Import Settings:

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Information Field: Complexity

Information Field: Ahead

Information Field: Subject

Information Field: Feedback

Information Field: Taxonomy

Information Field: Objective

Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Management and Resuscitation of the Critical Patient - Management and Resuscitation of the Critical Patient - TBNK**

**Multiple Choice**

1. Which of the following would MOST likely allow you to reach the status of entry-level competence?

A) Functioning for at least 2 years in the field

B) Passing the state or national paramedic exam

C) Interning with an experienced preceptor

D) Studying didactic material at least 2 hours per week

Ans: C

Complexity: Moderate

Ahead: Developing Critical Thinking and Decision-Making Abilities

Subject: Management and Resuscitation of the Critical Patient

Page: 1982

Feedback: Developing Critical Thinking and Decision-Making Abilities, page 1982

2. Which of the following is an example of a peri-arrest condition?

A) Ventricular tachycardia and a systolic blood pressure of 60 mm Hg

B) Sinus tachycardia secondary to fever and a mild infection

C) Ventricular fibrillation that has persisted for 6 minutes

D) Bradycardia in the absence of chest pain or other symptoms

Ans: A

Complexity: Moderate

Ahead: Developing Critical Thinking and Decision-Making Abilities

Subject: Management and Resuscitation of the Critical Patient

Page: 1983

Feedback: Developing Critical Thinking and Decision-Making Abilities, page 1983

3. Premorbid conditions are those that:

A) are a direct cause of death.

B) precede the onset of a disease.

C) are caused by an acute illness.

D) have no effect on patient outcome.

Ans: B

Complexity: Easy

Ahead: Developing Critical Thinking and Decision-Making Abilities

Subject: Management and Resuscitation of the Critical Patient

Page: 1983

Feedback: Developing Critical Thinking and Decision-Making Abilities, page 1983

4. Which of the following premorbid conditions would MOST likely occur in an otherwise healthy adult?

A) Renal failure

B) Congestive heart failure

C) Coronary artery disease

D) Drug toxicity

Ans: D

Complexity: Easy

Ahead: Developing Critical Thinking and Decision-Making Abilities

Subject: Management and Resuscitation of the Critical Patient

Page: 1983

Feedback: Developing Critical Thinking and Decision-Making Abilities, page 1983

5. Which of the following will be of MOST help to the paramedic when formulating a field diagnosis?

A) Receiving input from family members

B) Considering or ruling out various conditions

C) Identifying and treating immediate life threats

D) Trending the vital signs over a period of time

Ans: B

Complexity: Moderate

Ahead: Developing Critical Thinking and Decision-Making Abilities

Subject: Management and Resuscitation of the Critical Patient

Pages: 1983–1984

Feedback: Developing Critical Thinking and Decision-Making Abilities, pages 1983–1984

6. Infection, hypertensive crisis, and medication noncompliance are differential diagnoses that should be considered when treating a patient who presents with:

A) acute chest pain.

B) unilateral weakness.

C) altered mental status.

D) vomiting and diarrhea.

Ans: C

Complexity: Moderate

Ahead: Developing Critical Thinking and Decision-Making Abilities

Subject: Management and Resuscitation of the Critical Patient

Page: 1984

Feedback: Developing Critical Thinking and Decision-Making Abilities, page 1984

7. Paramedic intuition is BEST described as:

A) pattern recognition and matching based on past experience.

B) the quick formulation of a field diagnosis based on assessment.

C) the field diagnosis arrived at based on the general impression.

D) instinct or a “gut feeling” based on past reading or studying.

Ans: A

Complexity: Moderate

Ahead: Developing Critical Thinking and Decision-Making Abilities

Subject: Management and Resuscitation of the Critical Patient

Page: 1985

Feedback: Developing Critical Thinking and Decision-Making Abilities, page 1985

8. In medicine, intuition would MOST likely be used to:

A) rule out a particular diagnosis.

B) justify not transporting a patient.

C) downgrade the transport status.

D) triage a patient to a higher category.

Ans: D

Complexity: Moderate

Ahead: Developing Critical Thinking and Decision-Making Abilities

Subject: Management and Resuscitation of the Critical Patient

Page: 1985

Feedback: Developing Critical Thinking and Decision-Making Abilities, page 1985

9. When communicating an intuitive decision and obtaining feedback to your team, you should FIRST advise your team:

A) of what you think should be done next.

B) of what you think the patient's problem is.

C) of what led you to a particular diagnosis.

D) to ask any questions or voice any concerns.

Ans: B

Complexity: Moderate

Ahead: Developing Critical Thinking and Decision-Making Abilities

Subject: Management and Resuscitation of the Critical Patient

Page: 1985

Feedback: Developing Critical Thinking and Decision-Making Abilities, page 1985

10. A tendency to gather and rely on information that confirms your existing views and avoids or downplays information that does not confirm your preexisting hypothesis or field differential is called a(n) \_\_\_\_\_\_\_\_\_\_\_ bias.

A) personal

B) anchoring

C) differential

D) confirmation

Ans: D

Complexity: Moderate

Ahead: Developing Critical Thinking and Decision-Making Abilities

Subject: Management and Resuscitation of the Critical Patient

Page: 1985

Feedback: Developing Critical Thinking and Decision-Making Abilities, page 1985

11. Which of the following scenarios would MOST likely cause a bias to decision making?

A) 72-year-old female with fever, chills, and severe flank pain

B) 19-year-old male with acute dyspnea and pleuritic chest pain

C) 23-year-old male with crushing substernal chest pain and nausea

D) 56-year-old female with acute onset confusion and slurred speech

Ans: C

Complexity: Moderate

Ahead: Developing Critical Thinking and Decision-Making Abilities

Subject: Management and Resuscitation of the Critical Patient

Page: 1985

Feedback: Developing Critical Thinking and Decision-Making Abilities, page 1985

12. When attempting to resuscitate a patient in cardiac arrest, which of the following questions would you pose if you suspect that the patient is hyperkalemic?

A) “Does this patient undergo dialysis?”

B) “Is this patient a known diabetic?”

C) “Does this patient take blood thinners?”

D) “Has this patient had vomiting or diarrhea?”

Ans: A

Complexity: Moderate

Ahead: A Snapshot of Critical Decision Making

Subject: Management and Resuscitation of the Critical Patient

Page: 1987

Feedback: A Snapshot of Critical Decision Making, page 1987

13. Tissue perfusion is primarily a function of the:

A) endocrine system.

B) cardiovascular system.

C) respiratory system.

D) peripheral nervous system.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology of Perfusion

Subject: Management and Resuscitation of the Critical Patient

Page: 1988

Feedback: Anatomy and Physiology of Perfusion, page 1988

14. Cardiac output is dependent upon:

A) stroke volume and heart rate.

B) blood pressure and heart rate.

C) afterload and peripheral resistance.

D) peripheral resistance and heart rate.

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology of Perfusion

Subject: Management and Resuscitation of the Critical Patient

Page: 1988

Feedback: Anatomy and Physiology of Perfusion, page 1988

15. The force or resistance against which the heart pumps is called:

A) preload.

B) blood pressure.

C) afterload.

D) systemic vascular resistance.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology of Perfusion

Subject: Management and Resuscitation of the Critical Patient

Page: 1988

Feedback: Anatomy and Physiology of Perfusion, page 1988

16. What is the mean arterial pressure of a person who has a blood pressure of 140/90 mm Hg?

A) 82 mm Hg

B) 97 mm Hg

C) 101 mm Hg

D) 107 mm Hg

Ans: D

Complexity: Difficult

Ahead: Anatomy and Physiology of Perfusion

Subject: Management and Resuscitation of the Critical Patient

Page: 1989

Feedback: Anatomy and Physiology of Perfusion, page 1989

17. The mean arterial pressure must be greater than or equal to \_\_\_\_ mm Hg to ensure that the brain, coronary arteries, and kidneys remained perfused.

A) 50

B) 60

C) 70

D) 80

Ans: B

Complexity: Moderate

Ahead: Anatomy and Physiology of Perfusion

Subject: Management and Resuscitation of the Critical Patient

Page: 1989

Feedback: Anatomy and Physiology of Perfusion, page 1989

18. Clinical indicators of sympathetic nervous system discharge include:

A) diffuse wheezing.

B) pupillary dilation.

C) hypoventilation.

D) increased salivation.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology of Perfusion

Subject: Management and Resuscitation of the Critical Patient

Page: 1990

Feedback: Anatomy and Physiology of Perfusion, page 1990

19. Parasympathetic nervous system stimulation results in:

A) a negative dromotropic effect.

B) increased myocardial contractility.

C) a decreased inotropic effect.

D) decreased gastrointestinal motility.

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology of Perfusion

Subject: Management and Resuscitation of the Critical Patient

Page: 1990

Feedback: Anatomy and Physiology of Perfusion, page 1990

20. Which of the following is an element of the Fick principle?

A) Adequate production of pyruvic acid

B) A relatively constant end-tidal CO2

C) An adequate number of red blood cells

D) Consistent white blood cell production

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology of Perfusion

Subject: Management and Resuscitation of the Critical Patient

Page: 1990

Feedback: Anatomy and Physiology of Perfusion, page 1990

21. Which of the following statements regarding gas exchange in the lungs is correct?

A) There are more carbon dioxide molecules in the blood than in inhaled air.

B) Oxygen molecules move from the alveoli into the blood by diffusion.

C) There are more oxygen molecules in the blood than in the alveoli.

D) Carbon dioxide molecules move from the alveoli into the blood by diffusion.

Ans: B

Complexity: Moderate

Ahead: Anatomy and Physiology of Perfusion

Subject: Management and Resuscitation of the Critical Patient

Page: 1991

Feedback: Anatomy and Physiology of Perfusion, page 1991

22. Carbonic acid is formed by the combination of:

A) water and bicarbonate.

B) water and hemoglobin.

C) lactate and pyruvic acid.

D) water and carbon dioxide.

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology of Perfusion

Subject: Management and Resuscitation of the Critical Patient

Page: 1991

Feedback: Anatomy and Physiology of Perfusion, page 1991

23. Which of the following lists, in the correct order, the smallest to largest units of life?

A) Tissues, organs, cells, organism, organ systems

B) Organs, organ systems, tissues, cells, organism

C) Cells, tissues, organs, organ systems, organism

D) Organism, organs, organ systems, tissues, cells

Ans: C

Complexity: Easy

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1992

Feedback: Pathophysiology of Shock, page 1992

24. Which of the following components represent the perfusion triangle?

A) Red blood cells and oxygen

B) Heart, blood, blood vessels

C) Oxygen, lungs, red blood cells

D) Organs, oxygen, carbon dioxide

Ans: B

Complexity: Easy

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1992

Feedback: Pathophysiology of Shock, page 1992

25. Which of the following substances or elements reinforces red blood cells, creating the final step in the formation of a blood clot?

A) Fibrin

B) Plasminogen

C) Fibrinogen

D) Platelets

Ans: C

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1991

Feedback: Pathophysiology of Shock, page 1991

26. Baroreceptors function by:

A) sensing decreased blood flow and activating the vasomotor center.

B) dilating the blood vessels when systemic vascular resistance is low.

C) measuring subtle shifts in arterial oxygen and carbon dioxide levels.

D) constricting the blood vessels when systemic vascular resistance is high.

Ans: A

Complexity: Easy

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1993

Feedback: Pathophysiology of Shock, page 1993

27. Which of the following is a normal response of the body to hypoperfusion?

A) Antidiuretic hormone is released by the pituitary gland.

B) Vasodilation causes increased blood flow to the kidneys.

C) Sodium and water are excreted to maintain the blood's pH.

D) Peripheral vasoconstriction preserves blood flow to the skin.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1993

Feedback: Pathophysiology of Shock, page 1993

28. Anaerobic metabolism is the process in which:

A) the cells produce carbon dioxide and water.

B) adequate amounts of oxygen reach the cell level.

C) the adrenal glands fail to release catecholamines.

D) inefficient cellular metabolism produces lactic acid.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1993

Feedback: Pathophysiology of Shock, page 1993

29. Systemic effects of epinephrine include:

A) bronchoconstriction.

B) decreased preload.

C) increased afterload.

D) diffuse vasodilation.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1993

Feedback: Pathophysiology of Shock, page 1993

30. Afterload is increased following alpha-1 stimulation because of:

A) decreased preload.

B) arteriolar constriction.

C) increased contractility.

D) widespread vasodilation.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1993

Feedback: Pathophysiology of Shock, page 1993

31. According to the Frank-Starling mechanism:

A) systemic venous pooling of blood results in a decrease in preload.

B) an increase in systolic blood pressure causes a reflex bradycardia.

C) coronary artery perfusion is directly proportional to cardiac output.

D) the length of myocardial fibers determines the force of cardiac contraction.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1994

Feedback: Pathophysiology of Shock, page 1994

32. During anaerobic metabolism, the precapillary sphincters \_\_\_\_\_\_\_\_\_\_ in response to \_\_\_\_\_\_\_\_\_\_.

A) relax, lactic acid buildup

B) constrict, capillary engorgement

C) relax, systemic vasoconstriction

D) constrict, decreased carbon dioxide

Ans: A

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1994

Feedback: Pathophysiology of Shock, page 1994

33. Incomplete glucose breakdown leads to an accumulation of:

A) lactic acid.

B) pyruvic acid.

C) bicarbonate.

D) carbonic acid.

Ans: B

Complexity: Easy

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1994

Feedback: Pathophysiology of Shock, page 1994

34. Accumulating acids and other waste products in the blood:

A) act as potent vasoconstrictors, which worsens ischemia.

B) cause a left shift in the oxyhemoglobin dissociation curve.

C) inhibit hemoglobin from binding with and carrying oxygen.

D) cause a marked increase in the production of red blood cells.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1994

Feedback: Pathophysiology of Shock, page 1994

35. The capillary “washout” phase occurs when:

A) anaerobic metabolism causes the postcapillary sphincters to remain constricted, causing capillary fluid engorgement.

B) postcapillary sphincters relax, releasing accumulated hydrogen, potassium, carbon dioxide, and thrombosed red blood cells.

C) cellular ischemia causes the postcapillary sphincters to remain constricted, causing the capillaries to become engorged with fluid.

D) precapillary sphincters constrict in response to the buildup of lactic acid, vasomotor failure, and increased carbon dioxide.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1996

Feedback: Pathophysiology of Shock, page 1996

36. Disseminated intravascular coagulation is defined as a(n):

A) decrease in white blood cell count, which results in decreased resistance to infection.

B) pathophysiologic reaction that occurs when cellular ischemia leads to anaerobic metabolism.

C) abnormal process in which disease or injury causes hemostasis due to platelet aggregation.

D) pathological condition in which the proteins that normally control blood clotting become inappropriately active.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1996

Feedback: Pathophysiology of Shock, page 1996

37. Which of the following is the MOST accurate definition of multiple-organ dysfunction syndrome?

A) Combined failure of two or more organs or organ systems that were initially unharmed by the acute disorder or injury that caused the patient's initial illness

B) Sequential failure of two or more organs or organ systems caused by an acute injury or illness affecting any part of the patient's central nervous system

C) Acute and predictable failure of the kidneys, liver, lungs, and heart that resulted from any disorder or injury that directly affected these organs

D) Progressive failure of two or more organs or organ systems that were directly affected by the acute disorder or injury that caused the patient's initial illness

Ans: A

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1996

Feedback: Pathophysiology of Shock, page 1996

38. During multiple-organ dysfunction syndrome, the release of \_\_\_\_\_\_\_\_\_\_, a potent vasodilator, leads to tissue hypoperfusion and may contribute to hypotension.

A) renin

B) epinephrine

C) bradykinin

D) angiotensin

Ans: C

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1997

Feedback: Pathophysiology of Shock, page 1997

39. Signs and symptoms of multiple-organ dysfunction syndrome may include:

A) severe polyuria.

B) marked hyperglycemia.

C) uncontrollable bleeding.

D) warm, flushed skin.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1997

Feedback: Pathophysiology of Shock, page 1997

40. Which of the following occurs during compensated shock?

A) Cerebral hypoperfusion causes pupillary constriction.

B) Increased rate of breathing causes respiratory alkalosis.

C) Urine output decreases to less than 20 mL/hour.

D) Vasomotor failure leads to a drop in systolic blood pressure.

Ans: B

Complexity: Moderate

Ahead: The Progression of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1999

Feedback: The Progression of Shock, page 1999

41. Which of the following is the BEST indicator of tissue perfusion during compensated shock?

A) Systolic blood pressure

B) Pulse rate and quality

C) Skin color and condition

D) Level of responsiveness

Ans: D

Complexity: Easy

Ahead: The Progression of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1999

Feedback: The Progression of Shock, page 1999

42. Which of the following depicts a positive orthostatic tilt test?

A) The patient becomes dizzy upon standing.

B) Systolic blood pressure drops 10 mm Hg upon standing.

C) Pulse increases from 80 to 90 upon standing.

D) The patient begins to vomit upon sitting up.

Ans: A

Complexity: Easy

Ahead: The Progression of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1999

Feedback: The Progression of Shock, page 1999

43. A patient with severe dehydration is found to be hypotensive during your assessment. The MOST important intervention in this case is:

A) applying blankets to keep the patient warm.

B) immediate fluid resuscitation at the scene.

C) transport with fluid resuscitation en route.

D) high-flow oxygen via nonrebreathing mask.

Ans: C

Complexity: Moderate

Ahead: The Progression of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1999

Feedback: The Progression of Shock, page 1999

44. The blood pressure of an infant or child can be maintained with blood loss of up to:

A) 35% to 40%.

B) 40% to 45%.

C) 45% to 50%.

D) 50% to 55%.

Ans: A

Complexity: Moderate

Ahead: The Progression of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1999

Feedback: The Progression of Shock, page 1999

45. When an adult patient with hemorrhagic shock loses more than 40% of his or her blood volume:

A) blood flow is diverted away from the skin to the liver, kidneys, and lungs.

B) cardiovascular deterioration cannot be reversed by compensatory mechanisms.

C) vital organ damage can be repaired if a blood transfusion is started promptly.

D) immediate IV fluid replacement can rapidly restore adequate tissue perfusion.

Ans: B

Complexity: Moderate

Ahead: The Progression of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 1999

Feedback: The Progression of Shock, page 1999

46. In addition to IV fluids, treatment for a patient in neurogenic shock may include:

A) atropine.

B) amiodarone.

C) epinephrine 1:1,000.

D) low-dose dopamine.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2002

Feedback: Patient Assessment of Shock, page 2002

47. An adult patient presents with a blood pressure of 78/60 mm Hg, a pulse rate of 120 beats/min and irregular, and labored breathing. Further assessment reveals pale, cool, moist skin and diffuse crackles in all lung fields. You should suspect:

A) septic shock.

B) neurogenic shock.

C) hypovolemic shock.

D) cardiogenic shock.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Pages: 2006–2008

Feedback: Pathophysiology, Assessment, and Management of Specific Types of Shock, pages 2006–2008

48. Which of the following hemodynamic parameters decreases, regardless of the etiology of the shock?

A) Pulse rate

B) Mean arterial pressure

C) Central venous pressure

D) Peripheral vascular resistance

Ans: B

Complexity: Easy

Ahead: Patient Assessment of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2002

Feedback: Patient Assessment of Shock, page 2002

49. A 6-year-old male was struck in the abdomen. He is restless; his skin is cool, pale, and clammy; and his blood pressure is 94/60 mm Hg. After applying high-flow oxygen and keeping him warm, you should:

A) defer vascular access unless his blood pressure begins to decrease.

B) establish vascular access at the scene and then transport.

C) position him on his side and transport without delay.

D) transport promptly and establish vascular access en route.

Ans: D

Complexity: Difficult

Ahead: Patient Assessment of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2003

Feedback: Patient Assessment of Shock, page 2003

50. When administering IV fluid boluses to an elderly patient in shock, it is especially important to monitor his or her:

A) lung sounds.

B) mental status.

C) pulse rate.

D) blood pressure.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2003

Feedback: Patient Assessment of Shock, page 2003

51. The recommended fluid resuscitation of a patient in shock and no evidence of traumatic brain injury is:

A) 20 mL/kg, repeat as needed; maintain a systolic BP of 100 mm Hg.

B) 500 mL, up to 4 times; maintain a systolic BP of 70 to 80 mm Hg.

C) 250 mL, up to 4 times; maintain a systolic BP of 80 to 90 mm Hg.

D) 1 liter, repeated 1 time; maintain a systolic BP of 100 mm Hg.

Ans: C

Complexity: Moderate

Ahead: Emergency Medical Care of a Patient With Suspected Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2004

Feedback: Emergency Medical Care of a Patient With Suspected Shock, page 2004

52. What effect would the restoration of normotension have on a patient with internal bleeding and a blood pressure of 70/54 mm Hg?

A) Increased hemostasis and improved cerebral perfusion

B) Acute pulmonary edema secondary to volume overload

C) Facilitation of the clotting mechanisms that stop bleeding

D) Formed clot dislodgement and worsened internal bleeding

Ans: D

Complexity: Moderate

Ahead: Emergency Medical Care of a Patient With Suspected Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2004

Feedback: Emergency Medical Care of a Patient With Suspected Shock, page 2004

53. A patient with suspected internal bleeding has a systolic BP of 104 mm Hg. What is the appropriate fluid management?

A) 250 mL, repeated twice

B) Fluid challenge is not necessary

C) 500 mL, repeated one time

D) 5 to 10 mL/kg, repeated one time

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care of a Patient With Suspected Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2004

Feedback: Emergency Medical Care of a Patient With Suspected Shock, page 2004

54. Which of the following solutions is preferred for fluid resuscitation of a patient in shock in the prehospital setting?

A) Fresh frozen plasma

B) Isotonic crystalloid

C) Hypertonic saline

D) Dextrose in water

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care of a Patient With Suspected Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2005

Feedback: Emergency Medical Care of a Patient With Suspected Shock, page 2005

55. The vasodilation that accompanies distributive shock creates:

A) increased afterload.

B) relative hypovolemia.

C) increased preload.

D) decreased cardiac contractility.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care of a Patient With Suspected Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2005

Feedback: Emergency Medical Care of a Patient With Suspected Shock, page 2005

56. You have given an 800-mL normal saline bolus to a patient in shock. How much of this fluid will remain in the intravascular space after 20 minutes?

A) 320 mL

B) 380 mL

C) 480 mL

D) 600 mL

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care of a Patient With Suspected Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2005

Feedback: Emergency Medical Care of a Patient With Suspected Shock, page 2005

57. Which of the following is a disadvantage of using a crystalloid solution when treating a patient with hemorrhagic shock?

A) They cause platelets to clump together.

B) They do not expand the circulating volume.

C) They do not have oxygen-carrying capacity.

D) They increase the viscosity of the blood.

Ans: C

Complexity: Moderate

Ahead: Emergency Medical Care of a Patient With Suspected Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2005

Feedback: Emergency Medical Care of a Patient With Suspected Shock, page 2005

58. Which of the following injuries or conditions would cause obstructive shock?

A) Severe burns

B) Massive sepsis

C) Pelvic fracture

D) Cardiac tamponade

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2006

Feedback: Pathophysiology, Assessment, and Management of Specific Types of Shock, page 2006

59. Which of the following vital signs values are MOST consistent with neurogenic shock?

A) Blood pressure, 120/70; pulse, 70; respirations, 14

B) Blood pressure, 160/100; pulse, 40; respirations, 8

C) Blood pressure, 80/60; pulse, 50; respirations, 24

D) Blood pressure, 70/40; pulse, 120; respirations, 26

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2007

Feedback: Pathophysiology, Assessment, and Management of Specific Types of Shock, page 2007

60. Which of the following assessment findings should increase your index of suspicion for obstructive shock?

A) Low blood pressure

B) Jugular venous distention

C) Increased lung compliance

D) Generalized edema

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2006

Feedback: Pathophysiology, Assessment, and Management of Specific Types of Shock, page 2006

61. The MOST common cause of cardiogenic shock is:

A) myocardial infarction.

B) ventricular aneurysm.

C) a sudden dysrhythmia.

D) papillary muscle rupture.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2008

Feedback: Pathophysiology, Assessment, and Management of Specific Types of Shock, page 2008

62. Intrinsic causes of cardiogenic shock include:

A) pleural effusion.

B) cardiomyopathy.

C) pulmonary embolus.

D) tension pneumothorax.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2008

Feedback: Pathophysiology, Assessment, and Management of Specific Types of Shock, page 2008

63. If the left ventricle fills with 85 mL of blood and ejects 60 mL during a contraction, the ejection fraction is approximately \_\_\_%.

A) 55

B) 60

C) 65

D) 70

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2008

Feedback: Pathophysiology, Assessment, and Management of Specific Types of Shock, page 2008

64. The MOST immediate treatment for the patient with a tension pneumothorax is to:

A) establish a large-bore IV line.

B) ventilate with a bag-mask device.

C) evacuate air from the pleural space.

D) apply high-flow supplemental oxygen.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2009

Feedback: Pathophysiology, Assessment, and Management of Specific Types of Shock, page 2009

65. Which of the following blood pressures is MOST consistent with a pericardial tamponade?

A) 80/50 mm Hg

B) 90/70 mm Hg

C) 100/60 mm Hg

D) 110/80 mm Hg

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

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66. Which of the following is the MOST accurate definition of distributive shock?

A) Widespread dilation of the resistance and capacitance vessels

B) Decreased perfusion due to sympathetic nervous system failure

C) Sustained constriction of the small venules and small arterioles

D) Shunting of blood from the periphery to the body's vital organs

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

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67. By which of the following mechanisms do patients with septic shock become hypovolemic?

A) Sustained systemic vascular dilation

B) Fluid leakage out of the vascular space

C) Spontaneous destruction of red blood cells

D) Frequent and severe vomiting and diarrhea

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

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Page: 2010

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68. Which of the following clinical signs would differentiate septic shock from hypovolemic shock?

A) Severe hypotension

B) Altered mental status

C) Weak, thready pulse

D) Warm or hot skin

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

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69. Relative bradycardia during neurogenic shock occurs because:

A) systemic venous pooling of the blood overstimulates the vagus nerve.

B) the parasympathetic nervous system does not release acetylcholine.

C) the sympathetic nervous system is not stimulated to release catecholamines.

D) the brainstem does not receive messages to increase the heart rate.

Ans: C

Complexity: Moderate

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Page: 2010

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70. A characteristic sign of neurogenic shock caused by a spinal injury is:

A) pink, warm, dry skin above the level of the injury.

B) an absence of sweating below the level of the injury.

C) a reflex tachycardia secondary to vascular dilation.

D) irregular breathing secondary to brainstem insult.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

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Pages: 2010

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71. The negative target-organ effects of anaphylactic shock are reversed with:

A) epinephrine.

B) methylprednisolone.

C) diphenhydramine.

D) low-dose dopamine.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2011

Feedback: Pathophysiology, Assessment, and Management of Specific Types of Shock, page 2011

72. Hypotension during anaphylactic shock is caused primarily by:

A) vascular damage.

B) relative hypovolemia.

C) cardiac muscle injury.

D) capillary leakage.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2011

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73. A young woman experiences a sudden nervous system reaction that produces temporary, generalized vasodilation and causes her to faint. This is MOST descriptive of \_\_\_\_\_\_\_\_\_\_\_\_\_ shock.

A) neurogenic

B) obstructive

C) psychogenic

D) hypovolemic

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Pages: 2011–2012

Feedback: Pathophysiology, Assessment, and Management of Specific Types of Shock, pages 2011–2012

74. A 40-year-old man had a syncopal episode after receiving news of the death of a loved one. He complains of a headache and is unable to walk without becoming dizzy. You should be the MOST suspicious for:

A) hypoglycemia.

B) a dysrhythmia.

C) hypovolemia.

D) a head injury.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2011–2012

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75. If you can feel a pulse over the femoral artery of an adult, but are unable to feel a pulse over the radial artery, his or her systolic blood pressure is likely between \_\_\_ and \_\_\_ mm Hg.

A) 60, 70

B) 70, 80

C) 80, 90

D) 90, 100

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2014

Feedback: Pathophysiology, Assessment, and Management of Specific Types of Shock, page 2014

76. What is formed when carbon monoxide binds to the hemoglobin molecule?

A) Myoglobin

B) Oxyhemoglobin

C) Methemoglobin

D) Carboxyhemoglobin

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2014

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77. Adequately perfused kidneys put out at least \_\_\_ to \_\_\_ mL of urine per hour.

A) 30, 50

B) 50, 70

C) 70, 100

D) 100, 110

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Specific Types of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2014

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78. You and your team are treating an unresponsive trauma patient. Which of the following questions would be the MOST relevant to ask your team when evaluating for the presence of a tension pneumothorax?

A) What is the patient's systolic blood pressure?

B) Are the patient's heart tones becoming muffled?

C) Is the patient becoming difficult to ventilate?

D) Does the patient's pulse weaken during inhalation?

Ans: C

Complexity: Easy

Ahead: A Snapshot of Critical Decision Making

Subject: Management and Resuscitation of the Critical Patient

Page: 1987

Feedback: A Snapshot of Critical Decision Making, page 1987

79. During the attempted resuscitation of a patient in cardiac arrest, you are informed that the patient is a diabetic and takes multiple pain medications for chronic back pain. What drug should you administer?

A) Dextrose

B) Naloxone

C) Lidocaine

D) Calcium

Ans: B

Complexity: Moderate

Ahead: A Snapshot of Critical Decision Making

Subject: Management and Resuscitation of the Critical Patient

Page: 1987

Feedback: A Snapshot of Critical Decision Making, page 1987

80. Shock in the trauma patient should be considered \_\_\_\_\_\_\_\_\_\_\_\_\_ until proven otherwise.

A) hemorrhagic

B) distributive

C) obstructive

D) neurogenic

Ans: A

Complexity: Moderate

Ahead: Patient Assessment of Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2001

Feedback: Patient Assessment of Shock, page 2001

81. Which of the following volume expanders has been shown to interfere with platelet function and cause clotting problems?

A) Dextran

B) Hespan

C) Plasmanate

D) Lactated Ringer solution

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care of a Patient With Suspected Shock

Subject: Management and Resuscitation of the Critical Patient

Page: 2005

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