

PREHOSPITAL TRAUMA LIFE SUPPORT (PHTLS) PRE TEST AND POST TEST PRACTICE (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. Which finding would raise suspicion for intra-abdominal bleeding in a trauma patient?**
 - A. Abdominal tenderness or distension, guarding, rigidity, referred pain, hypotension not explained by other injuries.
 - B. Normal abdomen with stable vitals and no tenderness.
 - C. Isolated limb fracture with normal abdominal exam.
 - D. Chest pain with clear abdomen.

- 2. After establishing two large-bore IV lines in a young female trauma patient with GCS 7 and hypotension, the target blood pressure to achieve is at least?**
 - A. 60 mm Hg
 - B. 70 mm Hg
 - C. 80 mm Hg
 - D. 90 mm Hg

- 3. The displacement of tissue away from the path of a projectile is known as what?**
 - A. Conization
 - B. Crepitation
 - C. Contusion
 - D. Cavitation

- 4. What does the secondary survey in PHTLS involve?**
 - A. A comprehensive head-to-toe examination, reassessment, and gathering of mechanism, vitals, and history after initial life threats are addressed.
 - B. A quick check of airway only.
 - C. An immediate imaging study for all patients.
 - D. Only a review of systems with minimal physical exam.

- 5. Which combination represents adequate spontaneous ventilation in an adult?**
 - A. 500 mL, ventilatory rate 8/minute
 - B. 300 mL, ventilatory rate 16/minute
 - C. 600 mL, ventilatory rate 12/minute
 - D. 100 mL, ventilatory rate 40/minute

6. In an adult patient, blood loss into the tissue from a fractured femur may be as much as which of the following?
- A. 1000-2000 mL
 - B. 150 to 500 mL
 - C. 500 to 1000 mL
 - D. 2500 to 5000 mL
7. Which is a limitation of prehospital fluid resuscitation in hemorrhagic shock?
- A. All of the above
 - B. Inability of fluids to carry oxygen
 - C. Pulmonary edema
 - D. Increased hemorrhage
8. In a trauma patient with suspected intraabdominal hemorrhage, what systolic blood pressure range is recommended to target during initial resuscitation?
- A. 60 - 70 mm Hg
 - B. 80 - 90 mm Hg
 - C. 100 - 110 mm Hg
 - D. 120 - 130 mm Hg
9. The earliest site for intraosseous infusion is the anterior tibia just below the tibial tuberosity.
- A. Anterior tibia, just above the tibial tuberosity
 - B. Anterior tibia, just below the tibial tuberosity
 - C. Posterior tibia
 - D. Femur
10. In JumpSTART triage, which tag indicates a patient requiring immediate lifesaving intervention for a child?
- A. Green tag.
 - B. Yellow tag.
 - C. Black tag.
 - D. Red tag.

Answers

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

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Explanations

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1. Which finding would raise suspicion for intra-abdominal bleeding in a trauma patient?

A. Abdominal tenderness or distension, guarding, rigidity, referred pain, hypotension not explained by other injuries.

B. Normal abdomen with stable vitals and no tenderness.

C. Isolated limb fracture with normal abdominal exam.

D. Chest pain with clear abdomen.

Intra-abdominal bleeding in trauma most seriously shows up as signs of peritoneal irritation and ongoing blood loss. Abdominal tenderness or distension suggests the abdomen is reacting to bleeding or injury inside. Guarding and rigidity indicate the muscles tensing to protect a injured area, often with blood in the peritoneal cavity. Referred pain can occur when irritation from blood or organ injury affects the diaphragm or other structures. If a patient becomes hypotensive without another clear source of blood loss, that indicates significant intraperitoneal hemorrhage, especially when the abdomen isn't the only plausible explanation for instability. So, the combination of abdominal signs (tenderness, distension, guarding, rigidity) plus referred pain and unexplained hypotension specifically points toward intra-abdominal bleeding. In contrast, a normal abdomen with stable vitals, an isolated limb fracture with a normal abdominal exam, or chest symptoms with a clear abdomen do not raise the same concern for intra-abdominal hemorrhage at that moment.

2. After establishing two large-bore IV lines in a young female trauma patient with GCS 7 and hypotension, the target blood pressure to achieve is at least?

A. 60 mm Hg

B. 70 mm Hg

C. 80 mm Hg

D. 90 mm Hg

In a trauma patient with possible brain injury, the goal is to keep enough blood flow to the brain and other organs while we work on bleeding control. Cerebral perfusion pressure depends on the mean arterial pressure minus the intracranial pressure, and when brain injury is suspected (GCS 7), you want a higher perfusion pressure to prevent ischemia if ICP is elevated. In the prehospital setting, a practical minimum systolic blood pressure of about 90 mm Hg is used to ensure adequate perfusion without over-resuscitating before hemorrhage control. Values well below that (60–70) risk dangerous hypoperfusion to the brain and other organs, while 80 is often not enough in a brain-injured patient. Therefore, aiming for at least 90 mm Hg supports cerebral and systemic perfusion until definitive bleeding control is achieved.

3. The displacement of tissue away from the path of a projectile is known as what?

A. Conization

B. Crepitation

C. Contusion

D. Cavitation

Cavitation is the displacement of tissue away from the projectile's path as energy from the projectile is deposited into the tissues. This rapid energy transfer creates a temporary cavity that can be much larger than the bullet track, causing extensive damage beyond the actual wound path. The wound left along the path is the permanent cavity, but the surrounding tissue is stretched and displaced outward by cavitation. This distinguishes cavitation from contusion (a bruise from blunt impact) and crepitation (a crackling sound or feel from air or emphysema), and from conization, which is unrelated to ballistic injury.

4. What does the secondary survey in PHTLS involve?

- A. A comprehensive head-to-toe examination, reassessment, and gathering of mechanism, vitals, and history after initial life threats are addressed.**
- B. A quick check of airway only.
- C. An immediate imaging study for all patients.
- D. Only a review of systems with minimal physical exam.

The secondary survey is the thorough, systematic head-to-toe assessment you perform after the major life threats have been addressed in the primary survey. It centers on completing a comprehensive examination of all body regions, reassessing the patient's condition, and collecting important contextual information such as the mechanism of injury, vitals, and the patient's history. This approach helps uncover injuries that aren't immediately life-threatening but could worsen if missed, and it guides ongoing treatment and disposition decisions. After stabilizing airway, breathing, and circulation, you methodically inspect from head to toe, reassess vital signs to catch any early deterioration, and obtain a concise history (including mechanism of injury) to correlate findings with the patient's presentation. The other options don't fit because a quick airway check is part of the primary survey, imaging is not performed universally as part of the secondary survey, and a mere review of systems with minimal exam does not constitute the comprehensive head-to-toe assessment and reassessment that defines the secondary survey.

5. Which combination represents adequate spontaneous ventilation in an adult?

- A. 500 mL, ventilatory rate 8/minute
- B. 300 mL, ventilatory rate 16/minute
- C. 600 mL, ventilatory rate 12/minute**
- D. 100 mL, ventilatory rate 40/minute

Adequate spontaneous ventilation means enough alveolar ventilation to support gas exchange, which depends on both tidal volume and rate. In adults, a practical rest range is about 500 mL per breath with roughly 12 breaths per minute, giving roughly 4–7 L/min of alveolar ventilation after accounting for dead space. The best choice here uses a tidal volume of 600 mL at 12 breaths per minute. With an estimated dead space of about 150 mL, alveolar ventilation per breath is $600 - 150 = 450$ mL. Multiplying by 12 breaths per minute gives about 5.4 L/min of alveolar ventilation, which is adequate for gas exchange at rest. The other options fall short because their alveolar ventilation is too low: 500 mL at 8/min yields around 2.8 L/min; 300 mL at 16/min yields around 2.4 L/min; and 100 mL at 40/min provides negligible alveolar ventilation despite the high rate. That makes them inadequate for maintaining proper CO₂ removal and O₂ delivery.

6. In an adult patient, blood loss into the tissue from a fractured femur may be as much as which of the following?

A. 1000-2000 mL

B. 150 to 500 mL

C. 500 to 1000 mL

D. 2500 to 5000 mL

Massive concealed blood loss is a major risk with femoral fractures in adults. When the femur breaks, damage to the bone marrow and surrounding soft tissues releases a large amount of blood into the thigh compartments, much of which stays hidden rather than being immediately evident as external bleeding. Because of this internal bleeding, total blood loss can reach about 1 to 2 liters, making 1000–2000 mL the best estimate for the amount that can be lost into tissues from a single femur fracture. The lower ranges underestimate the potential for concealed hemorrhage, while extremely large losses (like 2500–5000 mL) are less likely from a single isolated femur fracture without other major injuries. In practice, recognize that substantial hidden blood loss can accompany long-bone fractures, underscoring the need for rapid assessment, high-flow oxygen, and swift transport to definitive care.

7. Which is a limitation of prehospital fluid resuscitation in hemorrhagic shock?

A. All of the above

B. Inability of fluids to carry oxygen

C. Pulmonary edema

D. Increased hemorrhage

In hemorrhagic shock, simply replacing volume with IV fluids has several limitations. Fluids don't carry oxygen, so tissue oxygen delivery remains limited until red blood cells and ongoing bleeding are addressed. Administering fluids can also contribute to pulmonary edema, especially with large volumes or lung or heart injury, because excess fluid can accumulate in the lungs. Additionally, fluids can worsen bleeding by diluting clotting factors and platelets and by raising blood pressure, which can disrupt forming clots. Taken together, these factors explain why all of the above are limitations of prehospital fluid resuscitation in hemorrhagic shock.

8. In a trauma patient with suspected intraabdominal hemorrhage, what systolic blood pressure range is recommended to target during initial resuscitation?

A. 60 - 70 mm Hg

B. 80 - 90 mm Hg

C. 100 - 110 mm Hg

D. 120 - 130 mm Hg

Permissive hypotension is used in active intraabdominal bleeding to limit ongoing hemorrhage while still preserving essential organ perfusion. Targeting a systolic blood pressure around 80-90 mmHg during initial resuscitation reduces hydrostatic pressure at the bleeding site and minimizes clot disruption, without causing dangerous hypoperfusion to vital organs. Pushing values higher, such as 100-110 or 120-130, can increase bleeding and worsen the injury before hemorrhage control is achieved. Dropping too low, like 60-70, risks severe hypoperfusion and organ failure. This approach helps balance resuscitation with ongoing hemorrhage control, until definitive hemorrhage control is obtained; adjustments may be needed if there is concomitant traumatic brain injury requiring higher perfusion pressures.

9. The earliest site for intraosseous infusion is the anterior tibia just below the tibial tuberosity.

- A. Anterior tibia, just above the tibial tuberosity
- B. Anterior tibia, just below the tibial tuberosity**
- C. Posterior tibia
- D. Femur

Placing an intraosseous needle into the proximal tibia on the anterior surface just below the tibial tubercle is fastest and most reliable because the medullary cavity here is large, the cortex is relatively thin, and the path avoids major vessels and the knee joint. This location is also easy to palpate and access quickly in emergency situations, making it the earliest and most practical IO entry point for rapid fluid or medication administration. The anterior tibia just below the tibial tuberosity matches this ideal entry site. Other options are less favorable: a spot above the tubercle is too close to the joint/more variable, the posterior tibia is harder to access and harder to confirm proper entry, and the femur requires more technique and time and carries higher risk in many settings.

10. In JumpSTART triage, which tag indicates a patient requiring immediate lifesaving intervention for a child?

- A. Green tag.
- B. Yellow tag.
- C. Black tag.
- D. Red tag.**

JumpSTART triage uses pediatric color codes to quickly sort children by urgency. The color that marks those who need immediate lifesaving intervention is red. A red-tag patient has life-threatening injuries but is salvageable with rapid treatment, so they're prioritized first. Green indicates minor injuries that can wait, Yellow signals delayed but serious injuries, and Black is used for those who are deceased or have no chance of recovery. So the color signaling immediate lifesaving needs is the red tag.

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://phtlsprepost.examzify.com>

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

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