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**Medical**

# NREMT-PTE

*NREMT Paramedic Trauma Exam*



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**Question:** 41

Which of the following most accurately describes the finding of jugular venous distension in pneumothorax?

- A. It is an early finding of even minor pneumothoraxes
- B. It indicates relative hypovolemia in the thorax due to hemorrhage
- C. It is indicative of high intrathoracic pressure
- D. Pneumothorax is more likely to cause jugular vein flattening

**Answer:** C

JVD is typically a sign of increased intrathoracic pressure, but can be a very late finding. It presents when increased pressure on the great vessels in the thorax cause a backup of blood returning from the head. This typically presents in serious tension pneumothoraxes and does not appear in minor cases.

**Question:** 42

Beck's triad is a combination of increased JVD, hypotension and muffled heart tones and occurs in which of the following?

- A. Hemothorax
- B. Cardiac tamponade
- C. Aortic dissection
- D. Traumatic brain injury

**Answer:** B

Beck's triad is observed in cases of cardiac tamponade and is caused by the increase in pressure in the pericardial sac, which, in turn, causes the inability of the ventricles to expand fully. This results in hypotension systemically and a backup of blood in the jugular veins.

**Question:** 43

Upon arrival to the scene of a stabbing, you find a patient with a stab wound to the left chest, midclavicular, 4th intercostal space. The patient is in peri-arrest, hypotensive, with a rapid, thready pulse and jugular venous distension. The

patient's GCS score is 3. You perform bilateral needle decompression, but there is no rush of air or improvement in patient's condition. The patient no longer has a pulse and now presents in PEA. Which of the following is suspected in assessing the patient?

- A. Cardiac rupture
- B. Diaphragmatic rupture
- C. Hemopneumothorax
- D. Pericardial tamponade

**Answer:** D -Hypotension presenting with JVD and clear mechanism of traumatic injury is highly suspect for pericardial tamponade. Consideration for a hemothorax, pneumothorax, or hemopneumothorax should be made and can be differentiated by considering location of penetrating trauma, presence of Beck's triad and clinical suspicion. Cardiac rupture is almost entirely caused by blunt force trauma, particularly in MVAs.

**Question:** 44

Other than rapid transport to a trauma center, which of the following is most helpful for a patient suffering from pericardial tamponade?

- A. Needle thoracostomy
- B. Positive pressure ventilation therapy
- C. Aggressive IV fluid administration
- D. Remote ischemic conditioning

**Answer:** C

The best prehospital treatment for patients with pericardial tamponade is to maintain vital signs and keep perfusion up. Oxygenation is typically not a problem for these patients, but the increase in pressure around the heart requires that adequate preload be maintained.

**Question:** 45

Which type of mechanism of injury is not likely in patients with posterior rib fractures of the second and third ribs?

- A. Frontal strike
- B. Compression of the ribcage from the side
- C. Relatively high force impact
- D. All of the above.

**Answer:** A

Frontal impacts are more likely to cause lateral fractures, not posterior fractures. Posterior second and third rib fractures are usually a result of high velocity side impact to the chest. The first, second, and third ribs in healthy adults are strong and require a high degree of force to fracture. When posterior fractures do occur, it is usually from side impact.

**Question:** 46

You are called to the scene of an elderly patient female who slipped and fell, landing on her chest. She complains of dyspnea and chest pain that increases with inspiration and palpation. She states that her symptoms are much better when she holds pressure on her left side. What is the most likely cause of her symptoms?

- A. Hypovolemia from hip fracture
- B. Tension pneumothorax
- C. Rib fracture
- D. Traumatic asphyxiation

**Answer:** C

This patient likely has a fractured rib. Elderly patients are more vulnerable to rib fractures due to their bones becoming more brittle with age. The presentation of mild dyspnea with improvement in symptoms when being held is very typical of rib fractures.

**Question:** 47

You are called to the scene of an elderly patient female who is displaying classic symptoms of a fractured rib. The patient's GCS level is 15, oxygen saturation on room air is 93%. Heart rate is 112, blood pressure is 142/102. What is the most appropriate course of treatment for this patient?

- A. Use rib binders for comfort, apply high flow O<sub>2</sub>, transport to a trauma center
- B. Apply supplemental O<sub>2</sub> via nasal cannula, monitor for ventilatory changes, transport to a trauma center
- C. Bind the ribs for comfort, apply nebulized albuterol for dyspnea, give 324mg aspirin for chest pain, transport to a trauma center
- D. Give nitroglycerine 0.4mg sublingual for chest pain, apply high flow O<sub>2</sub>, transport to a cardiac center

**Answer: B**

The optimal treatment for patients with broken ribs includes supplemental O<sub>2</sub> as needed and monitor for changes during transport to trauma center. C-spine precautions should be considered per protocol. The use of chest binders is contraindicated as it can result in hypoventilation. This patient should receive an assessment for cardiac chest pain, but this etiology is unlikely given the mechanism of injury and nature of complaints.

**Question: 48**

Flail chest occurs when a segment of the rib cage is broken and detached following trauma. This typically presents as a section of the rib cage moving out of sync and independent of from breathing motions. What is this phenomenon called?

- A. Pulsus paradoxus
- B. Rib contusion
- C. Paradoxical chest wall movement
- D. Traumatic pneumonia

**Answer: C**

This pattern of chest wall movement is called paradoxical chest wall movement. This paradoxical movement causes significant pain and dyspnea and is usually accompanied by a pulmonary contusion, the latter of which can lead to respiratory compromise.

**Question: 49**

What is the best management for a patient with flail chest who is deteriorating and developing severe respiratory distress?

- A. Analgesia to reduce the pain of respiration
- B. Needle thoracostomy to reduce internal pressure
- C. Encouragement to hold their breath to increase the internal pressure
- D. CPAP or positive pressure by BVM to internally splint the injury

**Answer:** D

Patients that are starting to develop severe respiratory distress require ventilation assistance in order to avoid complete respiratory compromise. By applying positive airway pressure carefully, the flail segment can become splinted internally, allowing for better ventilation. Analgesics would have been more applicable before a patient reaches this point. Needle thoracostomy would not help this patient.



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