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Practice Questions

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1. Which of the following situations can make performing a lighted stylet intubation difficult?

- A. The room is not dark enough to see the stylet.
- B. The lighted stylet is too bright.
- C. The patient is asleep.
- D. The patient recently vomited.

2. The E from the LEMON stands for:

- A. Evaluate the 1-1-2 rule
- B. Evaluate the 2-3-2 rule
- C. Evaluate the 3-3-2 rule
- D. Evaluate the 2-2-1 rule

**3. Decide if the following sentence is true:
'Extraglottic devices sit under the larynx.'**

- A. True
- B. False

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4. The amount of air that can be inhaled and exhaled in one normal breathing cycle is called what?

- A. Tidal volume.
- B. Residual volume.
- C. Complete volume.
- D. Total volume.



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5. What is the score on the Glasgow Coma Scale at which a patient is considered to be in a dead-brain state or in a deep coma?

- A. 15
- B. 6
- C. 7
- D. 3

6. If you do not know the effective biphasic dose range for the defibrillator that you are using, you should deliver a first shock and all subsequent shocks at `_____`.

- A. 200
- B. 120
- C. The lowest energy dose that is available
- D. The maximal energy dose that is available

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7. Which one of the following is/are complication/complications of compartment syndrome?

- A. Ischemia
- B. Muscle scarring
- C. All of these
- D. Necrosis of the tissue in that compartment

8. If using a **monophasic defibrillator** for Pulseless VF/VT the first dose and all subsequent doses should be `_____`J.

- A. 300
- B. 260
- C. 200
- D. 360

9. Decide if the following sentence is true:
'Shock cannot be accurately diagnosed by a single vital sign or laboratory test.'

- A. False
- B. True

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10. What happens during vasogenic shock?

- A. Vasodilation and pooling of blood in extremities. Two examples are spinal cord injury and brain damage.
- B. Cardiac output decreases, the heart muscle weakens, and venous pressure is unstable. Two examples are anaphylaxis and septic shock.
- C. Inadequate blood volume. Two examples are hemorrhage and intravascular coagulation.
- D. Cardiac insufficiency causes shock symptoms. An example is myocardial infarction shock.

11. What is the most common cause of Brown-Séquard syndrome?

- A. Poorly prescribed medicine
- B. Genetics
- C. Badly administered anesthesia
- D. Spinal cord injuries

12. A 25-year-old man, injured in a motor vehicular crash, is admitted to the emergency department. His pupils react sluggishly and his eyes open to painful stimuli only. He does not follow commands, but he does moan periodically. His right arm is deformed and does not respond to painful stimulus; however, his left hand reaches purposefully toward the painful stimulus. Both legs are stiffly extended. His GCS score is:

- A. 10
- B. 9
- C. 8
- D. 11

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13. Is information obtained from bystanders about the patient valuable?

- A. Yes
- B. No

14. What should be the primary concern when a patient's spinal cord has been injured?

- A. Respiratory failure
- B. Infection
- C. Temperature
- D. Hemorrhage



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15. Which of the following incomplete spinal cord injury syndromes is characterized by paralysis or severe weakness of the upper extremities, but less severe or no motor dysfunction in the lower extremities?

- A. Brown-Séquard syndrome
- B. All of the above
- C. Anterior cord syndrome
- D. Central cord syndrome

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16. Should all patients with radiographic evidence of injury and all those with neurological deficits be considered to have an unstable spinal injury?

- A. Yes
- B. No

17. Regarding frostbite injuries, which of the following measures is part of the initial treatment?

- A. Rapid rewarming of the body part in circulating warm water.
- B. Early amputation to prevent septic complications.
- C. Debridement of hemorrhagic blisters.
- D. Application of dry heat.

18. Lacerations are open injuries to skin and, in some cases, underlying tissues that result from a cutting of the tissues. They are categorized as either

- A. Linear or stellate
- B. Vertical or horizontal
- C. Lateral or frontal
- D. Direct or indirect

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19. When the EET has passed the glottic opening, where should it be placed?

- A. 5 to 6 cm above the vocal cord level
- B. 2 to 3 cm below the vocal cord level
- C. 2 to 3 cm above the vocal cord level
- D. 5 to 6 cm below the vocal cord level



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20. Blunt esophageal rupture involves:

- A. An injury to the right ventricle
- B. A spillage of gastrointestinal fluids in the chest
- C. The rupture of the aorta
- D. The rib cage breaking

**21. Decide if the following statement is true:

'Endotracheal intubation causes a more significant vagal reaction in infants than children and adults.'**

- A. False
- B. True

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22. The signs and symptoms of traumatic retroperitoneal Hematoma are?

- A. Abdominal distension
- B. Back and lower quadrant pain
- C. Abdominal pain
- D. All of the above

23. The fourth step in a pediatric exam, palpate, involves:

- A. A visual inspection of the abdomen
- B. Touching
- C. Listening
- D. Scanning

24. You are working as EMS paramedical an your EMS system uses rapid transport system and simple triage for triage of patients at multiple casualty incident you will include which one of the following in your triage assessment for determination of patients that will receive emergency care?

- A. Vital signs ,chief complains and past medical history
- B. Vital signs and chief complains
- C. past medical history and level of consciousness
- D. Perfusion and respiratory status of patient

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25. The primary survey includes the trauma care ABCDEs. What does the B in ABCDE stand for?

- A. Breathing and ventilation
- B. Beginning CPR
- C. Breathing impediment
- D. Bones injuries

26. A 20 year old patient is having blunt abdominal trauma to the left side of the lower abdomen which one the following organ is not injured/least injured?

- A. Liver
- B. Kidneys
- C. Ureters
- D. Adrenals

27. Which of the following is an indication for gastric lavage in patients who have ingested a toxin or who have overdosed on drugs?

- A. Comatose patients.
- B. Within 1 hour of ingestion.
- C. Any lethal dose regardless of elapsed time.
- D. Overdose of opioids taken 2 hours ago.

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**28. A 26 year - old woman is brought to the Emergency Department after being involved in a motor vehicle crash. She is 30 weeks pregnant. She was restrained with a lap and shoulder belt, and an airbag deployed.

Which one of the following statements best describes the risk of injury?**

- A. The deployment of the airbag increases the risk of maternal abdominal injury.
- B. The use of seatbelts is associated with increased risk of maternal death.
- C. The deployment of the airbag increases the risk of fetal loss.
- D. The risk of premature fetal delivery and death is reduced by the use of restraints.

**29. Regarding the transfer of trauma patients, you should remember the acronym ABC-SBAR.

What does the C in ABC-SBAR mean?**

- A. Create a sterile environment
- B. Chemical reaction
- C. Circulation
- D. Complete the transfer forms



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30. Which one of the following statements concerning intraosseous infusion is TRUE?

- A. Only crystalloid solutions may be safely infused through the needle.
- B. Swelling in the soft tissues around the intraosseous site is not a reason to discontinue infusion.
- C. Intraosseous infusion may be utilized indefinitely.
- D. Aspiration of bone marrow confirms appropriate positioning of the needle.



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Answer Key & Explanations

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1. D — The patient recently vomited.

A lighted stylet intubation is the process of inserting an intubation tube using a lighted stylet as a guide. It guides the tube into the trachea by trans-illuminating the soft tissues in the throat. However, if the patient has recently vomited, the pathway to the trachea (mouth, throat, larynx), could be filled with fluid and debris, making it difficult for the tube to follow the light source into the trachea.

2. C — Evaluate the 3-3-2 rule

The 3-3-2 rule is an evaluation tool for the forecasting of challenging intubations in unexpectedly challenging airways.

3. B — False

Another family of supraglottic devices that are inserted through the mouth and rest on top of the larynx is known as extraglottic devices.

4. A — Tidal volume.

When measuring breathing and respiration, tidal volume is the measurement of air that is inhaled and then exhaled in a normal breathing cycle. The air measured that comes in and goes out is the total amount measured and tracked.

5. D — 3

The Glasgow Coma Scale's minimum score is 3, indicating a profound coma or brain death.

6. D — The maximal energy dose that is available

"If you do not know the effective dose range, deliver the maximal energy dose for the first and all subsequent shocks.

7. C — All of these

If the pressure is not relieved in the affected area the pressure can result in necrosis of tissue in that compartment, since capillary perfusion will fall leading to increasing oxygen deprivation of those tissues. As intercompartmental pressure rises during compartment syndrome, perfusion within the compartment is reduced leading to ischemia, which if left untreated, results in necrosis of nerves and muscles of the compartment.

8. D — 360

Even though monophasic defibrillators are becoming more and more uncommon there are still some available for use.

9. B — True

A combination of clinical observations and laboratory tests is used to diagnose shock in trauma patients. Shock cannot be diagnosed with certainty by any one vital sign or laboratory test on its own.



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10. B — Cardiac output decreases, the heart muscle weakens, and venous pressure is unstable. Two examples are anaphylaxis and septic shock.

Vasogenic shock most frequently occurs with anaphylaxis and septic shock (toxic shock) from infection. Hemorrhagic shock results from hemorrhage or inadequate blood volume replacement.
Neurogenic shock is loss of vasomotor tone in peripheral blood vessels, leading to sudden vasodilation and pooling of blood. Cardiogenic shock occurs when the pumping action of the left ventricle is insufficient to pump enough blood to vital organs.

11. D — Spinal cord injuries

Traumatic spinal cord injuries, such as those caused by firearms, knives, and car accidents, are the most frequent causes of Brown-Séquard syndrome.

12. B — 9

See the GCS scoring table below. His eyes open to painful stimuli only, making E = 2. He does not follow commands, but he does moan periodically, making V = 2. His left hand reaches purposefully toward a painful stimulus, making M = 5. His GCS score is, therefore, 2+2+5 = 9

GCS	E	V	M
1	No response	No response	No response to pain
2	Eye opening with pain	Incomprehensible sounds	Extension with pain
3	Eye opening on command	Inappropriate words	Flexion with pain
4	Spontaneous eye opening	Confused	Withdrawal from pain
5	-	Oriented	Localizes pain
6	-	-	Obeys commands

13. A — Yes

Bystander observations can provide clinicians with information about the mechanism of injury, which can help them identify injuries that may not be immediately obvious.

14. A — Respiratory failure

Potential respiratory failure should be the main concern when a patient's spine is hurt. Intercostal muscle paralysis can result in hypoventilation.

15. D — Central cord syndrome

Specific presentations of incomplete spinal injury are central cord syndrome, Brown-Séquard syndrome, and anterior cord syndrome. Paralysis or severe weakness of the upper extremities, but less severe or no motor dysfunction in the lower extremities indicates central cord syndrome. There is also loss of pain sensation in upper extremities, and less pain dysfunction in the lower extremities.

16. A — Yes

It is not always easy to assess the stability of a specific type of injury, and even medical professionals may disagree. Therefore, it should be assumed that all patients with neurological deficits and radiographic evidence of injury have unstable spinal injuries.

17. A — Rapid rewarming of the body part in circulating warm water.

MANAGEMENT OF FROSTBITE AND NONFREEZING COLD

INJURIES
Treatment should begin immediately to decrease the duration of tissue freezing. Do not attempt rewarming if there is a risk of refreezing. Replace constricting, damp clothing with



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warm blankets, and give the patient hot fluids by mouth, if he or she is able to drink. Place the injured part in circulating water at a constant 40C (104F) until pink color and perfusion return (usually within 20 or 30 minutes).
Excessive dry heat can cause a burn injury, as the limb is usually insensate.
Do not rub or massage the area. Rewarming can be extremely painful, and adequate analgesics are essential.
Warming of large areas can result in reperfusion syndrome, with acidosis, hyperkalemia, and local swelling; therefore, monitor the patient's cardiac status and peripheral perfusion during rewarming.

18. A — Linear or stellate

Lacerations are open injuries to skin and, in some cases, underlying tissues that result from a cutting of the tissues. They are categorized as either **linear or stellate**.
A linear laceration, also called an incision, is an injury in which the cut in the tissues is in a straight line, such as a cut from a knife. The term stellate laceration refers to a starlike laceration, and is a jagged cut in the tissues.
Stellate lacerations are commonly the result of blunt trauma that compresses the skin against underlying bony prominences, which cause a jagged or nonlinear laceration occur from the inside out.

19. B — 2 to 3 cm below the vocal cord level

Once the ETT has passed through the glottic opening, carefully situate it 2 to 3 cm below the level of the vocal cords and lock it in place.

20. B — A spillage of gastrointestinal fluids in the chest

Blunt esophageal injuries are brought on by an unusually high esophageal lumen pressure as a result of a powerful blow to the epigastrium. The left side is where distal esophageal rupture with upper gastrointestinal contents spilling into the chest most frequently occurs.

21. B — True

Endotracheal intubation causes a more significant vagal reaction in infants than children and adults, as they may experience bradycardia with direct laryngeal stimulation.

22. D — All of the above

In terms of the diagnosis, the signs and symptoms of traumatic retroperitoneal hematoma include abdominal pain, abdominal mass, abdominal distension, severe back and lower quadrant pain and femoral neuropathy further diagnosis is confirmed by CT and Ultrasonography.

23. B — Touching

Palpation should be done with the abdominal wall muscles relaxed. The abdomen should be completely exposed. To help the abdominal wall muscles relax before palpation, the child should be instructed to inhale deeply and exhale fully.

24. D — Perfusion and respiratory status of patient

Perfusion status and respiration of patient will be used in triage assessment for determination of patients that will receive emergency care.

25. A — Breathing and ventilation

The letter B represents breathing and ventilation. If breathing is insufficient, assisted ventilation must be performed with or without a barrier device.

26. A — Liver

Except liver all of the above are retroperitoneal organs and the liver is in the right side so the chances of liver injury is least.



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27. B — Within 1 hour of ingestion.

Gastric lavage may be indicated for patients who have ingested a potentially lethal amount of drug or toxin within the preceding 1 hour. Beyond 1 hour, gastric lavage and/or activated charcoal are ineffective.

28. D — The risk of premature fetal delivery and death is reduced by the use of restraints.

BLUNT INJURY
The abdominal wall, uterine myometrium, and amniotic fluid act as buffers to direct fetal injury from blunt trauma. The presence of external contusions and abrasions of the abdominal wall, are signs of possible blunt uterine injury. Nonetheless, fetal injuries may occur when the abdominal wall strikes an object, such as the dashboard or steering wheel, or when a pregnant patient is struck by a blunt instrument. Indirect injury to the fetus may occur from rapid compression, deceleration, the contrecoup effect, or a shearing force resulting in abruption placentae.
Compared with restrained pregnant women involved in collisions, unrestrained pregnant women have a higher risk of premature delivery and fetal death. The type of restraint system affects the frequency of uterine rupture and fetal death. Using a lap belt alone allows forward flexion and uterine compression with possible uterine rupture or abruption placentae. A lap belt worn too high over the uterus may produce uterine rupture because it transmits direct force to the uterus on impact.
What*Using shoulder restraints in conjunction with a lap belt reduces the likelihood of direct and indirect fetal injury, presumably because the shoulder belt dissipates deceleration force over a greater surface area and helps prevent the mother from flexing forward over the gravid uterus. Therefore, in the overall assessment it is important to determine the type of restraint device worn by the pregnant to determine the type of restraint device worn by the pregnant patient, if any. The deployment or airbags in motor vehicles does not appear to increase pregnancy-specific risks.

29. C — Circulation

The C in ABC-SBAR stands for circulation. All circulation problems must be identified, and interventions must be performed.

30. D — Aspiration of bone marrow confirms appropriate positioning of the needle.

Aspiration of bone marrow confirms that the needle tip is in the bone marrow.
Note: Any fluid that can be infused intravenously can also be infused intraosseously. Peripheral IV is the preferred route for volume resuscitation in small children. Intraosseous infusion should only be utilized until an alternative parenteral route can be established so that the risk of infection is minimized.
Swelling in the soft tissues around the intraosseous site is a reason to discontinue infusion at that site.



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