

Pre-Test

1. What is the primary purpose of the cluss in flumpaling?
 - A. Remove cluss-prags
 - B. Catch tremalis
 - C. Loosen cloughs
 - D. Repair plumots
2. Trassing normally occurs under which of the following conditions?
 - A. When lusp trasses the vom
 - B. When the viskal flans, if the viskal is zortil and the hackshe is plaffed
 - C. When the belgo lisks tarious
 - D. When dissles frull
3. Why does the sigla frequently overfesks the treslum?
 - A. All siglas are mellious
 - B. Siglas are always votial
 - C. The treslum is usually tarious
 - D. No tresla are directly fesbable
4. The fribbed breg will ninter best with an?
 - A. derst
 - B. morst
 - C. sortar
 - D. ignum
5. What probable causes are indicated when doss occurs in a compots?
 - A. The sabs fopped and the doths tinzed
 - B. The kredgs roted with the rots
 - C. The rakogs were not accepted with the sluth
 - D. The polats were thenced in the sluth
6. Which of the following is/are always present when trossels are being gruvén?
 - A. rint and vost
 - B. vost
 - C. shum and vost
 - D. vost and plone
7. The nintering function of the ignu is most effectively performed in connection with the?
 - A. arazma tol
 - B. groshing statol
 - C. fribbled breg
 - D. frallied stantels
8.?
 - A.
 - B.
 - C.
 - D.

แนวข้อสอบ NL-2 หมวดหมู่ Trauma

1. A 30-year-old man was involved in a high-speed motor vehicle crash and was brought to ER. PE : BP 80/60 mmHg, PR 120 min, RR 24 /min, abdominal marked distention and tenderness, FAST positive for intraabdominal fluid. Urethral catheter reveals minimal clear urine.

What is the etiology of oliguria?

- A. Bladder injury
- B. Renal trauma
- C. False catheter tract
- D. Hemorrhagic shock
- E. Acute tubular necrosis

2. An adult male patient present with a cut wound at his right arm while using a kitchen knife. PE: pulsatile bleeding with absent of sensation distal to the wound.

What is next step management?

- A. Direct pressure
- B. Suture wound
- C. Tourniquet
- D. Angiography
- E. Angioplasty

3. A 55-year-old man arrived at ER after a motor vehicle accident. V/S: PR 140 bpm, RR 30 tpm, BP 80/50 mmHg, PE: E1V1M2, laceration wound 5 cm at skull with active bleeding, deformity of left leg.

What is the most appropriate management?

- A. IV fluid resuscitation
- B. Splinting left leg
- C. Endotracheal intubation
- D. Sutures wound at skull
- E. CT brain

4. A 30-year-old man feels uncomfortable at chest after car accident. PE : BP 80/60 mmHg, RR 30/min, PR 110/min, O₂ saturation 70%, tracheal deviation to the left, decrease breath sound right lung, not tender abdomen and no deformity.

What is the most appropriate initial management?

- A. Needle thoracentesis
- B. Tube thoracotomy
- C. Chest thoracotomy
- D. Endotracheal tube
- E. Exploratory laparotomy

5. A 25-year-old man involved in a car crash and his chest was hit with steering wheel. He complaint about his chest pain. PE : decrease breath sound & hyperresonance on percussion on his left chest. The CXR reveals left pneumothorax.

What is the proper management ?

- A. Observe
- B. O₂ face mask
- C. Open thoracotomy
- D. Intercostal chest drain
- E. Video assisted thoracoscopy

6. A 21-year-old man was brought to the emergency department 45 minutes after a head on motor vehicle collision in which he was unrestrained driver. On arrival he is alert and coherent. He is breathing in 100% oxygen. Examination shows bruising over central portion of the chest extending to both sides. Neck veins are not distended. His trachea deviated to the right. Breath sounds are present on the right and absent on the left. After administration of 2 L of lactated Ringer's solution, his systolic blood pressure is 80 mmHg.

Which one is the most appropriate next step management ?

- A. Intubation
- B. Pericardiocentesis
- C. Diagnostic peritoneal lavage
- D. Insertion of left thoracostomy tube
- E. Infusion of type specific uncrossmatched blood

7. A patient has chest tightness after a motorcycle accident. V/S: BP 80/40 mm.Hg., PR 110 bpm., PE : faint heart sound, trachea shift to the right, decreased breath sound left lung.

What is the next management?

- A. Intubation
- B. Intercostal chest drain
- C. Pericardiocentesis
- D. Thoracotomy
- E. Needle thoracocentesis

8. A 35-year-old man was brought to the emergency room after involved in a car accident. The physical examination found that RR 30/min, PR 110/min, BP 140/90, SpO₂ 85%, multiple ribs fracture at left side with evidence of flail segment. CXR: multiple ribs fracture, no pneumothorax.

What is the most proper initial management?

- A. Pain control
- B. Central line insertion
- C. Endotracheal intubation
- D. Taping flail chest
- E. Left tube thoracostomy

9. A 21-year-old man was brought to ER after riding a motorcycle and hit the electric pole 30 minutes before. He was dyspnea. The physical examination : BP 90/60 mmHg, PR 120 bpm, RR 25 tpm, tender at left chest wall with paradoxical movement, decrease breath sound and tympanic on percussion of left chest, right chest was unremarkable. After administered 12 LPM of oxygen mask, his SpO₂ is still 90%.

What is the next step management ?

- A. Chest X-ray
- B. Pericardiocentesis
- C. Needle thoracocentesis
- D. Endotracheal intubation
- E. Resuscitative thoracotomy

10. A 30-year-old man was stabbed on his chest at left parasternal boarder near xyphoid. He was agitated, dyspnea, PE : BP 80/60 mmHg, PR 122 bpm, engorged neck vein, no tracheal shift, distance heart sound, normal breath sound. His airway was managed, and IV resuscitation was performed.

What is the next step management ?

- A. Chest X-ray
- B. Needle thoracocentesis
- C. Left intercostal chest drain
- D. Needle pericardiocentesis
- E. Emergency resuscitative thoracotomy

11. A 25-year-old woman was stabbed at her chest. She had a 1.5 cm. puncture wound lateral to the sternum, muffled heart sounds.

What is the most appropriate next in management?

- A. Chest X-ray
- B. Dopamine IV
- C. Echocardiography
- D. Pericardiocentesis
- E. Chest tube placement

12. A middle-aged woman was stabbed with a knife at her abdomen. V/S : BP 90/60 mm.Hg., PR 100 bpm.

What is the most appropriate management?

- A. FAST
- B. CT abdomen
- C. Laparoscopic diagnosis
- D. Pull the knife off and explore the wound
- E. Exploratory laparotomy

13. A male patient was stabbed at his abdomen. His hemodynamic is stable. Abdominal examination : soft, not tender, no guarding, no active bleeding, 3-cm. stab wound at RLQ. FAST: negative.

What is the most appropriate management?

- A. Acute abdomen series
- B. Diagnostic peritoneal lavage
- C. CT abdomen
- D. Local wound exploration
- E. Explore laparotomy

14. A teenage boy was shot in his abdomen 15 minutes prior to admitted. His hemodynamic is stable. The entrance wound is near umbilicus on the right side and the exit wound is at left costovertebral angle. On physical examination reveals mild tenderness but no guarding on his abdomen.

What is the most proper management ?

- A. FAST
- B. Plain film abdomen
- C. Compute tomography
- D. Local wound exploration
- E. Emergency exploratory laparotomy

15. A 47-year-old-man fell from the balcony in 5 meters high on his right flank. His vital signs are PR 88 bpm, BP 140/100 mmHg, RR 18 tpm. On examination reveals of fully conscious, Abdominal tenderness with guarding rigidity. FAST positive at perihepatic region.

What is the most appropriate next step management ?

- A. CT abdomen
- B. Single shot IVP
- C. Plain film abdomen
- D. Diagnostic peritoneal lavage
- E. Emergency exploratory laparotomy

16. A 31-year-old-man involved in a motor vehicle crash. On arrival; PR 136 bpm, BP 80/50 mmHg, RR 18 tpm. There is abdominal distension, no guarding. Otherwise is unremarkable.

What is the next step management ?

- A. FAST
- B. Plain film abdomen
- C. CT whole abdomen
- D. Diagnostic peritoneal lavage
- E. Emergency exploratory laparotomy

17. A 25-year-old man was involved in a car crash accident. He was fully conscious. His vital signs are PR 110 bpm, BP 110/70 mmHg, RR 18 tpm. There was ecchymosis at anterior abdomen.

After resuscitation, what is the most proper investigation?

- A. CT whole abdomen
- B. Ultrasound abdomen
- C. Diagnostic laparoscopy
- D. Abdominal paracentesis
- E. X-ray acute abdomen series

18. A 28-year-old woman is an unrestrained driver in a motor vehicle crash. She has stable vital signs and left upper quadrant tenderness without signs of peritonitis.

Select the most appropriate management of the abdominal pain?

- A. CT abdomen & pelvis
- B. Abdominal ultrasound
- C. Exploratory laparotomy
- D. Diagnostic peritoneal lavage
- E. Admission for observe abdominal sign

19. A 18-year-old boy was falling from a bicycle. He is hemodynamically stable. PE : bleeding per urethral meatus, high riding prostate and scrotal hematoma.

Which one is the most proper investigation ?

- A. Cystography
- B. Plain film KUB
- C. Compute tomography
- D. Intravenous pyelography
- E. Retrograde urethrography

20. A 18-year-old man was involved in a car accident. He had lower abdominal pain. The vital signs were BT 37° c, BP 110/70 mmHg, PR 100 bpm. The Foley's catheter shows reddish urine.

What is the appropriate investigation?

- A. IVP
- B. Cystography
- C. CT abdomen
- D. MRI abdomen
- E. Ultrasound whole abdomen

21. A teenage boy involved in a motor vehicle accident. On arrival at ER, the patient is moaning with eyes closed. After the physical stimulation, he open his eyes, and flexor response away from pain.

What is the GCS of the patient?

- A. 6
- B. 7
- C. 8
- D. 9
- E. 10

22. A 20-year-old man sustained an injury in a vehicle motor accident. He was found paraplegia. PE : PR 60 /min, RR 24 /min, BP 70/40 mmHg, drowsiness, E3V4M6, a large contusion at lower thoracic spine area and poor anal sphincter tone.

What is the appropriate initial management?

- A. Immediate endotracheal intubation
- B. Isotonic crystalloid solution loading
- C. Alpha agonist infusion
- D. Pulse methyl prednisolone
- E. Immediate MRI of the spine

23. 30-year-old Thai male fall from electrical pole 4 meters. He was unconscious for 2 minutes then awake and active. In the ambulance, the patient was fully conscious. On arrival at ER, he became drowsiness.

Which one is the most suspect clinical diagnosis of this patient?

- A. Epidural hematoma
- B. Subdural hematoma
- C. Electrical injury
- D. Diffuse axonal injury
- E. Post concussion syndrome

24. A 50-kg-male patient got 2nd and 3rd degree burn about 30% of BSA 3 hr. prior to the hospital. He was given 500 ml. of initial fluid resuscitation.

According to the Parkland's formula, which one is the most suitable IV fluid rate for this patient?

- A. 277 mL./hr.
- B. 312 mL./hr.
- C. 375 mL./hr.
- D. 500 mL./hr.
- E. 600 mL./hr.

25. A 35-year-old man was stuck in the building on fire. He was brought to the emergency department. PE: RR 35, BP 140/90, carbonaceous sputum, 2nd degree burn at face and upper chest wall.

What is the initial management?

- A. O2 cannula
- B. O2 mask
- C. CPAP
- D. ABG
- E. ETT