Import Settings:

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Face and Neck Trauma - Face and Neck Trauma - TBNK**

**Multiple Choice**

1. Which of the following cranial nerves innervates the muscles that cause motion of the eyeballs and upper eyelids?

A) Optic

B) Ophthalmic

C) Oculomotor

D) Trigeminal

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Face and Neck Trauma

Page: 1677

Feedback: Anatomy and Physiology Review, page 1677

2. The middle ear consists of the:

A) cochlea and semicircular canals.

B) organ of Corti and the external auditory canal.

C) inner portion of the tympanic membrane and the ossicles.

D) pinna and the exterior portion of the tympanic membrane.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Face and Neck Trauma

Page: 1678

Feedback: Anatomy and Physiology Review, page 1678

3. In addition to massive bleeding, injury to a carotid or vertebral artery would MOST likely cause:

A) hemiparalysis.

B) an air embolism.

C) severe bradycardia.

D) cerebral hypoxia.

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Face and Neck Trauma

Page: 1679

Feedback: Anatomy and Physiology Review, page 1679

4. Loss of function of the lower arms and hands following trauma to the anterior neck is indicative of damage to the:

A) carotid artery.

B) brachial plexus.

C) vagus nerves.

D) parathyroid glands.

Ans: B

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Face and Neck Trauma

Page: 1680

Feedback: Anatomy and Physiology Review, page 1680

5. Open soft-tissue facial trauma following a significant mechanism of injury:

A) often requires removal of foreign bodies that are impaled in the face.

B) is of most concern due to the possibility of permanent disfigurement.

C) suggests that the patient may have a closed head injury or spinal injury.

D) dictates the need for immediate intubation to protect the patient's airway.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Face Injuries

Subject: Face and Neck Trauma

Page: 1683

Feedback: Pathophysiology, Assessment, and Management of Face Injuries, page 1683

6. When assessing a patient with maxillofacial trauma, it is MOST important to:

A) gently palpate the maxilla, mandible, and zygoma to elicit crepitus.

B) protect the cervical spine and monitor the patient's neurologic status.

C) apply a cervical collar and determine if the patient has visual disturbances.

D) have the patient open his or her mouth and assess for dental malocclusion.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Face Injuries

Subject: Face and Neck Trauma

Page: 1684

Feedback: Pathophysiology, Assessment, and Management of Face Injuries, page 1684

7. Which of the following is the MOST significant complication associated with a fractured nasal bone?

A) Facial swelling

B) Lateral displacement

C) Damage to the septum

D) Posterior epistaxis

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Face Injuries

Subject: Face and Neck Trauma

Page: 1684

Feedback: Pathophysiology, Assessment, and Management of Face Injuries, page 1684

8. Because significant force is required to fracture the mandible:

A) most mandibular fractures are associated with a spinal fracture.

B) it is often fractured in more than one place and is unstable to palpation.

C) patients with a possible mandibular fracture should be intubated routinely.

D) a mandibular fracture can be ruled out in cases of minor blunt facial trauma.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Face Injuries

Subject: Face and Neck Trauma

Page: 1684

Feedback: Pathophysiology, Assessment, and Management of Face Injuries, page 1684

9. A fracture of all midfacial bones, separating the entire midface from the cranium:

A) is commonly associated with facial elongation and dental malocclusion.

B) should be stabilized by placing bulky dressings across the fractured area.

C) is almost always accompanied by multiple severe fractures of the mandible.

D) is referred to as a Le Fort I fracture and most commonly results from a fall.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Face Injuries

Subject: Face and Neck Trauma

Page: 1684

Feedback: Pathophysiology, Assessment, and Management of Face Injuries, page 1684

10. If a patient is unable to follow your finger above the midline following blunt trauma to the face, you should be MOST suspicious for a(n):

A) Le Fort II fracture.

B) nasal bone fracture.

C) orbital skull fracture.

D) basilar skull fracture.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Face Injuries

Subject: Face and Neck Trauma

Pages: 1684–1685

Feedback: Pathophysiology, Assessment, and Management of Face Injuries, pages 1684–1685

11. A flattened appearance to the face and loss of sensation over the cheek following blunt facial trauma is MOST indicative of a(n):

A) zygomatic fracture.

B) orbital skull fracture.

C) Le Fort I fracture.

D) temporomandibular joint dislocation.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Face Injuries

Subject: Face and Neck Trauma

Page: 1686

Feedback: Pathophysiology, Assessment, and Management of Face Injuries, page 1686

12. If you are unable to orotracheally intubate a patient due to massive maxillofacial trauma and severe oropharyngeal and nasopharyngeal bleeding, you would MOST likely have to perform:

A) nasotracheal intubation.

B) a needle or surgical cricothyrotomy.

C) pharmacologically assisted intubation.

D) digital (tactile) intubation.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Face Injuries

Subject: Face and Neck Trauma

Page: 1687

Feedback: Pathophysiology, Assessment, and Management of Face Injuries, page 1687

13. Appropriate management for a patient with severe epistaxis, tachycardia, and diaphoresis following an injury to the face includes:

A) positioning the patient supine and elevating his or her legs 12 to 18 inches.

B) administering enough IV crystalloid fluids to maintain adequate perfusion.

C) pinching the patient's nares together and instructing him or her to lean back.

D) applying direct pressure to the bridge of the nose and keeping the patient calm.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Face Injuries

Subject: Face and Neck Trauma

Page: 1687

Feedback: Pathophysiology, Assessment, and Management of Face Injuries, page 1687

14. General care for an eye injury involves:

A) applying direct pressure to the globe.

B) irrigating the eye with sterile saline solution.

C) covering both eyes to minimize further injury.

D) applying a cold compress to the eyeball.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Eye Injuries

Subject: Face and Neck Trauma

Page: 1693

Feedback: Pathophysiology, Assessment, and Management of Eye Injuries, page 1693

15. Hyphema is defined as:

A) severe ecchymosis to the orbital region.

B) blood in the anterior chamber of the eye.

C) marked swelling of the globe of the eye.

D) double vision following blunt eye trauma.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Eye Injuries

Subject: Face and Neck Trauma

Page: 1689

Feedback: Pathophysiology, Assessment, and Management of Eye Injuries, page 1689

16. Signs and symptoms of retinal detachment include:

A) flashing lights, specks, or floaters in the field of vision.

B) double vision and partial or complete loss of peripheral vision.

C) immediate pain and total loss of vision following blunt eye trauma.

D) paralysis of upward gaze and greater than 50% loss of central vision.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Eye Injuries

Subject: Face and Neck Trauma

Page: 1690

Feedback: Pathophysiology, Assessment, and Management of Eye Injuries, page 1690

17. What part of the eye is MOST commonly injured following a thermal burn?

A) Globe

B) Retina

C) Cornea

D) Eyelid

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Eye Injuries

Subject: Face and Neck Trauma

Page: 1691

Feedback: Pathophysiology, Assessment, and Management of Eye Injuries, page 1691

18. A patient with a dysconjugate gaze following an ocular injury:

A) most likely has a concomitant basilar skull fracture.

B) should have ice applied to the eyes to prevent blindness.

C) has discoordination between the movements of both eyes.

D) should be treated by irrigating both eyes for 20 minutes.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Eye Injuries

Subject: Face and Neck Trauma

Pages: 1692–1693

Feedback: Pathophysiology, Assessment, and Management of Eye Injuries, pages 1692–1693

19. When treating a patient with an ocular injury, what should you do to avoid an increase in intraocular pressure?

A) Apply light pressure to both eyes.

B) Discourage the patient from coughing.

C) Administer prophylactic atropine sulfate.

D) Ensure that the patient remains supine.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Eye Injuries

Subject: Face and Neck Trauma

Page: 1693

Feedback: Pathophysiology, Assessment, and Management of Eye Injuries, page 1693

20. Movement of both of the eyes in unison is called:

A) dysconjugate gaze.

B) sympathetic eye movement.

C) extraocular movement.

D) physiologic anisocoria.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Eye Injuries

Subject: Face and Neck Trauma

Page: 1693

Feedback: Pathophysiology, Assessment, and Management of Eye Injuries, page 1693

21. Alkali or strong acid burns to the eye should be irrigated continuously for at least \_\_\_ minutes.

A) 10

B) 15

C) 20

D) 30

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Eye Injuries

Subject: Face and Neck Trauma

Page: 1694

Feedback: Pathophysiology, Assessment, and Management of Eye Injuries, page 1694

22. The ONLY indication for removing contact lenses in the prehospital setting is:

A) chemical eye burns.

B) acute conjunctivitis.

C) cardiopulmonary arrest.

D) a foreign body in the eye.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Eye Injuries

Subject: Face and Neck Trauma

Page: 1696

Feedback: Pathophysiology, Assessment, and Management of Eye Injuries, page 1696

23. A ruptured tympanic membrane:

A) commonly results in permanent hearing loss.

B) is characterized by CSF leakage from the ears.

C) commonly leads to an infection of the middle ear.

D) is extremely painful but typically heals spontaneously.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Ear Injuries

Subject: Face and Neck Trauma

Page: 1697

Feedback: Pathophysiology, Assessment, and Management of Ear Injuries, page 1697

24. When caring for a patient with a seemingly isolated ear injury, you should:

A) carefully assess the external ear canal and inner ear for blood or CSF.

B) perform a careful assessment to detect or rule out more serious injuries.

C) recall that the pinna of the ear is highly vascular and bleeds profusely.

D) consider direct transport of the patient to an audiologist for evaluation.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Ear Injuries

Subject: Face and Neck Trauma

Page: 1697

Feedback: Pathophysiology, Assessment, and Management of Ear Injuries, page 1697

25. The primary risk associated with oral and dental injuries is:

A) malocclusion.

B) intraoral infection.

C) permanent tooth loss.

D) airway compromise.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Oral and Dental Injuries

Subject: Face and Neck Trauma

Page: 1698

Feedback: Pathophysiology, Assessment, and Management of Oral and Dental Injuries, page 1698

26. When caring for a patient with fractured or avulsed teeth following an assault, you should:

A) handle any avulsed teeth by the root only, not the crown.

B) flush the patient's mouth with sterile water for 20 minutes.

C) assess the knuckles of the person who assaulted the patient.

D) remove any partially avulsed teeth and immerse them in water.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Oral and Dental Injuries

Subject: Face and Neck Trauma

Page: 1699

Feedback: Pathophysiology, Assessment, and Management of Oral and Dental Injuries, page 1699

27. Proper treatment for an open wound to the neck includes:

A) administering 2 L of IV crystalloid solution.

B) sealing the wound with an occlusive dressing.

C) prompt transportation to a hyperbaric chamber.

D) applying a circumferential pressure dressing.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck

Subject: Face and Neck Trauma

Page: 1701

Feedback: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck, page 1701

28. If a knife is impaled in the neck:

A) a cricothyrotomy may be required to establish a patent airway.

B) it should be removed in case the airway becomes compromised.

C) you should stabilize the object in place, regardless of its location.

D) it should be shortened to facilitate proper airway management.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck

Subject: Face and Neck Trauma

Pages: 1701–1702

Feedback: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck, pages 1701–1702

29. Significant blunt injuries to the larynx or trachea pose an IMMEDIATE risk of:

A) airway compromise.

B) hypovolemic shock.

C) mediastinal inflammation.

D) aspiration of gastric contents.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck

Subject: Face and Neck Trauma

Page: 1700

Feedback: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck, page 1700

30. When managing the airway of an unresponsive patient with serious anterior neck trauma and shallow breathing, you should:

A) apply a cervical collar and perform intubation immediately.

B) ventilate the patient with an oxygen-powered ventilation device.

C) give oxygen via nonrebreathing mask and apply a pulse oximeter.

D) assist ventilations with a bag-mask device and prepare to intubate.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck

Subject: Face and Neck Trauma

Page: 1703

Feedback: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck, page 1703

31. Bradycardia that occurs shortly after you have dressed and bandaged an open neck wound is MOST likely the result of:

A) decreased vagal tone secondary to direct injury to the vagus nerve.

B) decreased venous return from the brain and an increase in intracranial pressure.

C) an acute pulmonary embolism due to the entrainment of air into one of the jugular veins.

D) parasympathetic nervous system stimulation due to excessive pressure on the carotid artery.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck

Subject: Face and Neck Trauma

Page: 1703

Feedback: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck, page 1703

32. Vascular injury following trauma to the anterior neck would MOST likely present with:

A) hemoptysis.

B) parasthesia.

C) pulse deficits.

D) dysphagia.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck

Subject: Face and Neck Trauma

Page: 1702

Feedback: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck, page 1702

33. A young man was assaulted and has extensive maxillofacial injuries. Your primary assessment reveals that he is semiconscious, has shallow breathing, and has blood draining from the corner of his mouth. Initial management for this patient involves:

A) inserting an oropharyngeal airway, preoxygenating him with a bag-mask device for 2 minutes, and then intubating his trachea.

B) applying a cervical collar, performing a blind finger sweep to clear his airway, and providing ventilatory assistance with a bag-mask device.

C) fully immobilizing his spine, inserting a nasopharyngeal airway, and hyperventilating him with a bag-mask device at a rate of 20 breaths/min.

D) manually stabilizing his head in a neutral position, suctioning his oropharynx, and assisting ventilations with a bag-mask device and 100% oxygen.

Ans: D

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Face and Neck Trauma

Pages: 1686

Feedback: Emergency Medical Care, pages 1686

34. A conscious but combative patient with severe facial trauma is fully immobilized on a backboard. During your assessment, the patient begins coughing up large amounts of blood. You suction her oropharynx, but her mouth quickly refills with blood. You should:

A) preoxygenate the patient with a bag-mask device for 2 minutes and then perform nasotracheal intubation.

B) roll the backboard on its side, suction her oropharynx, and prepare to perform pharmacologically assisted intubation.

C) alternate suctioning of her oropharynx for 15 seconds and assisting ventilations for 2 minutes until her airway is clear of blood.

D) continually suction her oropharynx until it is clear of blood, apply oxygen via nonrebreathing mask, and administer a sedative drug.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Oral and Dental Injuries

Subject: Face and Neck Trauma

Page: 1699

Feedback: Pathophysiology, Assessment, and Management of Oral and Dental Injuries, page 1699

35. Following blunt trauma to the face, a 30-year-old man presents with epistaxis, double vision, and an inability to look upward. You should suspect:

A) traumatic conjunctivitis.

B) an orbital blowout fracture.

C) traumatic retinal detachment.

D) fracture of the cribriform plate.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Face Injuries

Subject: Face and Neck Trauma

Pages: 1684–1685

Feedback: Pathophysiology, Assessment, and Management of Face Injuries, pages 1684–1685

36. You are dispatched to a high school where a 16-year-old female was stabbed in the eye with a pencil. The patient is conscious and in severe pain. A classmate removed the pencil prior to your arrival. The MOST appropriate care for this patient's injury includes:

A) irrigating the injured eye with sterile saline, covering both eyes with a protective eye shield, and transporting immediately.

B) applying an icepack to the affected eye, administering 1 µg/kg of fentanyl IM, elevating the patient's legs, and transporting.

C) covering the affected eye with a sterile dressing and protective eye shield, covering the unaffected eye, and transporting promptly.

D) covering the affected eye with a moist, sterile dressing, applying gently pressure to reduce intraocular pressure, and transporting at once.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Eye Injuries

Subject: Face and Neck Trauma

Page: 1693

Feedback: Pathophysiology, Assessment, and Management of Eye Injuries, page 1693

37. You are caring for a man with a chemical burn to both eyes. The patient, who has contact lenses in place, is in severe pain and tells you that he can't see. Proper care for this patient includes:

A) carefully removing his contact lenses, flushing both eyes for at least 20 minutes, and transporting with continuous eye irrigation.

B) leaving his contact lenses in place to avoid further injury and transporting at once with irrigation of both eyes performed en route.

C) removing his contact lenses, covering both eyes with moist, sterile dressings, administering a narcotic analgesic, and transporting.

D) asking the patient to remove his contact lenses, irrigating both eyes for no more than 10 minutes, covering both eyes with sterile dressings, and transporting.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Eye Injuries

Subject: Face and Neck Trauma

Pages: 1694–1696

Feedback: Pathophysiology, Assessment, and Management of Eye Injuries, pages 1694–1696

38. A 51-year-old woman sustained a large laceration to her cheek when she was cut by a knife during a robbery attempt. The patient is conscious and alert and has severe oral bleeding. She denies any other trauma. Your FIRST action should be to:

A) suction her oropharynx for up to 15 seconds.

B) manually stabilize her head in a neutral position.

C) control the intraoral bleeding with sterile gauze.

D) ensure that she is sitting up and leaning forward.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Oral and Dental Injuries

Subject: Face and Neck Trauma

Page: 1698

Feedback: Pathophysiology, Assessment, and Management of Oral and Dental Injuries, page 1698

39. During an explosion, a 42-year-old construction worker sustained a large laceration to the lateral aspect of his neck when he was struck by a piece of flying debris. The patient is conscious, but complains of difficulty hearing. In addition to protecting his spine, you should be MOST concerned with:

A) administering high-flow oxygen via nonrebreathing mask as soon as possible.

B) covering the laceration with an occlusive dressing and controlling the bleeding.

C) carefully examining his ear to determine if his tympanic membrane is ruptured.

D) applying a bulky dressing to the laceration and securing it firmly with a bandage.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Oral and Dental Injuries

Subject: Face and Neck Trauma

Pages: 1700–1701

Feedback: Pathophysiology, Assessment, and Management of Oral and Dental Injuries, pages 1700–1701

40. You are transporting a conscious middle-aged woman with anterior neck trauma. She is on high-flow oxygen, has spinal precautions in place, and has a large-bore IV line of normal saline in place. When you reassess her vital signs, you note that her blood pressure is 90/64 mm Hg, her pulse rate is 120 beats/min, and her respirations are 22 breaths/min with adequate depth. You should:

A) begin assisting her ventilations with a bag-mask device, rapidly infuse 2 L of IV fluid, and reassess.

B) keep the patient warm and infuse enough isotonic crystalloid solution to maintain adequate perfusion.

C) elevate her legs, apply a blanket, and administer IV fluid boluses until her heart rate is within a normal range.

D) start a second IV line and administer crystalloid IV fluids until her systolic blood pressure is at least 100 mm Hg.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck

Subject: Face and Neck Trauma

Page: 1703

Feedback: Pathophysiology, Assessment, and Management of Injuries to the Anterior Part of the Neck, page 1703