

MECHANISM OF INJURY

- (1)
Q. What structure is prone to tearing in deceleration injury?
A. Descending Thoracic Aorta.
- (2)
Q. What injuries will an unrestrained driver sustain?
A. Chest
Abdomen
Head
Pelvis.
- (3)
Q. What are the predictable injuries sustained by an unrestrained passenger?
A. Hip dislocation of the acetabulum.
#Femur #Patella ?? Aortic Tear.
- (4)
Q. What is the function of the Primary Survey?
A. To identify and deal with life threatening injuries.
- (5)
Q. What is the function of the secondary survey?
A. To identify ALL injuries and prioritise treatment.
- (6)
Q. A-J What are the best ways of assessing Resp. function in the Trauma PT.
A. Arterial B.G's
- (7)
Q. Identify A - J Assessment
A. Airway
Breathing
Circulation
Disability - brief neurological assessment
Exposure
Fever
Get "Vital Signs"
Head to toe assessment
Inspect back
Justify injury

SHOCK

- Q. What is best fluid to administer to a Pt in shock?
- A. Blood. Group specific type or O NEG
Packed cells. Autotransfusion.
- Q. Excluding B.P. what other sign is best indicative of active bleeding?
- A. Reduced level of consciousness.
- Q. What are the signs of neurogenic shock?
- A. Hypotension
Bradycardia
Warm, Dry, Skin / Flushed appearance.
Urinary output
Metabolic Acidosis in severe shock.
- Q. What is the normal level of Po₂, Pco₂ and Blood PH?
- A. PO₂ - 100%
PcO₂ - 40% - 35.45
PH - 7.35 - 7.45
- Q. What happens to the pulse pressure in massive blood loss?
- A. It narrows.

HEAD INJURY

- Q. If Rhinorrhea present, what must the patient not do?
- A. Blow the nose.
- Q. What happens to cerebral blood flow when PcO_2 Rises?
- A. Cerebral Blood Flow increases.
- Q. What then happens to the I.C.P.?
- A. It also increases.
- Q. As nurses - what are the early signs of increasing intracranial pressure?
- A. Altered level of consciousness
Slurred speech / confusion.
- Q. What responses are checked in the brief neurological assessment?
- A. Best verbal response
Best motor response
Best eye opening response
Pupillary reaction.
- Q. How is resp. function best monitored in a patient with head injury?
- A. Arterial blood gas.
- Q. What position should a patient with a head injury be placed?
- A. Midline.

SPINAL

- Q. What is the preferred method of intubation of a patient with a c.spine injury?
- A. Nasotracheal.
- Q. Who directs the turning of a patient with a spinal injury?
- A. The leader - situated at the patients head.
- Q. When carrying out nasotracheal intubation what must you NOT do?
- A. Hyperextend the neck.

CHEST

- Q. How do you assess the E.T. tube is in position?
- A. Breath sounds.
Bilateral chest wall movement.
- Q. What are the signs and symptoms of a Tension Pneumothorax?
- A. Severe dyspnoea
Cyanosis
Distended neck veins
Tracheal deviation
Hyperresonance on affected side
Decreased breath sounds
Absent breath sounds.
- Q. What are the signs and symptoms of Cardiac Tamponade?
- A. Dyspnoea
CYANOSIS
Distant heart sounds / muffled
Distended neck veins
Hypotension
Evidence of Penetrating wounds or # 3rd - 5th Ribs.
pulses PARADOXUS Systolic B.P. drops 10 mg or more.
- Q. What does smoke inhalation cause damage to?
- A. Epithelial cells.
- Q. What is the best treatment of Flail chest?
- A. Ventilation (Assisted).
- Q. A patient presents with Abrasion to chest absence of Femoral pulse and Hypotension?
- A. Aortic Rupture.
- Q. What are the signs and symptoms of Flail chest?
- A. Dysnoea
Chest pain
Paradoxical chest wall movement.
Hypoxia/cyanosis.

FACIAL TRAUMA

Q. How would you recognise a # mandible?

A. Malocclusion
Rupt. Tympanic membrane
Pain
Step deformity
Oedema.

Q. What is the LE FORT classification?

A. Maxillary #.

EYES

Q. What would you do if a Patient presented a Rupt. globe?

A. Patch minimum pressure
No installation of drops.

Q. What is a Hypeama?

A. Blood in the Ant. Chamber.

Q. Where is the bleeding from?

A. The Iris Vasculature.

ABDOMINAL TRAUMA

- Q. What is the best nursing Assessment to identify Abd. bleeding?
- A. Frequent physical assessment.
- Q. What would you do if there was a knife in Abdomen?
- A. Stabilise same - Prepare Theatre.
- Q. When is a D.P.L. NO USE?
- A. In a Retroperitoneal haematoma.
- Q. What do you call bruising over Flank?
- A. Grey Turners. sign -
Umbilicus - Cullens Sign # Pelvis.
- Q. What is Kerhs sign.
- A. Pain Radiating from spleen - shoulder tip pain.

EXTREMITY INJURIES

- Q. What are the 5 P's when accessing Extremity Trauma?
- A. Pain
Pallor
Pulses
Parasthesia
Paralysis.
- Q. What do you do with Amputated Parts?
- A. Wrap in gauze soaked in saline.
Place in plastic bag.
Place on Ice.
- Q. If a patient presents with limb trauma in severe pain with decreased peripheral pulse. Decreased sensation and progressive motor muscle weakness.
- A. Compartment Syndrome.
- Q. What is the intervention to previous Q?
- A. Elevate the limb to heart level. Prepare for Fasciotomy.
- Q. When would you Re - align a # limb?
- A. When pulses are absent.

BURNS

Q. What is the first intervention for a patient who is burning?

A. Remove burning clothes.

Q. How soon should the first half of fluids be infused?

A. 8 hours from Actual, time of injury.

Q. How long should alkali burns be irrigated?

A. 30 - 60 minutes.

MULTIPLE TRAUMA

- Q. If a patient is not breathing what device would you use?
A. Bag mask valve device.
- Q. What O₂ flow should be used for a patient with multiple trauma.
A. 15 litres / min.
- Q. How do you assess fluid replacement?
A. Urinary output 30 - 50 mls.
- Q. What is the First intervention for a multiple trauma patients who is talking B/P 90/40. Pulse 130?
A. Apply O₂. High flow.