Import Settings:

Base Settings: Brownstone Default

Information Field: Complexity

Information Field: Ahead

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Abdominal and Genitourinary Trauma - Abdominal and Genitourinary Trauma - TBNK**

**Multiple Choice**

1. Anatomically, the abdominal cavity extends from the:

A) fifth rib to the pelvis.

B) umbilicus to the pelvis.

C) diaphragm to the pelvis.

D) nipple line to the diaphragm.

Ans: C

Complexity: Easy

Ahead: Introduction

Subject: Abdominal and Genitourinary Trauma

Page: 1820

Feedback: Introduction, page 1820

2. Which of the following factors can decrease the potential damage caused by trauma to the abdomen?

A) A seat belt that is worn above the iliac crests

B) Toned abdominal muscles and an empty bladder

C) Abdominal muscle tensing at the time of impact

D) Air bags and being younger than 44 years old

Ans: B

Complexity: Moderate

Ahead: Introduction

Subject: Abdominal and Genitourinary Trauma

Page: 1820

Feedback: Introduction, page 1820

3. EMS providers can have the MOST positive impact on mortality and morbidity from abdominal trauma by:

A) recognizing the need for rapid transport.

B) initiating fluid resuscitation in the field.

C) contacting medical control immediately.

D) performing a careful abdominal assessment.

Ans: A

Complexity: Easy

Ahead: Introduction

Subject: Abdominal and Genitourinary Trauma

Page: 1821

Feedback: Introduction, page 1821

4. The abdomen extends superiorly to the level of the:

A) xiphoid process.

B) second intercostal space.

C) fourth intercostal space.

D) two pairs of floating ribs.

Ans: C

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Genitourinary Trauma

Pages: 1821–1824

Feedback: Anatomy and Physiology Review, pages 1821–1824

5. The periumbilical area refers to the:

A) space behind the navel.

B) external umbilical orifice.

C) area lateral to the umbilicus.

D) area around the umbilicus.

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Genitourinary Trauma

Page: 1821

Feedback: Anatomy and Physiology Review, page 1821

6. What membranous tissue functions as the point of attachment for the various abdominal organs?

A) Pleura

B) Mesentery

C) Peritoneum

D) Ligamentum arteriosum

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Abdominal and Genitourinary Trauma

Page: 1830

Feedback: Patient Assessment, page 1830

7. The upper peritoneal cavity includes all of the following organs, EXCEPT the:

A) pancreas.

B) stomach.

C) spleen.

D) gallbladder.

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Genitourinary Trauma

Page: 1821

Feedback: Anatomy and Physiology Review, page 1821

8. What organs are the primary sources of exsanguination during abdominal trauma?

A) Stomach and liver

B) Liver and spleen

C) Spleen and kidneys

D) Kidneys and liver

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Genitourinary Trauma

Page: 1822

Feedback: Anatomy and Physiology Review, page 1822

9. Which of the following organs or structures lies in the retroperitoneal space?

A) Spleen

B) Pancreas

C) Ascending colon

D) Transverse colon

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Genitourinary Trauma

Page: 1822

Feedback: Anatomy and Physiology Review, page 1822

10. Which of the following is NOT a function of the pancreas?

A) Enzyme secretion

B) Secretion of insulin

C) Glucagon secretion

D) Reservoir for bile

Ans: D

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Genitourinary Trauma

Page: 1822

Feedback: Anatomy and Physiology Review, page 1822

11. The diaphragm curves from its point of attachment at the \_\_\_\_\_\_\_ rib and peaks in the center at the \_\_\_\_\_\_\_ intercostal space.

A) ninth, third

B) tenth, seventh

C) twelfth, fourth

D) eighth, seventh

Ans: C

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Genitourinary Trauma

Page: 1824

Feedback: Anatomy and Physiology Review, page 1824

12. Intraabdominal bleeding may produce few signs and symptoms of trauma because:

A) the intraabdominal cavity can accommodate large amounts of blood.

B) blood in the peritoneum can compress the aorta and maintain perfusion.

C) it takes approximately 4 L of blood loss before signs of shock manifest.

D) the abdominal musculature can sustain massive blunt force without bruising.

Ans: A

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Genitourinary Trauma

Page: 1824

Feedback: Anatomy and Physiology Review, page 1824

13. What do the spleen and liver have in common?

A) They are both highly vascular and bleed profusely when injured.

B) The liver and spleen are well protected by the abdominal muscles.

C) They are less likely to be crushed by blunt trauma than other organs.

D) The liver and spleen are the only solid organs in the abdominal cavity.

Ans: A

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Genitourinary Trauma

Page: 1824

Feedback: Anatomy and Physiology Review, page 1824

14. The major complication associated with hollow organ injury is:

A) massive internal hemorrhage and profound shock.

B) peritonitis caused by rupture and spillage of toxins.

C) immediate death secondary to a massive infection.

D) delayed treatment due to the absence of external signs.

Ans: B

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Abdominal and Genitourinary Trauma

Page: 1824

Feedback: Anatomy and Physiology Review, page 1824

15. Most abdominal injuries:

A) result in death.

B) are caused by falls.

C) involve blunt trauma

D) involve penetrating trauma.

Ans: C

Complexity: Moderate

Ahead: Mechanism of Injury

Subject: Abdominal and Genitourinary Trauma

Page: 1824

Feedback: Mechanism of Injury, page 1824

16. During the third collision in a motor vehicle crash:

A) hollow abdominal organs rupture upon impact.

B) the person's abdomen collides with the steering wheel.

C) rapid deceleration propels an unrestrained person forward.

D) abdominal organs shear from their points of attachment.

Ans: D

Complexity: Moderate

Ahead: Mechanism of Injury

Subject: Abdominal and Genitourinary Trauma

Page: 1825

Feedback: Mechanism of Injury, page 1825

17. Penetrating abdominal trauma MOST commonly results from:

A) flying debris following an explosion.

B) high-powered rifles or military weapons.

C) low-velocity gunshot or stab wounds.

D) crush forces that separate the abdominal wall.

Ans: C

Complexity: Moderate

Ahead: Mechanism of Injury

Subject: Abdominal and Genitourinary Trauma

Page: 1826

Feedback: Mechanism of Injury, page 1826

18. Which of the following factors does NOT contribute to the extent of injury from a gunshot wound to the abdomen?

A) Size of the patient

B) Profile of the bullet

C) Trajectory of the bullet

D) Distance the bullet traveled

Ans: A

Complexity: Easy

Ahead: Mechanism of Injury

Subject: Abdominal and Genitourinary Trauma

Page: 1826

Feedback: Mechanism of Injury, page 1826

19. What type of motor vehicle crash poses the LEAST threat for abdominal trauma if the patient is properly restrained?

A) Frontal crash

B) Rear-end crash

C) Lateral crash

D) Rollover crash

Ans: B

Complexity: Moderate

Ahead: Mechanism of Injury

Subject: Abdominal and Genitourinary Trauma

Page: 1826

Feedback: Mechanism of Injury, page 1826

20. Fractures of the lower rib cage should make you MOST suspicious for injuries to the:

A) liver or spleen.

B) urinary bladder.

C) ascending aorta.

D) kidneys or pancreas.

Ans: A

Complexity: Easy

Ahead: Mechanism of Injury

Subject: Abdominal and Genitourinary Trauma

Page: 1826

Feedback: Mechanism of Injury, page 1826

21. Generalized abdominal pain following rupture of a hollow organ is MOST suggestive of:

A) severe intraabdominal bleeding.

B) gas accumulation in the peritoneum.

C) diffuse peritoneal contamination.

D) inflammation of deep nerve endings.

Ans: C

Complexity: Moderate

Ahead: General Pathophysiology

Subject: Abdominal and Genitourinary Trauma

Page: 1828

Feedback: General Pathophysiology, page 1828

22. When blood is released into the peritoneal cavity:

A) the abdomen almost immediately becomes grossly distended.

B) it is most often the result of blunt force trauma to the pancreas.

C) blood pressure falls with as little as 500 mL of internal blood loss.

D) nonspecific signs such as tachycardia and hypotension may occur.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

Page: 1833

Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, page 1833

23. Referred pain to the left shoulder following blunt abdominal trauma should lead you to suspect injury to the:

A) spleen.

B) stomach.

C) intestines.

D) diaphragm.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

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Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, page 1833

24. Because of its anatomic position in the retroperitoneum, it typically takes high-energy force to damage the:

A) liver.

B) spleen.

C) stomach.

D) pancreas.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

Page: 1834

Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, page 1834

25. Which of the following statements regarding stomach injuries is correct?

A) Rupture of the stomach following blunt trauma is usually associated with a recent meal or inappropriate seat belt use.

B) The vast majority of injuries to the stomach are caused by blunt force trauma and result in severe peritoneal hemorrhage.

C) Patients taking antacid medications usually experience immediate signs of peritoneal irritation following an injury to the stomach.

D) Penetrating mechanisms are a rare cause of in jury to the stomach because the stomach is well protected by the abdominal musculature.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

Page: 1834

Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, page 1834

26. Gross hematuria and suprapubic pain following a pelvic injury is MOST indicative of injury to the:

A) ureters.

B) urethra.

C) bladder.

D) kidney.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

Pages: 1836

Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, pages 1836

27. Grey Turner sign is defined as ecchymosis to the \_\_\_\_\_\_\_\_\_ and is indicative of \_\_\_\_\_\_\_\_\_.

A) umbilicus, peritoneal bleeding

B) epigastrium, stomach rupture

C) flank, retroperitoneal bleeding

D) back, traumatic aortic dissection

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

Page: 1834

Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, page 1834

28. Periumbilical ecchymosis is:

A) commonly observed in the prehospital setting following blunt force trauma to the abdomen.

B) referred to as Cullen sign and may take several hours to develop following abdominal trauma.

C) usually seen in conjunction with flank bruising and is highly suggestive of injury to the liver or spleen.

D) also called Grey Turner sign and manifests almost immediately following blunt abdominal trauma.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Abdominal and Genitourinary Trauma

Page: 1830

Feedback: Patient Assessment, page 1830

29. Injuries to the vascular structures in the intraperitoneal space:

A) commonly involve the inferior vena cava and phrenic artery.

B) are most often associated with penetrating injury mechanisms.

C) are generally associated with flank or periumbilical bruising.

D) are often caused by shearing forces secondary to blunt trauma.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

Pages: 1834–1835

Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, pages 1834–1835

30. Which of the following assessment findings is MOST suggestive of intra-abdominal hemorrhage?

A) Signs of shock

B) Palpable pain

C) Diffuse tenderness

D) Nausea and vomiting

Ans: A

Complexity: Easy

Ahead: General Pathophysiology

Subject: Abdominal and Genitourinary Trauma

Pages: 1827–1828

Feedback: General Pathophysiology, pages 1827–1828

31. The LEAST practical technique when assessing the patient with abdominal trauma in the field is:

A) palpation.

B) percussion.

C) inspection.

D) auscultation.

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Abdominal and Genitourinary Trauma

Page: 1830

Feedback: Patient Assessment, page 1830

32. When assessing a patient with abdominal trauma for distention, you should recall that:

A) a distended abdomen is one of the earliest clinical findings in patients with abdominal trauma.

B) abdominal distention is usually caused by muscle tensing rather than intraabdominal bleeding.

C) a significant amount of blood volume in the abdominal cavity is required to produce distention.

D) because distention is a late sign of intraabdominal bleeding, it should not be assessed for in the field.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

Page: 1836

Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, page 1836

33. Following blunt force trauma to the lower right rib cage, a 40-year-old woman presents with restlessness, tachycardia, and unlabored tachypnea. You should be MOST concerned that she has a:

A) pyloric injury.

B) liver injury.

C) splenic rupture.

D) pneumothorax.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

Page: 1833

Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, page 1833

34. A 17-year-old high school football player was struck in the abdomen by another player during a tackle. Your assessment reveals signs of shock and pain to the patient's left shoulder, which is unremarkable for trauma. Examination of the patient's abdomen is also unremarkable for obvious injury. Based on your assessment findings and the patient's clinical presentation, you should suspect:

A) a lacerated liver.

B) acute peritonitis.

C) an injury to the spleen.

D) retroperitoneal bleeding.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

Page: 1833

Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, page 1833

35. You are dispatched to the parking lot of a shopping mall for a person who was kicked in the abdomen numerous times. While en route to the scene, it is MOST important for you to:

A) request law enforcement assistance.

B) alert the trauma center of the situation.

C) take appropriate standard precautions.

D) place air medical transport on standby.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Abdominal and Genitourinary Trauma

Page: 1828

Feedback: Patient Assessment, page 1828

36. A 59-year-old construction worker collapsed on the job and fell into a pile of steel rods. Your assessment reveals that he is pulseless and apneic, and has a 12-inch steel rod impaled in his epigastrium. As your partner and an emergency medical responder begin CPR, you should:

A) trim the steel rod to 6 inches, stabilize it in place with bulky dressing, apply firm direct pressure around the rod, and initiate IV therapy en route to a trauma center.

B) carefully remove the steel rod, apply direct pressure to the wound, assess his cardiac rhythm, start a large-bore IV line and give 2 L of normal saline, and transport.

C) remove the rod so you can perform effective CPR, control any external bleeding, start two large-bore IV lines, and assess his cardiac rhythm en route to the hospital.

D) control any external bleeding, stabilize the rod in place with bulky dressings, apply the cardiac monitor, and start at least one large-bore IV line en route to the hospital.

Ans: D

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Abdominal and Genitourinary Trauma

Pages: 1831–1832

Feedback: Emergency Medical Care, pages 1831–1832

37. You are caring for a patient who experienced blunt abdominal trauma. The patient is conscious, but restless. Her respirations are rapid and shallow and her pulse is rapid and weak. What will maximize this patient's chances of survival?

A) Basic airway and circulation support at the scene, prompt transport to a trauma center, and IV fluid boluses as needed en route

B) Administering supplemental oxygen, administering crystalloid IV fluids at the scene, and rapidly transporting to a trauma center

C) Orotracheal intubation, ventilation assistance, 2 to 3 L of IV fluid at the scene, and rapid transport to a trauma center

D) Aggressive airway support, a detailed physical exam at the scene, transport to the closest hospital, and IV therapy performed en route

Ans: A

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Abdominal and Genitourinary Trauma

Pages: 1831–1832

Feedback: Emergency Medical Care, pages 1831–1832

38. A 39-year-old woman sustained an abdominal evisceration after she was cut in the abdomen with a machete. The patient is semiconscious and is breathing shallowly. You should:

A) administer oxygen via nonrebreathing mask; cover the exposed bowel with dry, sterile dressings; start an IV and give a 500-mL fluid bolus; and transport to a trauma center.

B) assist ventilations with a bag-mask device; cover the exposed bowel with moist, sterile dressings and protect them from injury; transport at once; and initiate IV therapy en route.

C) insert an oral airway, provide ventilatory assistance, cover the exposed bowel with aluminum foil, begin transport, and start two large-bore IV lines with normal saline en route.

D) perform intubation to protect her airway; cover the exposed bowel with moist, sterile dressings; start an IV and give analgesia; and transport to a trauma center with fluid boluses en route.

Ans: B

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Abdominal and Genitourinary Trauma

Pages: 1831–1832

Feedback: Emergency Medical Care, pages 1831–1832

39. You should suspect a ruptured kidney if a patient presents with flank pain, gross hematuria, and:

A) left shoulder pain.

B) pain with inhalation.

C) right shoulder pain.

D) pain with exhalation.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

Page: 1835

Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, page 1835

40. The MOST frequent presentation of blunt renal trauma is:

A) low back pain and anuria.

B) pelvic pain and tachycardia.

C) pelvic pain and oliguria.

D) flank pain and hematuria.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

Page: 1836

Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, page 1836

41. Fournier gangrene is a potential complication associated with:

A) scrotal lacerations.

B) ovarian rupture.

C) urethral injuries.

D) urinary bladder rupture.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Injuries to the Male Genitalia

Subject: Abdominal and Genitourinary Trauma

Page: 1837

Feedback: Pathophysiology, Assessment, and Management of Injuries to the Male Genitalia, page 1837

42. A 24-year-old male intentionally placed a commercially manufactured constricting object around the base of his penis. He complains of moderate pain, and assessment of his penis reveals that it is cyanotic. You should:

A) make one attempt to cut the constricting object away from his penis.

B) transport him to the hospital and provide emotional support en route.

C) apply ice to the area to reduce any swelling and then remove the object.

D) administer a narcotic analgesic prior to removing the constricting object.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Injuries to the Male Genitalia

Subject: Abdominal and Genitourinary Trauma

Page: 1837

Feedback: Pathophysiology, Assessment, and Management of Injuries to the Male Genitalia, page 1837

43. A 36-year-old female was sexually assaulted and is experiencing intense pain. Your assessment reveals several open lacerations to her vaginal area and a painful distended abdomen. Her blood pressure is 86/50 mm Hg and her heart rate is 120 beats/min and weak. In addition to administering supplemental oxygen, you should:

A) control any bleeding from her open wounds, establish two large-bore IV lines, and give 1 µg/kg of fentanyl.

B) apply pressure dressings to her open injuries, cover the dressings with an ice pack, and transport rapidly.

C) cover her open wounds with sterile dressings, establish at least one large-bore IV, and administer IV fluid.

D) insert a sterile dressing into her vagina to control any internal bleeding, establish a large-bore IV, and set it at a KVO rate.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Injuries to the Female Genitalia

Subject: Abdominal and Genitourinary Trauma

Pages: 1837–1838

Feedback: Pathophysiology, Assessment, and Management of Injuries to the Female Genitalia, pages 1837–1838

44. Which of the following injuries is the patient with mononucleosis prone to following relatively minor blunt abdominal trauma?

A) Ruptured spleen

B) Lacerated liver

C) Aortic dissection

D) Ruptured urinary bladder

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Injuries

Subject: Abdominal and Genitourinary Trauma

Page: 1833

Feedback: Pathophysiology, Assessment, and Management of Specific Injuries, page 1833

45. In the absence of a traumatic brain injury, the goal of fluid replacement in a patient with abdominal trauma is to maintain a systolic BP of:

A) 70 to 80 mm Hg

B) 80 to 90 mm Hg

C) 90 to 100 mm Hg

D) 100 to 110 mm Hg

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Abdominal and Genitourinary Trauma

Page: 1832

Feedback: Emergency Medical Care, page 1832