#1-

Which of the following is an appropriate indication for computed tomography angiogram (CTA) of the neck in blunt trauma? #

A. Cervical bruit in a patient > 75 years old.

B. LeFort I facial fracture.

C. Nasal bone fracture.

D. Scalp degloving.\*

E. Neurologic deficit consistent with findings on the patient's imaging [computed tomography (CT) or magnetic resonance imaging (MRI)] of the head.

#2-

40-year-old woman sustains a stab wound to the epigastrium after a domestic dispute. She is hemodynamically stable on presentation to the trauma bay. The knife is still in place, and the tip you estimate is resting about 3 inches below the skin surface. The rest of the patient's exam reveals obesity, with localized tenderness near the knife, but no finding of diffuse peritonitis. What do you do?

#

A. Remove the knife in the ER and perform local wound exploration in the trauma bay.

B. Remove the knife in the ER and perform local wound exploration in the OR.

C. Remove the knife in the OR and then perform exploratory laparotomy.

D. Prep knife into field and cut down around it.

E. Obtain abdominal access remote from the knife site\*

#3-

A 34-year-old woman who is 24 weeks pregnant arrives at a level one trauma center after being struck by an all-terrain vehicle. She is stable at the scene with mild complaints of mid-epigastric pain on palpation. The nurse immediately starts electronic fetal monitoring. Her respiratory rate is 16 breaths/min, heart rate is 88 bpm, and blood pressure in the 130’s systolic. Her CBC and urinalysis are normal and her toxicology screen is negative. Trauma series radiographs are unremarkable. Kleihaur-Betke test is negative. Obstetrics has been consulted. Which of the following is the next best step in the evaluation of this patient?

#

A. Perform a speculum exam to look for signs of abruption.

B. Start her on normal saline and deep vein thrombosis prophylaxis.

C. Perform a diagnostic peritoneal lavage.

D. Perform a FAST examination at the bedside.\*

#4-

A 37-year-old female on high-dose buprenorphine maintenance therapy (BMT) for a history of opioid abuse presents to the trauma bay after being involved in a motor vehicle accident.A computed tomography (CT) scan shows several fractures of her thoracic spine, and she undergoes a T6-L1 spinal fusion.Which of the following statements is accurate regarding the perioperative management of her BMT?

#

A. Buprenorphine should be continued and supplemented with opioids, in addition to the optimization of non-opiate adjuncts.\*

B. Buprenorphine should be continued and supplemented with non-opioid medications.

C. Buprenorphine should be discontinued and supplemented with opioids.

D. Buprenorphine should be discontinued and supplemented with non-opioid medications.

#5-

55-year-old patient with a history of COPD is brought into the trauma bay after he is found to be hypoxic with an oxygen saturation of 80% and systolic blood pressure of 80 after a stab wound to the right chest. He has decreased breath sounds on the right, but flat neck veins. What is the next step in management? #

A. perform a FAST exam with lung views

B. place a chest tube\*

C. obtain chest radiograph

D. needle decompress at 2nd intercostal space, mid clavicular line

E. needle decompress at 4th intercostal space, anterior axillary line