Quiz 13
(Volume 4, Chapter 3)

1. Which of the following has a direct influence on cardiac stroke volume?
   a. Cardiac contractility  
   b. Preload  
   c. Afterload  
   d. All of the above

2. **Scenario:** You respond to a 25-year-old male involved in a farm accident. Upon arrival, you see that your patient has suffered a partial amputation of the leg. The wound is bleeding profusely. The patient is unconscious, pale, and clammy, and vitals are respiration 24, pulse 110, and blood pressure 90/60. You control the bleeding and take spinal immobilization precautions. Your goal is to treat this patient for:
   a. Infection  
   b. Neurogenic Shock  
   c. Hypovolemic Shock  
   d. All of the above

3. **Scenario:** You have a patient with suspected internal bleeding and cool, clammy, ashen skin. Her blood pressure starts to fall, the radial pulses become unpalpable, and her level of consciousness is rapidly dropping. Which stage of shock would you consider this patient to be in?
   a. Hypovolemic  
   b. Decompensated  
   c. Compensated  
   d. Irreversible

4. Which blood clotting phase is FIBRIN released in?
   a. Secretory phase  
   b. Vascular phase  
   c. Platelet phase  
   d. Coagulation phase

5. **Scenario:** You have a non-trauma patient who exhibits the signs and symptoms of shock. You perform the tilt test on your patient to determine the presence of:
   a. Orthostatic hypertension.  
   b. Septic shock.  
   c. Cardiogenic shock.  
   d. Orthostatic hypotension

6. What causes the characteristic pale, cool skin of a patient in hypovolemic shock?
   a. Vasodilation of the central blood vessels due to catecholamine release  
   b. Vasoconstriction of the central blood vessels due to catecholamine release  
   c. Vasodilation of the peripheral blood vessels due to catecholamine release  
   d. Vasoconstriction of the peripheral blood vessels due to catecholamine release

7. Bleeding that is dark red and flowing best describes which type of hemorrhage?
   a. Capillary  
   b. Venous  
   c. Arterial  
   d. Post mortem

8. Which of the following statement about topical hemostatic agents is **FALSE**?
   a. It can be used when direct pressure is ineffective  
   b. It can be used on an area where a tourniquet cannot be applied  
   c. It supports blood coagulation  
   d. It is most effective on arterial bleeds

9. Which of the following statements about placing a tourniquet is **FALSE**?
   a. A tourniquet can be made from a narrow material such as a rope  
   b. A tourniquet should be tightened until bleeding stops and/or a distal pulse is stopped  
   c. A tourniquet should not be placed directly over a joint  
   d. The time that a tourniquet is applied should be documented

10. Which of the following are the effects of compensated shock on the pulse rate?
    a. Rate increases and the strength decreases  
    b. Rate decreases and the strength decreases  
    c. Rate increases and the strength increases  
    d. Rate decreases and the strength increases

11. A tension pneumothorax can cause which classification (category) of shock?
    a. Hypovolemic  
    b. Obstructive  
    c. Cardiogenic  
    d. Distributive

OVER
12. Which of the following vital signs would most indicate neurogenic shock?
   a. BP of 84/50; Pulse of 124  
   c. BP of 188/124; Pulse of 64  
   b. BP of 188/124; Pulse of 124  
   d. BP of 84/50; Pulse of 64  

13. The typical fluid resuscitation procedure for pediatrics in hypovolemic shock is to administer fluids in increments of:
   a. 5-10cc/kg  
   c. 30cc/kg  
   b. 20cc/kg  
   d. 40cc/kg  

14. _____________ is defined as dark, tarry stool.
   a. Hemoptyisis  
   c. Melena  
   b. Epistaxis  
   d. Hematemesis  

15. With a patient in hypovolemic shock, IV fluids should generally be administered to:
   a. Restore blood pressure to the normal range  
   c. Restore capillary refill time to normal  
   b. Restore the minimal adequate perfusion level  
   d. All of the above  

16. Scenario: Your patient is a 45-year-old male with a stab wound to the upper right abdomen. The patient is conscious and is showing signs/symptoms of hypovolemic shock. There are no barriers to care and no scene concerns. When should you attempt IV therapy?
   a. During the initial assessment  
   c. During the rapid trauma assessment  
   b. During the detailed physical exam  
   d. En route to the hospital  

17. Which type of IV fluid is primarily used in EMS for fluid resuscitation of patients in shock?
   a. Isotonic crystalloid  
   c. Hypotonic solution  
   b. Hypertonic solution  
   d. Colloid solution  

18. Scenario: Your patient was shot in the pelvic area with a .22 caliber handgun. There is no exit wound. The patient is alert and well oriented. His skin is warm and dry. Vitals: Pulse - 124, strong and regular; R-18 and normal; BP - 114/64. You establish 2 large bore IVs. What should the rate of IV fluid administration be set at?
   a. Wide open and administer a 1,000cc bolus and then reassess  
   b. Wide open until systolic BP is above 100mmHg  
   c. Wide open and administer a 250-500cc bolus and then reassess  
   d. TKO  

19. What is/are risks associated with rapid IV infusion of an isotonic solution with a patient in hypovolemic shock?
   a. Decreases the hematocrit  
   c. Increases BP which increases the rate of internal bleeding  
   b. Dilution of the blood clotting factors  
   d. All of the above  

20. What is the mean arterial pressure (MAP) for a 34-year-old male complaining of substernal chest pain with a pulse of 104 and a BP of 128/62?
   a. 22  
   c. 84  
   b. 66  
   d. 95