Import Settings:

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Information Field: Complexity

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Chest Trauma - Chest Trauma - TBNK**

**Multiple Choice**

1. Which of the following statements regarding the thorax is correct?

A) The thoracic cavity extends to the ninth or tenth rib posteriorly.

B) The diaphragm inserts into the anterior thoracic cage below the fifth rib.

C) The dimensions of the thorax are defined inferiorly by the thoracic inlet.

D) The dimensions of the thorax are defined anteriorly by the thoracic vertebrae.

Ans: B

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Chest Trauma

Page: 1788

Feedback: Anatomy and Physiology Review, page 1788

2. Bony structures of the thorax include all of the following, EXCEPT the:

A) ribs.

B) scapulae.

C) clavicles.

D) acromion.

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Chest Trauma

Page: 1789

Feedback: Anatomy and Physiology Review, page 1789

3. A flail chest is characterized by:

A) a free-floating segment of fractured ribs.

B) bulging of fractured ribs during inspiration.

C) excessive negative intrathoracic pressure.

D) drawing in of fractured ribs during expiration.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Chest Wall Injuries

Subject: Chest Trauma

Page: 1794

Feedback: Pathophysiology, Assessment, and Management of Chest Wall Injuries, page 1794

4. Isolated rib fractures may result in inadequate ventilation because:

A) the patient often purposely limits chest wall movement.

B) most rib fractures cause paradoxical chest wall movement.

C) the pain associated with the fracture causes hyperventilation.

D) preferential use of the intercostal muscles reduces tidal volume.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Chest Wall Injuries

Subject: Chest Trauma

Page: 1796

Feedback: Pathophysiology, Assessment, and Management of Chest Wall Injuries, page 1796

5. Ribs four through nine are the most commonly fractured because:

A) they are not anteriorly attached to any portion of the sternum.

B) these particular ribs are inherently weak compared to other ribs.

C) the person's height predisposes him or her to injury in this area.

D) they are less protected by other bony and muscular structures.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Chest Wall Injuries

Subject: Chest Trauma

Page: 1796

Feedback: Pathophysiology, Assessment, and Management of Chest Wall Injuries, page 1796

6. The self-splinting effect observed in patients with chest wall trauma:

A) allows the body to compensate for the injury.

B) may cause atelectasis, hypoxemia, or pneumonia.

C) is often accompanied by subcutaneous emphysema.

D) is characterized by a markedly increased tidal volume.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Chest Wall Injuries

Subject: Chest Trauma

Page: 1796

Feedback: Pathophysiology, Assessment, and Management of Chest Wall Injuries, page 1796

7. Pneumothorax is MOST accurately defined as:

A) air or gas within the pleural cavity.

B) perforation of a lung by a broken rib.

C) injury to the visceral or parietal pleura.

D) partial or complete collapse of a lung.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1797

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1797

8. An open pneumothorax causes ventilatory inadequacy when:

A) positive pressure created by expiration forces air into the pleural space.

B) the heart stops perfusing the lung on the side of the open chest injury.

C) negative pressure created by inspiration draws air into the pleural space.

D) the glottic opening is much larger than the open wound on the chest wall.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1798

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1798

9. Pneumothoraces create a ventilation-perfusion mismatch when:

A) concomitant myocardial injury prevents adequate pulmonary perfusion and the lung collapses.

B) perfusion of the involved lung continues while the pneumothorax prevents adequate ventilation.

C) the vasculature of the affected lung is not intact and intrapulmonary gas exchange is impaired.

D) the affected lung continues to expand adequately despite a decrease in pulmonary perfusion.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1798

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1798

10. What type of chest injury is characterized by air accumulation in the pleural space when a perforation in the lung parenchyma acts as a one-way valve?

A) Tension pneumothorax

B) Simple pneumothorax

C) Massive hemothorax

D) Spontaneous pneumothorax

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1800

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1800

11. As air accumulates in the pleural space, the FIRST thing to occur is:

A) decreased pulmonary function.

B) contralateral tracheal deviation.

C) compression of the great vessels.

D) marked decrease in venous return.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Pages: 1800–1801

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, pages 1800–1801

12. Most hemothoraces occur when:

A) the intercostal arteries are lacerated.

B) a penetrating injury perforates the lung.

C) severe barotrauma ruptures one of the lungs.

D) a fractured rib injures the lung parenchyma.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1804

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1804

13. By definition, a massive hemothorax is characterized by:

A) pulmonary injury with secondary myocardial injury.

B) 10% of circulating blood volume within the pleural space.

C) cardiac arrest secondary to severe intrapleural bleeding.

D) more than 1,500 mL of blood within the pleural space.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1805

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1805

14. A pulmonary contusion following blunt chest trauma results in:

A) blood leakage from injured lung tissue into the pleural space.

B) decreased pulmonary shunting with rupture of the alveolar sacs.

C) alveolar and capillary damage with intraparenchymal lung hemorrhage.

D) pulmonary vasodilation as the body attempts to shunt blood to the injury.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Pages: 1805–1806

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, pages 1805–1806

15. Which of the following statements regarding a pericardial tamponade is correct?

A) Most pericardial tamponades are caused by blunt chest trauma during an automobile crash.

B) In a pericardial tamponade, blood collects between the visceral and parietal pericardium.

C) Pericardial tamponade is characterized by a marked increase in preload and flat jugular veins.

D) The parietal pericardium stretches easily, so significant blood accumulation is required before signs appear.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Myocardial Injuries

Subject: Chest Trauma

Pages: 1806–1807

Feedback: Pathophysiology, Assessment, and Management of Myocardial Injuries, pages 1806–1807

16. Dysrhythmias following a myocardial contusion are usually secondary to:

A) excess tachycardia that accompanies the injury.

B) damage to myocardial tissue at the cellular level.

C) aneurysm formation caused by vascular damage.

D) direct damage to the vasculature of the epicardium.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Myocardial Injuries

Subject: Chest Trauma

Page: 1808

Feedback: Pathophysiology, Assessment, and Management of Myocardial Injuries, page 1808

17. Commotio cordis is a phenomenon in which:

A) ventricular fibrillation is induced following blunt trauma to the chest during the heart's repolarization period.

B) excessive pressure within the pericardial sac impairs cardiac contractility as well as venous return to the heart.

C) penetrating thoracic trauma perforates the atria or ventricles, causing acute rupture and massive hemorrhage.

D) myocardial tissue at the cellular level is damaged by blunt or penetrating trauma, resulting in cardiac arrest.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Myocardial Injuries

Subject: Chest Trauma

Page: 1809

Feedback: Pathophysiology, Assessment, and Management of Myocardial Injuries, page 1809

18. Traumatic injuries to the aorta are MOST commonly the result of:

A) shearing forces.

B) rear-end collisions.

C) penetrating trauma.

D) motorcycle crashes.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Vascular Injuries

Subject: Chest Trauma

Page: 1809

Feedback: Pathophysiology, Assessment, and Management of Vascular Injuries, page 1809

19. With the exception of the aorta, great vessel injury is MOST likely to occur following:

A) blunt trauma.

B) shearing forces.

C) rotational injury.

D) penetrating trauma.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Vascular Injuries

Subject: Chest Trauma

Page: 1810

Feedback: Pathophysiology, Assessment, and Management of Vascular Injuries, page 1810

20. Which of the following statements regarding diaphragmatic injury is correct?

A) During the latent phase of a diaphragmatic injury, abdominal contents herniate through the defect, cutting off their blood supply.

B) The spleen provides significant protection to the diaphragm on the left side, resulting in a higher incidence of right-sided diaphragmatic injuries.

C) Because the diaphragm is protected by the liver on the right side, most diaphragmatic injuries caused by blunt force trauma occur on the left side.

D) Once the diaphragm has been injured, the healing process is facilitated by the natural pressure differences between the abdominal and thoracic cavities.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Other Thoracic Injuries

Subject: Chest Trauma

Page: 1811

Feedback: Pathophysiology, Assessment, and Management of Other Thoracic Injuries, page 1811

21. Tracheobronchial injuries have a high mortality rate due to:

A) massive internal hemorrhage.

B) associated airway obstruction.

C) perforation of the esophagus.

D) concomitant spinal cord injury.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Other Thoracic Injuries

Subject: Chest Trauma

Page: 1812

Feedback: Pathophysiology, Assessment, and Management of Other Thoracic Injuries, page 1812

22. Common clinical findings associated with a traumatic asphyxia include all of the following, EXCEPT:

A) hyphema.

B) exopthalmos.

C) facial cyanosis.

D) tongue swelling.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Other Thoracic Injuries

Subject: Chest Trauma

Pages: 1812–1813

Feedback: Pathophysiology, Assessment, and Management of Other Thoracic Injuries, pages 1812–1813

23. Which of the following clinical findings is MOST suggestive of inadequate oxygenation?

A) Irregular tachycardia

B) BP of 90/50 mm Hg

C) Accessory muscle use

D) Altered mental status

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Chest Trauma

Page: 1791

Feedback: Patient Assessment, page 1791

24. Increased central venous pressure commonly manifests as:

A) jugular venous distention.

B) a widened pulse pressure.

C) bounding peripheral pulses.

D) a pulsating abdominal mass.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Chest Trauma

Page: 1791

Feedback: Patient Assessment, page 1791

25. Any patient with a presumptive diagnosis of a pneumothorax should:

A) receive a prophylactic needle thoracentesis.

B) be intubated and ventilated at a rate of 15 breaths/min.

C) be considered unstable and reassessed every 5 minutes.

D) be transported to a trauma center via air medical transport.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Chest Trauma

Page: 1793

Feedback: Patient Assessment, page 1793

26. Which of the following thoracic injuries would you LEAST likely discover in the primary survey?

A) Flail chest

B) Myocardial contusion

C) Bronchial disruption

D) Open pneumothorax

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Chest Trauma

Page: 1792

Feedback: Patient Assessment, page 1792

27. In general, patients suspected of having a partial tracheal tear should be managed with:

A) immediate endotracheal intubation.

B) an oxygen-powered ventilation device.

C) the least invasive airway techniques possible.

D) placement of a laryngeal mask airway device.

Ans: C

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Chest Trauma

Pages: 1793–1794

Feedback: Emergency Medical Care, pages 1793–1794

28. Which of the following interventions would MOST likely convert a simple pneumothorax to a tension pneumothorax?

A) A semi-sitting position

B) A 500-mL fluid bolus

C) Needle thoracentesis

D) Positive-pressure ventilation

Ans: D

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Chest Trauma

Page: 1794

Feedback: Emergency Medical Care, page 1794

29. You would NOT expect a patient with a flail chest to present with:

A) cyanosis.

B) hyperpnea.

C) shallow breathing.

D) decreased breath sounds.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Chest Wall Injuries

Subject: Chest Trauma

Pages: 1795–1796

Feedback: Pathophysiology, Assessment, and Management of Chest Wall Injuries, pages 1795–1796

30. Any normotensive patient with a sternal fracture should receive:

A) ECG monitoring.

B) IV fluid boluses.

C) ventilation assistance.

D) antiarrhythmic drugs.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Chest Wall Injuries

Subject: Chest Trauma

Page: 1797

Feedback: Pathophysiology, Assessment, and Management of Chest Wall Injuries, page 1797

31. A patient with a small simple pneumothorax would MOST likely present with diminished breath sounds:

A) in the apices of the affected lung if he or she is sitting upright.

B) after more than 50% of the affected lung has been collapsed.

C) in the posterior bases of the affected lung if he or she is sitting.

D) on the contralateral side as the mediastinum begins to shift.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1798

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1798

32. Immediate treatment for an open pneumothorax involves:

A) assisting ventilations with a bag-mask device.

B) covering the open wound with a porous dressing.

C) converting the pneumothorax to a closed injury.

D) administering oxygen via nonrebreathing mask.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1799

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1799

33. Jugular venous distention during a tension pneumothorax:

A) indicates a significant increase in atrial preload.

B) is caused by blood accumulation in the vena cava.

C) occurs before a unilateral absence of breath sounds.

D) manifests early as air accumulates in the pleural space.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1801

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1801

34. A blood pressure of 100/70 mm Hg in the presence of clinical signs of a tension pneumothorax:

A) should be treated with crystalloid fluid boluses to prevent hypotension.

B) indicates that prehospital needle decompression likely will not be required.

C) is likely the result of systemic vasodilation in an attempt to reduce preload.

D) suggests adequate cardiac compensation for the diminished venous return.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1801

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1801

35. Which of the following clinical signs may not be present in a patient with a tension pneumothorax and associated internal bleeding?

A) Tachycardia

B) Jugular vein distention

C) Mediastinal shift

D) Contralateral tracheal deviation

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1802

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1802

36. Which of the following is an appropriate site for performing a needle thoracentesis?

A) Superior to the third rib into the intercostal space at the midclavicular line

B) Just below the second rib into the intercostal space at the midaxillary line

C) Just above the sixth rib into the intercostal space at the midaxillary line

D) Inferior to the third rib into the intercostal space at the midclavicular line

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1802

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1802

37. When performing a needle decompression of the chest, you should insert the needle:

A) at a 90-degree angle and listen for the release of air.

B) on the side of the chest that has audible breath sounds.

C) at a 45-degree angle until you hear a sudden release of air.

D) on the inferior rib border to avoid vasculature and nerves.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1803

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1803

38. Unlike a tension pneumothorax, a massive hemothorax would MOST likely present with:

A) signs of shock.

B) tracheal deviation.

C) collapsed jugular veins.

D) severe respiratory distress.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1805

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1805

39. Due to intrapulmonary hemorrhage, patients with a pulmonary contusion may present with:

A) hypocarbia.

B) hemoptysis.

C) hematemesis.

D) hematochezia.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1806

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1806

40. You should be MOST suspicious that your patient has a pericardial tamponade if he or she presents with hypotension, jugular vein distention, and:

A) loud heart tones.

B) respiratory distress.

C) a bounding pulse.

D) normal lung sounds.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Myocardial Injuries

Subject: Chest Trauma

Page: 1807

Feedback: Pathophysiology, Assessment, and Management of Myocardial Injuries, page 1807

41. Crackles or rales in the lungs following a myocardial contusion would MOST likely result from:

A) intrapulmonary hemorrhage.

B) left ventricular dysfunction.

C) decreased right atrial preload.

D) pulmonary vein disruption.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Myocardial Injuries

Subject: Chest Trauma

Page: 1808

Feedback: Pathophysiology, Assessment, and Management of Myocardial Injuries, page 1808

42. Most patients with an aortic injury will complain of pain:

A) while taking a shallow breath.

B) behind the sternum or in the scapula.

C) in the region of the posterior pharynx.

D) that radiates from the chest to the flank.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Vascular Injuries

Subject: Chest Trauma

Page: 1809

Feedback: Pathophysiology, Assessment, and Management of Vascular Injuries, page 1809

43. Management of a diaphragmatic injury focuses on:

A) maintaining adequate oxygenation and ventilation and rapid transport.

B) inserting a nasogastric tube to decompress the gastrointestinal organs.

C) positioning the patient supine in order to shift the diaphragm inferiorly.

D) intubation and hyperventilation with 100% supplemental oxygen.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Other Thoracic Injuries

Subject: Chest Trauma

Page: 1811

Feedback: Pathophysiology, Assessment, and Management of Other Thoracic Injuries, page 1811

44. A 16-year-old boy collapsed after being struck in the center of the chest by a line drive during a high school baseball game. Your assessment reveals that he is pulseless and apneic. As your partner initiates one-rescuer CPR, your MOST important action should be to:

A) perform intubation to secure the patient's airway.

B) rapidly assess the chest for signs of a sternal fracture.

C) start an IV line and administer an antiarrhythmic drug.

D) attach the ECG leads and be prepared to defibrillate.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Myocardial Injuries

Subject: Chest Trauma

Page: 1809

Feedback: Pathophysiology, Assessment, and Management of Myocardial Injuries, page 1809

45. You are assessing a 39-year-old woman who experienced blunt chest trauma. She is semiconscious and has poor respiratory effort with stridor. You should:

A) perform laryngoscopy to visualize her airway for an obstruction.

B) administer oxygen via nonrebreathing mask and assess circulation.

C) insert a nasal airway and assist ventilations with a bag-mask device.

D) suction her airway and prepare for immediate orotracheal intubation.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Chest Trauma

Pages: 1790–1792

Feedback: Patient Assessment, pages 1790–1792

46. A 50-year-old man was working on his car when the jacks collapsed and the car landed on his chest. Your assessment reveals profound cyanosis and swelling to his chest and face, agonal respirations, and a weak carotid pulse. This patient will benefit MOST from:

A) bilateral needle thoracenteses and 100% oxygen.

B) rapid IV fluid boluses en route to a trauma center.

C) aggressive airway management and rapid transport.

D) prompt endotracheal intubation and hyperventilation.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Other Thoracic Injuries

Subject: Chest Trauma

Pages: 1812–1813

Feedback: Pathophysiology, Assessment, and Management of Other Thoracic Injuries, pages 1812–1813

47. A 26-year-old unrestrained woman struck her chest on the steering wheel when her car collided with another vehicle. You assessment of her chest reveals a segment of obviously fractured ribs that bulges outward during exhalation. Her breathing is labored and shallow and her oxygen saturation is 80%. You should:

A) apply oxygen via nasal cannula at 6 L/min and transport.

B) assist her ventilations with a bag-mask device and 100% oxygen.

C) position her on her injured side and monitor her breathing.

D) apply pressure to the segment of ribs as the patient inhales.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Chest Wall Injuries

Subject: Chest Trauma

Pages: 1795–1796

Feedback: Pathophysiology, Assessment, and Management of Chest Wall Injuries, pages 1795–1796

48. A 30-year-old man felt a snap in his chest when he abruptly twisted his torso. He is conscious and alert, and complains of severe pain during inhalation. Your assessment reveals palpable tenderness over the fifth and sixth ribs on the left side. His vital signs are stable and he denies other injuries. In addition to administering supplemental oxygen, the MOST appropriate treatment for this patient involves:

A) instructing the patient to hold a pillow against his chest, considering IV analgesics, and transporting to the hospital.

B) stabilizing the injured area by circumferentially wrapping the chest with 3-inch tape and transporting him to a local hospital.

C) encouraging the patient to take deeper breaths to maintain adequate minute volume and transporting him to the hospital.

D) sedating the patient with midazolam or diazepam, assisting ventilations with a bag-mask device, and transporting at once.

Ans: A

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Chest Wall Injuries

Subject: Chest Trauma

Page: 1796

Feedback: Pathophysiology, Assessment, and Management of Chest Wall Injuries, page 1796

49. You are transporting a conscious and alert woman who experienced an isolated blunt injury to the right anterolateral chest. Her vital signs are stable, but she is dyspneic and her breath sounds are diminished over the apex of her right lung. In addition to administering high-flow oxygen, the MOST critical intervention for this patient involves:

A) frequently reassessing her for signs of clinical deterioration.

B) performing a needle thoracentesis to release intrapleural tension.

C) positioning her on her right side to facilitate effective breathing.

D) administering a 500-mL normal saline bolus to maintain perfusion.

Ans: A

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1798

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1798

50. A convenience store clerk was stabbed during a robbery attempt. He is semiconscious with shallow breathing and weak radial pulses. During the rapid assessment, you find a single stab wound to his left anterior chest. His jugular veins are distended and his breath sounds are bilaterally diminished but equal. The MOST appropriate treatment for this patient involves:

A) performing bilateral needle thoracenteses, intubating the patient and ventilating at 10 to 12 breaths/min, and transporting him to a trauma center.

B) administering oxygen via nonrebreathing mask, transporting at once, and placing an occlusive dressing over the stab wound if his oxygen saturation is low.

C) assisting his ventilations, initiating transport, starting a large-bore IV line en route, and administering fluids to maintain a systolic blood pressure of 100 mm Hg.

D) covering the stab wound with an occlusive dressing, assisting ventilations, transporting at once, and establishing large-bore IV lines en route.

Ans: D

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Myocardial Injuries

Subject: Chest Trauma

Page: 1807

Feedback: Pathophysiology, Assessment, and Management of Myocardial Injuries, page 1807

51. You are dispatched to a residence for an injured person. The scene has been secured by law enforcement. The patient, a young female, tells you that her boyfriend kicked her in the chest yesterday during an argument. Your assessment reveals that the patient is in significant pain, is dyspneic, has a strong pulse rate of 98 beats/min, and has an area of ecchymosis over her left lower rib cage. Auscultation to the left side of her chest reveals coarse crackles. Which of the following treatment interventions is likely NOT indicated for this patient?

A) Cardiac monitoring

B) Titrated IV analgesics

C) IV fluid boluses

D) End-tidal CO2 monitoring

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1806

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1806

52. A 40-year-old man was shot once in the left anterior chest. He has obvious signs of shock, is in significant respiratory distress, and is coughing up blood. Further assessment reveals collapsed jugular veins and absent breath sounds over the left hemithorax. After covering the gunshot wound with the appropriate dressing, you should:

A) perform a needle thoracentesis to the left side of the chest, initiate rapid transport, and administer 20-mL/kg fluid boluses en route.

B) administer 100% oxygen, administer 1 to 2 L of normal saline, and transport to a trauma center for an emergency pericardiocentesis.

C) provide oxygenation and ventilation support, transport at once, and maintain adequate perfusion with IV fluids while en route to a trauma center.

D) ventilate the patient with a demand valve, transport to a trauma center, and run two large-bore IV lines wide open while en route to the hospital.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Page: 1805

Feedback: Pathophysiology, Assessment, and Management of Lung Injuries, page 1805

53. Following blunt trauma to the anterior chest, a 44-year-old woman presents with restlessness, respiratory distress, perioral cyanosis, and tachycardia. Further assessment reveals a midline trachea, engorged jugular veins, and absent breath sounds on the right side of her chest. You should:

A) ventilate the patient with a bag-mask device and transport immediately.

B) perform an immediate needle thoracentesis to the right side of the chest.

C) give 100% oxygen and start a large-bore IV line en route to the hospital.

D) transport at once and decompress the chest if tracheal deviation is observed.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Lung Injuries

Subject: Chest Trauma

Pages: 1800–1801

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54. Which of the following is observed when the right ventricle is functionally being compressed, and a pronounced drop in blood pressure occurs with negative intrathoracic pressure?

A) Pulsus paradoxus

B) Tracheal deviation

C) Jugular vein distention

D) Orthostatic hypotension

Ans: A

Complexity: Moderate

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55. Which of the following clinical findings would MOST likely differentiate a massive hemothorax from a tension pneumothorax?

A) Dyspnea

B) Hemoptysis

C) Tachypnea

D) Unequal breath sounds

Ans: B

Complexity: Moderate

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