting from the body diverting blood flow away from the skin to maintain perfusion to vital organs. Together, these signs help in early recognition and management of shock, which is critical in trauma care. The other choices presented do not adequately reflect the physiological changes associated with shock, focusing instead on symptoms that may not specifically correlate with this critical condition.

4. What is essential for effective communication within a trauma team?

- A. Assigning roles and responsibilities clearly**
- B. Having all team members be on-call
- C. Using a single communication tool only
- D. Making decisions independently without consulting others

Effective communication within a trauma team relies heavily on clearly assigning roles and responsibilities. This clarity ensures that each team member knows their specific tasks, which enhances coordination and facilitates prompt and efficient care for the patient. When roles are defined, it minimizes confusion and allows team members to focus on their assigned duties while also understanding how their role interacts with others, ultimately leading to better teamwork and patient outcomes. The other options may seem relevant but do not contribute to effective communication in the same way. Having all team members on-call does not address the necessity of clarity in communication during patient care. Using a single communication tool can limit flexibility and might not suit all scenarios, potentially hindering comprehensive communication. Additionally, making decisions independently without consulting others disrupts teamwork and can result in disjointed care, as it disregards the collaborative nature that is crucial in a trauma setting.

5. Which vital sign change is most concerning in trauma patients?

- A. Increased heart rate
- B. Decrease in blood pressure**
- C. Elevated temperature
- D. Normal respiratory rate

In trauma patients, a decrease in blood pressure is particularly concerning because it can indicate significant internal bleeding or shock. Blood pressure is a critical indicator of the body's ability to maintain adequate perfusion to vital organs. When blood pressure drops, it often signifies that the body is unable to compensate for blood loss or other traumatic injuries, which can quickly lead to life-threatening conditions such as hypovolemic shock. In the context of trauma, an elevated heart rate may occur as a compensatory mechanism in response to pain or blood loss, but by itself, it isn't as definitive a sign of deteriorating status as a drop in blood pressure. Elevated temperature in trauma victims might suggest infection or inflammation, but it is not an immediate indicator of acute distress. A normal respiratory rate is generally not alarming, but it doesn't provide critical information regarding the physiological response to trauma. Thus, monitoring blood pressure in trauma patients is paramount, as changes can provide vital insights into their hemodynamic state and guide the urgency and type of interventions required.

6. What does "secondary assessment" entail in PHTLS?

- A. A thorough head-to-toe examination to identify other injuries after life threats have been managed**
- B. Administering immediate medication to stabilize vital signs
- C. Providing emotional support to the patient and family
- D. Assessing vital signs and giving oxygen therapy

The "secondary assessment" in Prehospital Trauma Life Support (PHTLS) involves a comprehensive head-to-toe examination performed after the primary assessment has addressed immediate life threats. This thorough evaluation aims to identify any additional injuries or conditions that may not have been evident initially. During the secondary assessment, the healthcare provider conducts a systematic check of all body areas, reviewing for signs of trauma, such as bruising, swelling, or deformities. This is crucial because while the primary assessment focuses on life-threatening issues like airway, breathing, and circulation, the secondary assessment ensures that any non-lethal but significant injuries are also recognized and managed appropriately. This process plays a vital role in comprehensive trauma care, allowing for timely interventions that could prevent complications or deterioration of the patient's condition. Therefore, performing a detailed examination after ensuring that life-threatening issues are handled is essential to providing effective prehospital trauma care.

7. When is it appropriate to use a backboard on a trauma patient?

- A. When there is suspicion of spinal injury to maintain spinal immobilization**
- B. When the patient is unconscious and unable to respond
- C. When the patient exhibits multiple fractures
- D. When there is severe abdominal trauma

Using a backboard on a trauma patient is appropriate primarily when there is a suspicion of spinal injury. This practice is vital for maintaining spinal immobilization, which helps prevent further injury to the spinal cord during transport. When a spinal injury is suspected, immobilizing the spine is crucial to minimizing movement that could exacerbate potential damage. While unconsciousness, multiple fractures, or severe abdominal trauma may be considerations for the overall management and assessment of a patient's condition, they do not specifically warrant the exclusive use of a backboard. For instance, a patient may be unconscious for reasons unrelated to spinal injury, or they might have fractures that do not imply a risk of spinal compromise. Similarly, with severe abdominal trauma, the focus would typically be more on stabilizing the airway, breathing, and circulation rather than specifically on spinal precautions unless a spinal injury is also suspected. Thus, the need for spinal immobilization is the primary reason for employing a backboard in trauma assessment and treatment.

8. 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.

9. What is the primary concern when caring for a patient with a head injury?

- A. Monitoring for increased intracranial pressure and potential neurological deterioration**
- B. Assessing for fractures around facial structures
- C. Evaluating the extent of any external bleeding
- D. Determining the patient's level of consciousness

The primary concern when caring for a patient with a head injury is monitoring for increased intracranial pressure (ICP) and potential neurological deterioration. This is critical because head injuries can lead to significant swelling or bleeding within the cranial cavity, which can elevate the pressure inside the skull. Increased ICP can result in further brain injury, loss of consciousness, and can compromise cerebral blood flow, leading to herniation and potentially fatal outcomes. Proactive monitoring allows healthcare providers to identify changes in the patient's neurological status quickly, enabling timely interventions to prevent secondary brain injury. While assessing facial fractures, evaluating external bleeding, and determining the patient's level of consciousness are also important aspects of head injury management, they do not take precedence over the immediate need to prevent the serious complications associated with rising ICP. Focusing on ICP allows for more effective prehospital care and decision-making.

10. What defines a Level I trauma center?

- A. It provides a full spectrum of trauma services from prevention to rehabilitation**
- B. It is a facility with advanced imaging technology
- C. It specializes exclusively in pediatric trauma care
- D. It serves only as an emergency response center

A Level I trauma center is defined by its ability to provide a comprehensive range of trauma services, which encompasses all aspects of care from prevention through rehabilitation. This means the facility is equipped not only to handle the immediate aspects of trauma care, such as surgical interventions and critical care, but also has programs aimed at preventing trauma and supporting patients through their rehabilitation process. In addition to the availability of advanced surgical capabilities and around-the-clock access to necessary specialists, a Level I trauma center often participates in research and education, contributing to the advancement of trauma care practices. This holistic approach distinguishes it from other facilities that may focus only on certain components of trauma care or may not offer the full array of services required for optimal patient recovery. While advanced imaging technology is important for diagnosis and treatment, it alone does not define a trauma center's level of care. Specializing exclusively in pediatric trauma would categorize a hospital differently, as trauma centers are often rated based on the breadth of their services, not limited to one specific population. Lastly, serving solely as an emergency response center does not encompass the comprehensive nature of what a Level I trauma center is designed to provide.

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!

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