Import Settings:

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Bleeding – Bleeding - TBNK**

**Multiple Choice**

1. Which of the following components is LEAST crucial to the continuous circulation of oxygenated blood throughout the body?

A) Heart

B) Spleen

C) Vasculature

D) Fluid volume

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Pages: 1582–1583

Feedback: Anatomy and Physiology Review, pages 1582–1583

2. The cardiac cycle begins with the onset of myocardial contraction and ends:

A) as blood returns to the right atrium.

B) as both ventricles are filling with blood.

C) when the ventricles are emptied of blood.

D) with the beginning of the next contraction.

Ans: D

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1583

Feedback: Anatomy and Physiology Review, page 1583

3. Afterload is defined as the:

A) pressure in the aorta against which the left ventricle must pump.

B) amount of resistance to blood flow offered by the heart valves.

C) amount of blood ejected from the ventricle with each contraction.

D) volume of blood remaining in the ventricles following contraction.

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1583

Feedback: Anatomy and Physiology Review, page 1583

4. Which of the following two factors DIRECTLY affect cardiac output?

A) Preload and afterload

B) Vessel size and stroke volume

C) Stroke volume and pulse rate

D) Blood pressure and pulse rate

Ans: C

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1583

Feedback: Anatomy and Physiology Review, page 1583

5. Which of the following statements regarding blood flow is correct?

A) Ejection fraction is the percentage of blood that the heart pumps per contraction.

B) If more blood returns to the heart, stroke volume decreases and cardiac output falls.

C) As more blood is pumped with each contraction, the ejection fraction increases.

D) The amount of blood that returns to the atrium remains fixed from minute to minute.

Ans: A

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1583

Feedback: Anatomy and Physiology Review, page 1583

6. Hemoglobin functions by:

A) dissolving in blood plasma to create the partial pressure of carbon dioxide.

B) binding to oxygen that is absorbed in the lungs and transporting it to the tissues.

C) absorbing hydrogen ions in the blood in order to maintain acid-base balance.

D) transporting red blood cells throughout the body to ensure adequate oxygenation.

Ans: B

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1584

Feedback: Anatomy and Physiology Review, page 1584

7. What aggregates in a clump and forms much of the foundation of a blood clot during the process of coagulation?

A) Fibrin

B) Calcium

C) Plasmin

D) Platelets

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1584

Feedback: Anatomy and Physiology Review, page 1584

8. Perfusion is defined as:

A) the effective exchange of oxygen and carbon dioxide within the lungs and at the cellular level.

B) the circulation of blood through an organ or tissue in amounts adequate to meet the body's demands.

C) an ejection fraction that is adequate to maintain radial pulses or a systolic blood pressure of at least 90 mm Hg.

D) the circulation of an adequate volume of blood to ensure uninterrupted cerebral and myocardial oxygenation.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1584

Feedback: Anatomy and Physiology Review, page 1584

9. Which of the following organs or body systems requires a constant blood supply, regardless of external factors?

A) Skin

B) Muscles

C) Kidneys

D) Gastrointestinal tract

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1584

Feedback: Anatomy and Physiology Review, page 1584

10. Which of the following organs can sustain the longest period of inadequate perfusion?

A) Gastrointestinal tract

B) Kidneys

C) Spinal cord

D) Skeletal muscle

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1584

Feedback: Anatomy and Physiology Review, page 1584

11. Your patient has a blood pressure of 80/60 mm Hg. What is his mean arterial pressure?

A) 20 mm Hg

B) 27 mm Hg

C) 34 mm Hg

D) 38 mm Hg

Ans: B

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1583

Feedback: Anatomy and Physiology Review, page 1583

12. The amount of blood returned to the heart is called:

A) preload.

B) cardiac output.

C) afterload.

D) stroke volume.

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1583

Feedback: Anatomy and Physiology Review, page 1583

13. External bleeding would be the MOST difficult to control in a patient with a large laceration to the \_\_\_\_\_\_\_\_\_\_\_\_\_ and a blood pressure of \_\_\_\_\_\_ mm Hg.

A) jugular vein, 96/62

B) brachial artery, 68/46

C) femoral vein, 114/60

D) carotid artery, 100/70

Ans: D

Complexity: Moderate

Ahead: Pathophysiology of Hemorrhage

Subject: Bleeding

Page: 1586

Feedback: Pathophysiology of Hemorrhage, page 1586

14. Patients with internal hemorrhage will benefit MOST from:

A) IV therapy.

B) high-flow oxygen.

C) rapid transport.

D) TXA administration.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology of Hemorrhage

Subject: Bleeding

Page: 1586

Feedback: Pathophysiology of Hemorrhage, page 1586

15. What is the approximate total blood volume of a 150-pound male?

A) 4.8 L

B) 5.1 L

C) 6.2 L

D) 6.5 L

Ans: A

Complexity: Moderate

Ahead: Pathophysiology of Hemorrhage

Subject: Bleeding

Page: 1586

Feedback: Pathophysiology of Hemorrhage, page 1586

16. The MOST significant factor that determines how well the body compensates for blood loss is:

A) the patient's pulse rate at the time of the injury.

B) the period of time over which the blood is lost.

C) whether the bleeding is internal or external.

D) whether the bleeding is venous or arterial.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology of Hemorrhage

Subject: Bleeding

Page: 1586

Feedback: Pathophysiology of Hemorrhage, page 1586

17. Venous bleeding:

A) is dark red in color and usually oozes from the wound.

B) is bright red in color and typically spurts from a wound.

C) is more likely to clot spontaneously than arterial bleeding.

D) is generally more difficult to control than arterial bleeding.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology of Hemorrhage

Subject: Bleeding

Page: 1587

Feedback: Pathophysiology of Hemorrhage, page 1587

18. Which of the following factors would have the MOST negative effect on the body's process of hemostasis?

A) Bradycardia

B) Hyperthermia

C) Chronic heroin use

D) Anticoagulant use

Ans: D

Complexity: Easy

Ahead: Pathophysiology of Hemorrhage

Subject: Bleeding

Page: 1587

Feedback: Pathophysiology of Hemorrhage, page 1587

19. If you suspect internal bleeding during the primary assessment, you should:

A) stop the assessment and transport at once.

B) start two large-bore IV lines of normal saline.

C) determine the source of the internal bleeding.

D) keep the patient warm and administer oxygen.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Bleeding

Page: 1590

Feedback: Patient Assessment, page 1590

20. Hematochezia:

A) indicates digested blood from the upper gastrointestinal tract.

B) is the passage of stools that contain bright red blood.

C) suggests kidney injury and is characterized by bloody urine.

D) is the passage of dark stools and indicates lower gastrointestinal bleeding.

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Bleeding

Page: 1592

Feedback: Patient Assessment, page 1592

21. The presence of a radial pulse:

A) can lead to a gross overestimation of blood pressure.

B) equates to a systolic blood pressure of at least 90 mm Hg.

C) is a clinical indicator that the patient is adequately perfused.

D) should be the sole guide for fluid resuscitation in shock.

Ans: A

Complexity: Easy

Ahead: Patient Assessment

Subject: Bleeding

Page: 1590

Feedback: Patient Assessment, page 1590

22. Most external hemorrhage can be controlled with a combination of:

A) pressure dressings and ice.

B) elevation and immobilization.

C) direct pressure and pressure dressings.

D) pressure point control and elevation.

Ans: C

Complexity: Easy

Ahead: Patient Assessment

Subject: Bleeding

Page: 1590

Feedback: Patient Assessment, page 1590

23. Damage control resuscitation (DRC) focuses on:

A) controlling hemorrhage, maintaining circulating volume, and correcting coagulopathy, acidosis, and hypothermia.

B) definitive repair of all internal injuries, induction of hypothermia to reduce metabolic demand, and oxygen therapy.

C) maintaining a systolic BP of at least 100 mm Hg, administration of TXA, and providing advanced airway management.

D) inducing a slightly alkaline state, increasing the BP with vasoactive drugs, and administering high-flow oxygen.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Bleeding

Page: 1591

Feedback: Patient Assessment, page 1591

24. Much of the bleeding associated with unsplinted fractures continues because:

A) most fractures are unstable and usually lacerate major blood vessels.

B) swelling associated with such fractures prevents platelet aggregation.

C) bone ends will continue to move and destroy partially formed clots.

D) patient anxiety increases the blood pressure, which exacerbates bleeding.

Ans: C

Complexity: Moderate

Ahead: Emergency Medical Care of Bleeding and Hemorrhagic Shock

Subject: Bleeding

Pages: 1598–1599

Feedback: Emergency Medical Care of Bleeding and Hemorrhagic Shock, pages 1598–1599

25. When applying a tourniquet to control major external hemorrhage from an extremity injury, you should:

A) apply the tourniquet over a joint, as this will further help compress blood vessels.

B) maintain direct pressure to the wound until the tourniquet has been fully applied.

C) secure the tourniquet in place until the pulses distal to the injury have weakened.

D) apply a pressure dressing over the tourniquet to further help control the bleeding.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care of Bleeding and Hemorrhagic Shock

Subject: Bleeding

Pages: 1595–1596

Feedback: Emergency Medical Care of Bleeding and Hemorrhagic Shock, page 1595–1596

26. Agents such as Celox, HemCon, and QuikClot are used to:

A) repair damaged vessels.

B) replace lost blood.

C) raise blood pressure.

D) promote hemostasis.

Ans: D

Complexity: Easy

Ahead: Emergency Medical Care of Bleeding and Hemorrhagic Shock

Subject: Bleeding

Page: 1600

Feedback: Emergency Medical Care of Bleeding and Hemorrhagic Shock, page 1600

27. Which of the following would be the earliest sign of hemorrhagic shock?

A) Tachycardia

B) Thready pulse

C) Cold, clammy skin

D) Shallow, rapid breathing

Ans: A

Complexity: Easy

Ahead: Patient Assessment

Subject: Bleeding

Page: 1591

Feedback: Patient Assessment, page 1591

28. Which of the following injuries or mechanisms would MOST likely lead to nonhemorrhagic shock?

A) Fractures

B) Blunt trauma

C) Hemothorax

D) Severe burns

Ans: D

Complexity: Moderate

Ahead: Shock

Subject: Bleeding

Page: 1587

Feedback: Shock, page 1587

29. A trauma patient with suspected internal hemorrhage and inadequate breathing requires:

A) ventilation assistance and rapid transport.

B) intubation that is facilitated by medications.

C) on-scene IV therapy and rapid fluid boluses.

D) oxygen via nonrebreathing mask and transport.

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care of Bleeding and Hemorrhagic Shock

Subject: Bleeding

Pages: 1600–1601

Feedback: Emergency Medical Care of Bleeding and Hemorrhagic Shock, pages 1600–1601

30. A trauma patient with hypotension secondary to internal hemorrhage should receive IV fluid boluses in order to:

A) increase the systolic blood pressure to at least 110 mm Hg.

B) restore the patient's blood pressure to its pretrauma reading.

C) increase the pulse rate by no more than 10 beats/min.

D) maintain the systolic blood pressure in a low normal range.

Ans: D

Complexity: Moderate

Ahead: Emergency Medical Care of Bleeding and Hemorrhagic Shock

Subject: Bleeding

Page: 1602

Feedback: Emergency Medical Care of Bleeding and Hemorrhagic Shock, page 1602

31. Which of the following types of medication would MOST likely reduce a patient's ability to compensate when in shock?

A) Tricyclic antidepressants

B) Calcium channel blockers

C) Nasal decongestants

D) Beta-2 adrenergic agonists

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Bleeding

Page: 1592

Feedback: Patient Assessment, page 1592

32. Confusion, a sustained heart rate of 130 beats/min, and a respiratory rate of 32 breaths/min in a 70-kg patient are consistent with class \_\_\_ hemorrhage?

A) I

B) II

C) III

D) IV

Ans: C

Complexity: Moderate

Ahead: Shock

Subject: Bleeding

Page: 1589

Feedback: Shock, page 1589

33. A healthy adult can tolerate blood loss of up to \_\_\_\_ mL over a period of 15 to 20 minutes without any negative effects.

A) 500

B) 750

C) 1,000

D) 1,500

Ans: A

Complexity: Moderate

Ahead: Pathophysiology of Hemorrhage

Subject: Bleeding

Page: 1586

Feedback: Pathophysiology of Hemorrhage, page 1586

34. The physiologic process of hemostasis is achieved through:

A) an increased production of red blood cells.

B) the destruction of fibrin and platelets.

C) the use of anticoagulants such as Coumadin.

D) vasoconstriction and platelet aggregation.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology of Hemorrhage

Subject: Bleeding

Page: 1587

Feedback: Pathophysiology of Hemorrhage, page 1587

35. In contrast to a patient with compensated shock, a patient with decompensated shock would be expected to present with:

A) polyuria and weak pulses.

B) bounding radial pulses.

C) mottled skin and dilated pupils.

D) restlessness and pale cool skin.

Ans: C

Complexity: Moderate

Ahead: Shock

Subject: Bleeding

Page: 1589

Feedback: Shock, page 1589

36. A fall in blood pressure and the resultant changes in plasma osmolality cause the release of:

A) glycogen and luteinizing hormone.

B) T3 and T4 from the thyroid gland.

C) aldosterone and antidiuretic hormone.

D) acetylcholine and angiotensin I.

Ans: C

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1585

Feedback: Anatomy and Physiology Review, page 1585

37. What is the ejection fraction of a patient whose ventricle fills with 120 mL of blood and contracts 90 mL?

A) 30%

B) 63%

C) 68%

D) 75%

Ans: D

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Bleeding

Page: 1583

Feedback: Anatomy and Physiology Review, page 1583

38. Which of the following types of shock is caused by poor blood vessel function?

A) Anaphylactic

B) Cardiogenic

C) Hypovolemic

D) Hemorrhagic

Ans: A

Complexity: Easy

Ahead: Shock

Subject: Bleeding

Page: 1588

Feedback: Shock, page 1588

39. If you discover minor external bleeding during your primary assessment of a patient, you should:

A) stop your assessment and take the patient's blood pressure.

B) establish a large-bore IV line immediately.

C) stop your assessment and control the bleeding.

D) make note of it and continue your assessment.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Bleeding

Pages: 1590–1591

Feedback: Patient Assessment, pages 1590–1591

40. The paramedic's MAIN goal in treating a patient with shock is to:

A) administer oxygen in a concentration sufficient to maintain an oxygen saturation greater than 95%.

B) start two large-bore IV lines and infuse enough isotonic crystalloid solution to maintain adequate tissue perfusion.

C) recognize the signs and symptoms of shock in its earliest phase and begin immediate treatment before permanent damage occurs.

D) maintain body temperature and elevate the patient's legs 6 to 12 inches in order to improve blood flow to the core of the body.

Ans: C

Complexity: Difficult

Ahead: Shock

Subject: Bleeding

Page: 1589

Feedback: Shock, page 1589

41. Decompensated shock in the adult is characterized by:

A) increased tidal volume.

B) bounding radial pulses.

C) 15% blood loss or more.

D) falling blood pressure.

Ans: D

Complexity: Easy

Ahead: Shock

Subject: Bleeding

Page: 1589

Feedback: Shock, page 1589

42. Which of the following signs would you MOST likely observe in a patient with compensated shock?

A) Anxiety or agitation

B) Dilation of the pupils

C) Absent peripheral pulses

D) Response to painful stimuli

Ans: A

Complexity: Easy

Ahead: Shock

Subject: Bleeding

Page: 1589

Feedback: Shock, page 1589

43. You are treating a 20-year-old woman with a large laceration involving the brachial artery. The patient is confused, is pale, and has weak peripheral pulses. Your initial attempts to control the bleeding have failed. You should:

A) administer high-flow oxygen, establish vascular access at the scene, transport, and apply a proximal tourniquet en route.

B) administer high-flow oxygen, transport, and apply a proximal tourniquet and establish vascular access en route.

C) apply a proximal tourniquet, administer high-flow oxygen, transport, and establish vascular access en route.

D) control the bleeding by applying pressure to a proximal pressure point, administer high-flow oxygen, and transport.

Ans: C

Complexity: Difficult

Ahead: Emergency Medical Care of Bleeding and Hemorrhagic Shock

Subject: Bleeding

Pages: 1594–1595

Feedback: Emergency Medical Care of Bleeding and Hemorrhagic Shock, pages 1594–1595

44. After packing a severe groin injury with hemostatic gauze, you should:

A) administer an IV analgesic.

B) hold direct pressure for 3 minutes.

C) soak the dressing with sterile saline.

D) cover the gauze with a trauma dressing.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care of Bleeding and Hemorrhagic Shock

Subject: Bleeding

Page: 1600

Feedback: Emergency Medical Care of Bleeding and Hemorrhagic Shock, page 1600

45. You have successfully controlled a large arterial hemorrhage from a 42-year-old man's leg with direct pressure and a pressure dressing. He is conscious, but restless. His blood pressure is 84/58 mm Hg, pulse is 120 beats/min, and respirations are 24 breaths/min. You should:

A) keep him warm, administer high-flow oxygen, establish one large-bore IV line at the scene, and transport.

B) administer high-flow oxygen, keep him warm, transport, and establish two large-bore IV lines en route.

C) administer high-flow oxygen, start two large-bore IV lines at the scene and give a 2- to 3-L fluid bolus, and transport.

D) Keep him warm, assist his ventilations, place a hemostatic agent in the wound, transport, and start a large-bore IV en route.

Ans: B

Complexity: Difficult

Ahead: Emergency Medical Care of Bleeding and Hemorrhagic Shock

Subject: Bleeding

Pages: 1600–1601

Feedback: Emergency Medical Care of Bleeding and Hemorrhagic Shock, pages 1600–1601

46. Which of the following injury locations can cause a junctional hemorrhage?

A) In the axilla

B) Behind the knee

C) Side of the neck

D) Antecubital fossa

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care of Bleeding and Hemorrhagic Shock

Subject: Bleeding

Page: 1600

Feedback: Emergency Medical Care of Bleeding and Hemorrhagic Shock, page 1600

47. Air splints will not apply enough pressure to control arterial bleeding until the patient’s systolic BP is:

A) 30 mm Hg,

B) 40 mm Hg.

C) 50 mm Hg.

D) 60 mm Hg.

Ans: C

Complexity: Easy

Ahead: Emergency Medical Care of Bleeding and Hemorrhagic Shock

Subject: Bleeding

Page: 1595

Feedback: Emergency Medical Care of Bleeding and Hemorrhagic Shock, page 1595

48. How can you tell if bleeding from the ears or nose contains cerebrospinal fluid (CSF)?

A) CSF has a high glucose content.

B) CSF clots within 10 seconds.

C) CSF is a bright yellow color.

D) CSF has a dark brown color.

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care of Bleeding and Hemorrhagic Shock

Subject: Bleeding

Page: 1595

Feedback: Emergency Medical Care of Bleeding and Hemorrhagic Shock, page 1595