Import Settings:

Base Settings: Brownstone Default

Information Field: Complexity

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Information Field: Objective

Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Burns – Burns - TBNK**

**Multiple Choice**

1. The LEAST significant complication associated with damage to the skin following a burn injury is:

A) decreased melanin granules.

B) disturbances in fluid balance.

C) difficulty with thermoregulation.

D) susceptibility to bacterial invasion.

Ans: A

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Burns

Page: 1639

Feedback: Anatomy and Physiology Review, page 1639

2. The severity of a thermal burn correlates directly with:

A) the body's ability to effectively dissipate significant heat energy and the patient's general state of health.

B) the presence of any underlying medical problems, the duration of exposure, and the temperature of the heat source.

C) the duration of exposure, the physical size of the patient, and the presence of concomitant traumatic injuries.

D) the temperature of the heat source, the amount of heat energy possessed by the object or substance, and the duration of exposure.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology

Subject: Burns

Page: 1641

Feedback: Pathophysiology, page 1641

3. Thermal burns are MOST commonly caused by exposure to:

A) hot liquids.

B) hot solid objects.

C) an open flame.

D) superheated steam.

Ans: C

Complexity: Easy

Ahead: Pathophysiology

Subject: Burns

Page: 1641

Feedback: Pathophysiology, page 1641

4. Which of the following statements regarding scald burns is correct?

A) Once hot liquids come in contact with clothing, heat is rapidly dissipated.

B) Scald burns often cover large surface areas because liquids spread quickly.

C) Scald burns caused by grease or oil are typically limited to the epidermis.

D) Scald burns are less commonly seen in pediatric patients than adult patients.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology

Subject: Burns

Pages: 1641

Feedback: Pathophysiology, pages 1641

5. Which of the following burn injuries or patterns should make you the MOST suspicious for abuse?

A) Burns to the forearm

B) Splash burns to a leg

C) An arc burn to the hand

D) Burns with formed shapes

Ans: D

Complexity: Moderate

Ahead: Pathophysiology

Subject: Burns

Page: 1642

Feedback: Pathophysiology, page 1642

6. What type of thermal burn is MOST commonly associated with inhalation injury?

A) Steam burns

B) Flame burns

C) Scald burns

D) Arc burns

Ans: A

Complexity: Easy

Ahead: Pathophysiology

Subject: Burns

Page: 1642

Feedback: Pathophysiology, page 1642

7. Flash burns:

A) are usually relatively minor compared with the potential for trauma from whatever caused the flash.

B) are caused by prolonged exposure to intense heat, usually resulting in burns that extend deep into the dermis.

C) are a common source of burn injury and are most often the result of hot liquids, such as radiator fluid.

D) are generally confined to a very small area of the body, but cause extensive damage to the dermis.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology

Subject: Burns

Page: 1642

Feedback: Pathophysiology, page 1642

8. Burn shock is caused by:

A) a massive infection that occurs when microorganisms breach burned skin.

B) renal failure secondary to excess myoglobin production from burned muscle.

C) fluid loss across damaged skin and volume shifts within the rest of the body.

D) acute dehydration, and it commonly manifests within 30 minutes after the burn.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1647

Feedback: Patient Assessment, page 1647

9. If an acutely burned patient is in shock in the prehospital setting:

A) it is likely that he or she is experiencing burn shock.

B) you should look for another injury as the source of shock.

C) administer a 250-mL bolus of normal saline and reassess.

D) avoid IV fluids unless the systolic BP is below 80 mm Hg.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Burns

Page: 1654

Feedback: Emergency Care, page 1654

10. Supraglottic damage following a burn is MOST often caused by:

A) the inhalation of superheated gases.

B) exposure to carbon monoxide or cyanide.

C) the inhalation of hot particulate steam.

D) direct flame exposure to the oropharynx.

Ans: A

Complexity: Easy

Ahead: Pathophysiology

Subject: Burns

Page: 1644

Feedback: Pathophysiology, page 1644

11. Which of the following is the LEAST common cause of death from fires?

A) Pulmonary injury

B) Integument burns

C) Upper airway compromise

D) Inhalation of toxic gases

Ans: B

Complexity: Moderate

Ahead: Pathophysiology

Subject: Burns

Page: 1644

Feedback: Pathophysiology, page 1644

12. Which of the following statements regarding carbon monoxide (CO) poisoning is correct?

A) Never rule out CO poisoning in the absence of cherry red skin.

B) The most common symptom of CO poisoning is chest pressure.

C) CO results in systemic hypoxia by disintegrating red blood cells.

D) Hyperbaric therapy is beneficial only if CO levels are above 40%.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology

Subject: Burns

Page: 1646

Feedback: Pathophysiology, page 1644

13. The progression of a chemical burn is MOSTLY dependent on:

A) the length of time the corrosive chemical remains on the skin.

B) the surface area of the body exposed to a corrosive chemical.

C) whether the corrosive substance is a strong acid or alkali.

D) the patient's general health and the thickness of his or her skin.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1655

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1655

14. The degree of absorption of a corrosive chemical determines:

A) the type of liquid used to irrigate the burn.

B) whether the burn should be flushed.

C) whether toxicity is local or systemic.

D) the antidote required to reverse the effects.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Pages: 1655–1656

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, pages 1655–1656

15. Dry powder chemicals:

A) will react violently with water and should not be irrigated.

B) cause coagulation necrosis if they are absorbed by the body.

C) should be brushed off the skin before irrigation with water.

D) are effectively neutralized on the skin with isopropyl alcohol.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1657

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1657

16. Phosphorus is found in \_\_\_\_\_\_\_\_\_\_\_\_\_ and burns when exposed to \_\_\_\_\_\_\_\_\_\_\_\_\_.

A) fireworks, air

B) oven cleaner, water

C) drain cleaner, air

D) battery acid, water

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1655

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1655

17. Chemicals such as Lewisite and phosgene oxime:

A) are strong alkalis that cause liquefaction necrosis.

B) damage the body by extracting water from the tissues.

C) are most commonly found in drain and oven cleaners.

D) are vesicant agents that produce cutaneous blisters rapidly.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1655

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1655

18. Which of the following chemicals causes a painless burn and can result in significant damage before it is identified?

A) Phenol

B) Sulfur mustard

C) Sulfuric acid

D) Potassium hydroxide

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1655

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1655

19. Exposure to hydrofluoric acid causes:

A) little pain and coagulation necrosis.

B) immediate pain and liquefaction necrosis.

C) little pain and liquefaction necrosis.

D) immediate pain and coagulation necrosis.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1655

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1655

20. The appropriate treatment for MOST chemical burns is:

A) application of a dry, sterile dressing.

B) flushing with copious amounts of water.

C) neutralization with an alkaline substance.

D) application of a moist, sterile dressing.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1656

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1656

21. A person who is exposed to cement:

A) typically only experiences burns to the epidermal layer because calcium oxide is a weak chemical.

B) often does not experience a burn unless he or she is exposed to the cement for longer than 2 hours.

C) may not notice a skin burn for hours because cement penetrates through clothing and reacts with sweat.

D) experiences immediate pain and inflammation to the area because of the calcium oxide in the cement.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1656

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1656

22. A burn caused by a sodium metal should be treated by:

A) administering calcium chloride.

B) covering the burn wound with oil.

C) applying a moist, sterile dressing.

D) irrigating the wound with water.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1657

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1657

23. The outer zone of an entrance or exit wound caused by a contact electrical burn is:

A) the red zone of coagulation necrosis.

B) simply caused by local inflammation.

C) a charred area of full-thickness burn.

D) characterized by cold, gray, dry tissue.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1661

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1661

24. Relative to the entrance wound caused by an electrical burn, the exit wound:

A) is a predictor of internal injury.

B) heals without surgical intervention.

C) is often much smaller in diameter.

D) can be quite extensive and deep.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1659

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1659

25. Victims standing near an object that is struck by lightning:

A) most commonly experience blast-type injuries.

B) often have burns characterized by a feathering pattern.

C) typically experience intractable ventricular fibrillation.

D) experience full-thickness burns that require debridement.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1663

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1663

26. Cardiac arrest following an electrical shock:

A) typically presents as pulseless atrial fibrillation or atrial flutter.

B) is most often caused by an electrical current stronger than 1 ampere.

C) may occur secondarily from hypoxia or as a direct result of the shock.

D) is typically of short duration and is often reversed with 2 minutes of CPR.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1662

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1662

27. Damage to the kidneys following an electrical injury:

A) is caused by excess serum potassium levels.

B) occurs when damaged muscle produces myoglobin.

C) can be prevented with boluses of lactated Ringer's.

D) is the result of electricity passing through the kidneys.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1662

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1662

28. The two MOST common causes of death from an electrical injury are:

A) asphyxia and cardiopulmonary arrest.

B) full-thickness burns and respiratory arrest.

C) nervous system damage and massive sepsis.

D) myoglobinuria and diaphragmatic paralysis.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1662

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1662

29. Most lightning-related injuries occur when the victim:

A) experiences a direct hit while standing in a large open area.

B) is talking on a phone and a utility pole is struck by lightning.

C) is attempting to escape an oncoming thunderstorm by running.

D) receives a “splash” effect after lightning strikes a nearby object.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1663

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1663

30. Which of the following locations would provide the BEST protection from a lightning strike?

A) An open shed or lean-to

B) A spot at least 5 miles away from the storm

C) Curled up in a ball in an open area

D) A car with the windows rolled up

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1663

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1663

31. After an adult victim is struck by lightning and experiences cardiac arrest:

A) 5 minutes of CPR generally restores a pulse.

B) perform a compression to ventilation ratio of 15:2.

C) his or her heart may resume beating spontaneously.

D) the ECG usually shows an organized cardiac rhythm.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Pages: 1663–1664

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, pages 1663–1664

32. If a patient who was struck by lightning receives early, high-quality CPR:

A) the likelihood that he or she will have persistent respiratory arrest following a return of pulse is very low.

B) the chance of successful resuscitation is good, even if there is a long delay in return of spontaneous breathing.

C) the chance of permanent deficits, such as quadriplegia and renal injury, are reduced to less than 15% to 20%.

D) there is a greater likelihood that defibrillation will not be needed because ventricular fibrillation will spontaneously resolve.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Pages: 1663–1664

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, pages 1663–1664

33. Compared to beta radiation particles, alpha radiation particles:

A) have minimal penetrating energy.

B) easily pass through solid materials.

C) are able to travel much farther in air.

D) are not dangerous if they are ingested.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1664

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1664

34. \_\_\_\_\_\_\_\_ radiation is very penetrating and easily passes through the body and solid materials.

A) Alpha

B) Beta

C) Gamma

D) Ionizing

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1664

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1664

35. Many of the physiologic changes caused by acute radiation syndrome:

A) can be reversed if chemotherapy is administered within 24 hours.

B) occur over time and will not be apparent in the prehospital setting.

C) are a direct result of beta particles and are usually life threatening.

D) manifest with lethal cardiac dysrhythmias and sudden cardiac arrest.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1665

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1665

36. The onset of \_\_\_\_\_\_\_\_\_\_\_ soon after exposure to radiation is a predictor of poor outcomes.

A) hair loss

B) tachycardia

C) confusion

D) vomiting

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1665

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1665

37. Unlike chemical burns, radiation burns:

A) generally extend into the dermal layer.

B) may appear hours or days after exposure.

C) are typically confined to the epidermis.

D) are immediately apparent after exposure.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1665

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1665

38. When assessing a burn patient, it is MOST important to:

A) accurately calculate the extent of body surface area burned.

B) be alert for occult trauma that could affect patient outcome.

C) apprise medical control of the situation as soon as possible.

D) rapidly determine if the patient will require an escharotomy.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Pages: 1646–1648

Feedback: Patient Assessment, pages 1646–1648

39. According to the Lund-Browder chart, one-half of a 5-year-old child’s head accounts for \_\_\_\_\_ of the body surface area.

A) 18%

B) 9%

C) 6.5%

D) 8.5%

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1649

Feedback: Patient Assessment, page 1649

40. Upon initial contact with a severely burned patient, you must:

A) assess airway and breathing adequacy.

B) cover the patient to prevent hypothermia.

C) ensure that the patient is not still burning.

D) quickly establish the extent of the burns.

Ans: C

Complexity: Easy

Ahead: Patient Assessment

Subject: Burns

Pages: 1646

Feedback: Patient Assessment, pages 1646

41. If a burn patient presents with a hoarse voice and states, “I'm cold,” your MOST immediate concern should be:

A) hypothermia.

B) burn shock.

C) inhalation injury.

D) cyanide toxicity.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1647

Feedback: Patient Assessment, page 1647

42. Patients suspected of having burns to the upper airway will benefit MOST from:

A) unhumidified oxygen.

B) cool, humidified oxygen.

C) an inhaled beta-2 agonist.

D) anticholinergic bronchodilators.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1647

Feedback: Patient Assessment, page 1647

43. With regard to a thermal burn injury, the zone of coagulation:

A) may undergo necrosis within 24 to 48 hours after the burn.

B) surrounds the central part of the burn and is often inflamed.

C) is the area least affected by the burn and will likely recover.

D) is the central part of the burn and suffers the most damage.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology

Subject: Burns

Page: 1642

Feedback: Pathophysiology, page 1642

44. A superficial burn is:

A) usually painless because the nerve endings are not exposed.

B) characterized by reddened skin with varying degrees of pain.

C) painful, but will heal spontaneously, often with scar formation.

D) a second-degree burn that is characterized by blister formation.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology

Subject: Burns

Page: 1644

Feedback: Pathophysiology, page 1644

45. Which of the following statements regarding partial-thickness burns is correct?

A) Partial-thickness burns are usually extremely painful for the patient.

B) Partial-thickness burns are difficult to distinguish from superficial burns in the field.

C) The majority of partial-thickness burns are caused by an open flame.

D) Partial-thickness burns typically heal spontaneously without scarring.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology

Subject: Burns

Page: 1644

Feedback: Pathophysiology, page 1644

46. Unlike partial-thickness burns, full-thickness burns:

A) extend completely through the epidermis and produce severe pain.

B) are characterized by reddened, moist skin and large fluid-filled blisters.

C) destroy the base membrane of the dermis that produces new skin cells.

D) often heal spontaneously over a long period of time with massive scarring.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology

Subject: Burns

Page: 1644

Feedback: Pathophysiology, page 1644

47. According to the rule of nines, an adult with partial- and full-thickness burns to his or her head, face, and anterior chest has burns to \_\_\_\_% of his total body surface area.

A) 18

B) 27

C) 36

D) 45

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1648

Feedback: Patient Assessment, page 1648

48. Which of the following statements regarding the rule of palms is correct?

A) The patient's palm, excluding the fingers, represents 1% of his or her total body surface area.

B) The rule of palms is not an accurate estimator of total body surface area burned in pediatric patients.

C) The patient's palm, including the fingers, represents 1% of his or her total body surface area.

D) The rule of palms is most accurate when a patient has experienced burns to less than 20% of his or her total body surface area.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1648

Feedback: Patient Assessment, page 1648

49. The purpose of estimating a patient's total body surface area burns in the prehospital setting is to:

A) obtain an accurate calculation of how severe the patient's burns are.

B) determine whether the patient should be transported via a helicopter.

C) ascertain how much IV fluid the patient should receive during transport.

D) help the paramedic determine the most appropriate destination hospital.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1650

Feedback: Patient Assessment, page 1650

50. The secondary assessment of a severely burned patient is intended to:

A) provide for a rapid means of assessing the patient for occult injuries.

B) identify other injuries that may have a higher priority for treatment.

C) focus on areas of the body that have sustained the most serious burns.

D) locate and treat minor injuries after all serious injuries have been treated.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1650

Feedback: Patient Assessment, page 1650

51. Full-thickness circumferential burns to the chest:

A) require the paramedic to incise the burn to decompress it.

B) may cause significant restriction of respiratory excursion.

C) are generally not significant unless the skin is unyielding.

D) necessitate immediate intubation and ventilatory support.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Pages: 1650–1651

Feedback: Patient Assessment, pages 1650–1651

52. A burn patient with a history of chronic obstructive pulmonary disease:

A) is at a higher risk for infection than a patient without any medical problems.

B) often requires prophylactic beta-2 agonist drugs to prevent respiratory arrest.

C) should only be given high-flow oxygen if signs of hypoxia are grossly present.

D) may be triaged as a critically burned patient, even if the burn injury is small.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1650

Feedback: Patient Assessment, page 1650

53. Assessment of a patient who may have been exposed to radiation begins by:

A) determining if the scene is safe to enter.

B) thoroughly decontaminating the patient.

C) quickly moving the patient to a safe area.

D) evaluating airway, breathing, and circulation.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1665

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1665

54. What medication should be administered if significant tissue damage is suspected following an electrical burn injury?

A) Albuterol

B) Furosemide

C) Sodium bicarbonate

D) Calcium gluconate

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1662

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1662

55. The MOST acute complication associated with large body surface area burns is:

A) infection.

B) hypovolemia.

C) hypothermia.

D) myoglobinemia.

Ans: C

Complexity: Easy

Ahead: Patient Assessment

Subject: Burns

Page: 1647

Feedback: Patient Assessment, page 1647

56. Nasotracheal intubation of a patient with upper airway burns:

A) is a complicated procedure and should be avoided.

B) should be performed if the patient has mild stridor.

C) is indicated if the patient is unconscious and apneic.

D) is generally well tolerated in patients who are awake.

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Burns

Page: 1652

Feedback: Emergency Medical Care, page 1652

57. Several attempts at endotracheal intubation of a patient with severe upper airway burns have failed, and attempts to ventilate with a bag-mask device do not produce chest rise. What should you do?

A) Squeeze the bag-mask device with more force.

B) Perform a surgical cricothyrotomy.

C) Insert a supraglottic airway device.

D) Administer albuterol and reattempt intubation.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Burns

Pages: 1651–1652

Feedback: Emergency Medical Care, pages 1651–1652

58. Which of the following statements regarding prehospital vascular access and fluid therapy in the severely burned patient is correct?

A) Most burn patients will require at least 4 L of IV fluid immediately.

B) At least one large-bore IV should be started while en route to the hospital.

C) Intraosseous cannulation is absolutely contraindicated in severely burned patients.

D) An IV line in a lower extremity is preferable to one in a burned upper extremity.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Burns

Page: 1652

Feedback: Emergency Medical Care, page 1652

59. Narcotic analgesia could cause the MOST acutely significant problems in a patient with:

A) diabetes.

B) cirrhosis.

C) renal disease.

D) airway burns.

Ans: D

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Burns

Pages: 1653–1654

Feedback: Emergency Medical Care, pages 1653–1654

60. The application of ice to partial-thickness burns:

A) often negates the need to administer a narcotic.

B) is not necessary because such burns are painless.

C) offers excellent pain relief and minimizes swelling.

D) can exacerbate tissue injury and should be avoided.

Ans: D

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Burns

Page: 1654

Feedback: Emergency Medical Care, page 1654

61. A patient with full-thickness burns surrounded by areas of superficial and partial-thickness burns should be treated with all of the following, EXCEPT:

A) analgesia.

B) high-flow oxygen.

C) moist dressings.

D) sterile burn pads.

Ans: C

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Burns

Pages: 1654–1655

Feedback: Emergency Medical Care, pages 1654–1655

62. Which of the following statements regarding sodium metal chemical burns is correct?

A) Do not flush with water as doing so may produce heat and cause an explosion.

B) Sodium metal burns should be covered with oil after irrigating with water.

C) They react violently with oil and should only be flushed with sterile water.

D) Applying baking soda to the wound effectively neutralizes sodium metals.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1657

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1657

63. Specific treatment for a hydrofluoric acid burn is:

A) calcium chloride.

B) sodium bicarbonate.

C) magnesium sulfate.

D) viscous lidocaine gel.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1657

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1657

64. Which of the following burn injuries would MOST likely require transport to a burn specialty center?

A) Superficial burns to more than 40% of the body

B) Burns that involve the hands, feet, or genitalia

C) Partial-thickness burns to more than 5% of the body

D) Any burn that occurs in a child under 5 years of age

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1650

Feedback: Patient Assessment, page 1650

65. A partial-thickness burn is considered to be a major burn in a 40-year-old person if it:

A) occurs in any patient over the age of 45 years.

B) is located to the proximal aspect of an extremity.

C) is rated as at least a 5 on a pain scale of 0 to 10.

D) involves more than 25% of the body surface area.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1649

Feedback: Patient Assessment, page 1649

66. A full-thickness burn is considered to be critical if it:

A) is located on any part of the thorax or abdomen.

B) covers more than 5% of the total body surface area.

C) was irrigated with water prior to the arrival of EMS.

D) occurs in a patient with a significant medical illness.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1650

Feedback: Patient Assessment, page 1650

67. You are caring for a 41-year-old man who was trapped in his burning house before being rescued by fire fighters. He has full-thickness burns to his head and anterior trunk, and mixed partial- and full-thickness burns to both anterior upper extremities. What percentage of his total body surface area has been burned?

A) 18%

B) 27%

C) 36%

D) 45%

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Burns

Page: 1648

Feedback: Patient Assessment, page 1648

68. During your primary assessment of a 21-year-old woman with a suspected inhalation injury, you note that she is combative and her respirations are profoundly labored and stridorous. The closest appropriate medical facility is approximately 25 miles by ground, and the local air transport service is unavailable. You should:

A) provide supplemental oxygen via nonrebreathing mask, insert an intraosseous catheter, and administer a sedative medication.

B) assist ventilations with a bag-mask device, start an IV, administer a sedative and a neuromuscular blocker, and intubate her trachea.

C) administer humidified oxygen, start at least one large-bore IV, and visualize her upper airway to assess the severity of soft-tissue swelling.

D) insert an oropharyngeal airway, ventilate her with a bag-mask device at 20 breaths/min, and prepare to nasotracheally intubate her.

Ans: B

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Burns

Pages: 1651–1652

Feedback: Emergency Medical Care, pages 1651–1652

69. You and your partner are transferring a severely burned patient from a community hospital to a burn specialty center. The patient, a 110-pound woman, has partial- and full-thickness burns that cover approximately 55% of her body. She has two large-bore IV lines in place, is intubated, and is on a cardiac monitor. According to the Consensus formula, how much normal saline should she receive in 30 minutes?

A) 340 mL

B) 355 mL

C) 370 mL

D) 395 mL

Ans: A

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Burns

Pages: 1652–1653

Feedback: Emergency Medical Care, pages 1652–1653

70. A 52-year-old man sustained superficial and partial-thickness burns to his left arm approximately 15 minutes ago when he opened the radiator cap on his car. He is conscious, alert, and in severe pain. His BP is 138/76 mm Hg, pulse is 110 beats/min and strong, respirations are 22 breaths/min and regular, and oxygen saturation is 97% on room air. He denies any other injuries. Initial management for this patient involves:

A) applying ice to the burn to provide immediate pain relief.

B) applying cool, wet dressings to the burn and elevating his arm.

C) starting an IV of normal saline and administering 2 mg of morphine.

D) administering oxygen and applying an anesthetic cream to the burn.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Burns

Page: 1654

Feedback: Emergency Medical Care, page 1654

71. A 33-year-old man was burned when the hot water heater on which he was working exploded. The patient has superficial and partial-thickness burns to his face, neck, and arms. Your primary assessment reveals that he is restless and tachypneic. His BP is 80/54 mm Hg and his heart rate is 120 beats/min and weak. You should:

A) conclude that he is experiencing burn shock, start two large-bore IV lines of normal saline, and administer fluids based on the Parkland formula.

B) assist his ventilations with a bag-mask device, cover him with a blanket, and start a large-bore IV of normal saline set at a keep vein open rate.

C) apply oxygen via nonrebreathing mask, cover his burns with cold moist dressings, start an IV with normal saline, and give up to 4 mg of morphine for pain.

D) administer high-flow oxygen, keep him warm, start at least one large-bore IV of normal saline, and administer fluid boluses to maintain adequate perfusion.

Ans: D

Complexity: Difficult

Ahead: Patient Assessment

Subject: Burns

Pages: 1647–1648

Feedback: Patient Assessment, pages 1647–1648

72. A 4-year-old girl pulled a pot of boiling water off of the stove and experienced partial-thickness splash burns to her neck, anterior trunk, and both anterior arms. During your assessment, you note that the child is conscious but is not crying. She is tachypneic and tachycardic, and her skin is cool and moist. Other than the burns, there are no other gross injuries. Which of the following statements regarding this scenario is correct?

A) You should assist the child's ventilations and prepare to intubate her trachea.

B) An IV should be established and you should administer a 20-mL/kg bolus of D5W.

C) The child may be hypoglycemic and requires assessment of her blood glucose level.

D) It is likely that this child's burn was intentionally inflicted and you should report it.

Ans: C

Complexity: Difficult

Ahead: Management of Burns in Pediatric Patients

Subject: Burns

Page: 1666

Feedback: Management of Burns in Pediatric Patients, page 1666

73. A 74-year-old man experienced partial- and full-thickness burns to his arms and chest resulting from a fire that started after he fell asleep while smoking his cigar. The patient's son, who arrived at the scene shortly after you, states that his father has congestive heart failure, rheumatoid arthritis, and atrial fibrillation. In addition to administering supplemental oxygen, it is MOST important for you to:

A) avoid narcotic analgesics because of his medical history.

B) auscultate his breath sounds before administering IV fluids.

C) obtain a 12-lead ECG to assess for signs of cardiac ischemia.

D) apply cold, moist dressings to his burns to provide pain relief.

Ans: B

Complexity: Moderate

Ahead: Management of Burns in Geriatric Patients

Subject: Burns

Page: 1666

Feedback: Management of Burns in Geriatric Patients, page 1666

74. You respond to an industrial plant for a 42-year-old man with a chemical burn. Upon arrival at the scene, you find the patient to be ambulatory. He tells you that he was moving some bags of dry lime when one of the bags broke and spilled lime all over him. After donning the appropriate personal protective equipment, you should:

A) remove his clothing, brush as much of the lime off of him as possible, and flush the affected areas with copious amounts of water.

B) avoid brushing any of the lime from his skin, as doing so may cause additional injury, and flush his entire body with water for 30 minutes.

C) remove his clothing, carefully brush the lime away from his skin, but avoid flushing with water, as doing so will likely increase burn severity.

D) remove all of his clothing, apply baking powder to neutralize the lime, and begin flushing his body with copious amounts of sterile saline.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1657

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1657

75. A 24-year-old woman was struck by lightning. Bystanders moved the patient to an area of safety but did not provide any other care before your arrival. Your primary assessment reveals that the patient is pulseless and apneic. You begin CPR and apply the cardiac monitor, which reveals asystole. After requesting a backup paramedic unit, the MOST appropriate treatment for this patient involves:

A) instructing your partner to resume one-rescuer CPR, establishing an IV of normal saline, and reassessing her cardiac rhythm in 5 minutes.

B) continuing CPR, providing full spinal precautions, intubating her trachea, and ventilating her at a rate of 20 to 24 breaths per minute.

C) performing adequate BLS, following standard ACLS protocol, and considering terminating your efforts if asystole persists after 10 minutes.

D) continuing CPR, protecting her spine while ventilating, reassessing her cardiac rhythm after 2 minutes of CPR, and defibrillating if necessary.

Ans: D

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Pages: 1663–1664

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, pages 1663–1664

76. You are transporting a conscious but confused 29-year-old man after he was electrocuted. The patient is on high-flow oxygen, has an IV line of normal saline in place, is on a cardiac monitor, and has his spine fully immobilized. During transport, it is especially important for you to:

A) remain alert for lethal cardiac dysrhythmias and be prepared to defibrillate.

B) administer at least 2 L of normal saline solution to prevent renal failure.

C) thoroughly assess and clean the entry and exit wounds to prevent an infection.

D) reassess his vital signs every 15 minutes and treat any fractures or dislocations.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Pages: 1662

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, pages 1662

77. What medication may be administered to a patient with a severe electrical burn in order to facilitate osmotic diuresis?

A) Furosemide

B) Mannitol

C) Calcium

D) Albuterol

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Burns

Subject: Burns

Page: 1662

Feedback: Pathophysiology, Assessment, and Management of Specific Burns, page 1662

78. A patient has partial-thickness burns to both lower extremities and blisters have formed. What should you do?

A) Elevate the extremities to reduce edema.

B) Administer 2 liters of fluid within 45 minutes.

C) Administer half the usual dose of IV analgesia.

D) Carefully rupture the blisters and irrigate the burn.

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Burns

Page: 1654

Feedback: Emergency Medical Care, page 1654

79. The peripheral area surrounding the zone of coagulation, which has decreased blood flow and inflammation, is called the zone of:

A) stasis.

B) coagulation.

C) hyperemia.

D) liquefaction.

Ans: A

Complexity: Easy

Ahead: Pathophysiology

Subject: Burns

Pages: 1642–1643

Feedback: Pathophysiology, pages 1642–1643