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principality of Great Moravia, controlled by Moymir dynasty, arose in the 8th century. It reached its zenith in the 9th (during the reign of Svatopluk... 175 KB (16,101 words) - 01:08, 16 March 2024

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In a severely injured patient the risk for coagulopathy is high Which of the following is correct At what class of hemorrhagic shock would the GCS decrease?

Which of the following is true in the management of the potentially coagulopathic patient

A 15 year old girl suffers a gunshot wound to the back while attending an open air concert. She is in circulatory arrest at the scene. CPR is in progress when she is brought in by EMS

A 27 year old man is found to have ecchymosis of the scrotum after landing hard on his bike while jumping across rugged terrain in the national forest.

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1..Introduction to Shock

2..Skydiving Accident Scenario

3..MIST

4..2 Key Questions

5..2 Key Points

6.Hemorrhagic Shock

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Pre-Hospital Phase

Preparation

What Is Important in Hospital To Be Prepared for Trauma Patient

Primary Survey

Airway

Basic Airway and Advanced Airway

Cervical Spine Motion Restriction

How To Detect Nemo Hemothorax in a Trauma

Circulation

Neurological Evaluation

Differential Diagnosis for the Decreased Level of Consciousness

Exposure

How To Control Take Aggressive Measures To Prevent the Loss of Body Heat and Restore Body Temperature

Hypothermia

Cardiac Injury

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Intro

Q1 Rear impact

Q2 Thoracic trauma

Q3 External Laryngeal manipulation

Q4 Pericardiocentesis

Q5 Permissive hypotension

Q6 Unconscious

Q7 Spinal Injury

Q8 Child Trauma

Q9 Primary Survey

Q10 Nasopharyngeal Area

Q11 Blunt Chest Trauma

Q12 Arterial Bleeding

Q13 Capnography

Q14 Pediatric Injuries

Q15 Trauma Injuries

Q16 Lung Ventilation

Q17 Lung Compliance

Q18 Hemostatic Agents

Q20 Primary Survey

Q21 Almost Halfway

Q22 Pulmonary contusion

Q23 Shock Bleeding

Q24 In the absence of herniation syndrome

Q26 Increased ICP

Q27 Difficulty Breathing

Q28 Shock
Q29 Secondary Brain
Q31 Suction Device
Q32 Burn
Q33 Head Injury
Q34 Head Injury
Q35 Needle Decompression
Q36 Trauma
Q37 Trauma
Q38 Trauma
Q39 Tachycardia
Q48 Shock Bleeding
Q41 Unresponsive
Q42 Motorcycle Collision
Q45 Ocular Trauma
Q46 Spinal Motion Restrictions
Q47 Cardio Pulmonary Arrests
Q48 Chest Thrusts
Q49 Motor Vehicle Collision

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take a listen to your chest

resume compressions

give me an x bar report

switch into manual mode

administer 300 milligrams of iv

given 500cc bolus of fluid

reposition the airway

starting compressions after the first shock

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Intro

A patient with S.T. segment elevation Myocardial Infarction has ongoing chest discomfort. Fibrinolytic therapy has been ordered. Heparin 4000 units I.V. bolus was administered, and a heparin infusion of 1000 units per hour is being administered. Aspirin was not taken by the patient because he had a history of gastritis treated 5 years ago. Your next action is to

A patient has sinus bradycardia with a heart rate of 36 beats per minute. Atropine has been administered to a total of 3 milligrams. A transcutaneous pacemaker has failed to capture. The patient is confused, and her systolic blood pressure is 110. Which of the following is now indicated?

A 62-year-old man suddenly experienced difficulty speaking and left-side weakness. He was brought to the emergency department. He meets initial criteria for fibrinolytic therapy, and a C.T. scan of the brain is ordered. What are the guidelines for antiplatelet and fibrinolytic therapy?

A patient with a possible S.T. segment elevation Myocardial Infarction has ongoing chest discomfort. Which of the following would be a contraindication to the administration of nitrates?

A patient is in cardiac arrest. Ventricular fibrillation has been refractory to a second shock. Of the following, which drug and dose should be administered first?

A 35-year-old woman has palpitations, light-headedness, and a stable tachycardia. The monitor shows a regular narrow- complex tachycardia at a rate of 180 per minute. Vagal maneuvers have not been effective in terminating the rhythm. An I.V. has been established. What drug should be administered?

A patient with sinus bradycardia and heart rate of 42 has diaphoresis and a systolic blood pressure of 80. What is the initial dose of atropine based on the current A.C.L.S. guidelines?

A patient is in refractory ventricular fibrillation and has received multiple appropriate defibrillation shocks, epinephrine 1 milligram I.V. twice, and an initial dose of 300 milligram amiodarone L.V. The patient is intubated. A second dose of amiodarone is now called for. The recommended second dose

A patient with a possible acute coronary syndrome has ongoing chest discomfort unresponsive to 3

sublingual nitroglycerin tablets. There are no contraindications, and 4 milligrams of morphine sulfate was administered. Shortly afterward, the systolic blood pressure falls to 88, and the patient has increased chest discomfort. You should

A patient has a rapid irregular wide-complex tachycardia. The ventricular rate is 138 per minute. The patient is asymptomatic with a systolic blood pressure of 110. He has a history of angina. Which of the following actions is recommended?

You arrive on the scene with the code team. High-quality C.P.R. is in progress. An A.E.D. has previously advised "no shock indicated." A rhythm check now finds asystole. After resuming high-quality compressions, your next action is to

A patient is in pulseless ventricular tachycardia. Two shocks and 1 dose of epinephrine have been given. Which is the next drug/dose to anticipate

Your patient has been intubated. Intravenous access has been unsuccessfully attempted twice. Which of the following is also an acceptable route for drug administration during a code?

A patient is in cardiac arrest. Ventricular fibrillation has been refractory to an initial shock. What is the recommended route for drug administration during CPR?

A patient is in refractory ventricular fibrillation. High-quality CPR is in progress, and shocks have been given. One dose of epinephrine was given after the second shock. An antiarrhythmic drug was given immediately after the third shock. What drug should the team leader request to be prepared for administration next?

A 57-year-old woman has palpitations, chest discomfort, and tachycardia. The monitor shows a regular wide-complex tachycardia at a rate of 180 beats per minute. She becomes diaphoretic, and her blood pressure is 80 over 60. The next action is to

A patient is in cardiac arrest. High-quality chest compressions are being given. The patient is intubated and an I.V. has been started. The rhythm is asystole. Which is the first drug/dose to administer?

A 45-year-old woman with a history of palpitations develops light-headedness and palpitations. She has received adenosine 6 milligrams for the rhythm shown above without conversion of the rhythm. She is now extremely apprehensive. Her Blood pressure is 108 over 70. What is the next appropriate intervention?

#22: A patient in the emergency department develops recurrent chest discomfort suspicious for ischemia. Oxygen is being administered via a nasal device at 4 Liters per minute, and an I.V. line is in place. The systolic blood pressure is 160. There are no allergies or contraindications to any medication. You would first order

Following initiation of CPR and 1 shock, Ventricular fibrillation persists. A second shock is given and chest compressions are resumed immediately. An I.V. is in place and no drugs have been given.

Bag-mask ventilations are producing visible chest rise. What is your next order?

You arrive on the scene to find a 56-year-old diabetic woman with dizziness. She is pale and diaphoretic. Her systolic blood pressure is 80. The cardiac monitor shows a brady arrhythmia. The Client is receiving oxygen at 4 Liters per minute and an I.V. has been established. Your next order is AHA Pediatric Advanced Life Support (PALS) Practice Test with Answers - AHA Pediatric Advanced Life Support (PALS) Practice Test with Answers by Florida Training Academy 25,512 views Streamed 8 months ago 28 minutes - Test your knowledge with our **free, PALS Practice Test**,. The practice exam consists of 25 multiple-choice questions that are derived ...

You are called to help resuscitate an infant with severe symptomatic bradycardia associated with respiratory distress. The bradycardia persists despite establishment of an effective airway, oxygenation, and ventilation. There is no heart block present. Which of the following is the first drug you should administer?

General assessment of a 2-year-old female reveals her to be alert with mild breathing difficulty during inspiration. On primary assessment, she makes high-pitched inspiratory sounds (mild stridor) when agitated. Her oxygen level is 92% on room air. Lung auscultation reveals transmitted upper airway sounds with adequate distal breath sounds bilaterally. Which of the following is the most appropriate initial therapy intervention for this child?

You enter a room to perform a general assessment of a previously stable 10-year-old male and find him unresponsive and apneic. A code is called and bag-mask ventilation is performed with 100% oxygen. The cardiac monitor shows a wide-complex tachycardia. The boy has no detectable pulses. You deliver an unsynchronized shock with 2 Joules per kilogram and resume immediate CPR beginning with compressions. A team member had established I.O. access, so you give a dose of epinephrine. At the next rhythm check, persistent Ventricular Fibrillation is present. You administer a 4 Joules per kilogram shock and resume CPR. Based on the PALS Pulseless Arrest Algorithm, what

is the next drug to administer when CPR is restarted?

Parents of a 1-year-old female phoned the Emergency Response System when they picked up their daughter from the baby-sitter. Paramedics perform a general assessment revealing an obtunded infant with irregular breathing, bruises over the abdomen, abdominal distention, and cyanosis. Assisted bag-mask ventilation with 100% oxygen is initiated. The heart rate is 36 per minute, peripheral pulses cannot be palpated, and central pulses are barely palpable. Chest compressions are started with a 15:2 compression-to-ventilation ratio. In the emergency department the infant is intubated and ventilated with 100% oxygen, and LV. access is established. The heart rate is now up to 150 beats per minute but there are weak central pulses and no distal pulses. Systolic blood pressure is 74. Of the following, which would be most useful in management of this infant?

An infant with a history of vomiting and diarrhea arrives by ambulance. During your primary assessment the infant responds only to painful stimulation. The upper airway is patent, the respiratory rate is 40 with good bilateral breath sounds, and 100% oxygen is being administered. The infant has cool extremities, weak pulses, and a capillary refill time of more than 5 seconds. The infant's systolic blood pressure is 85, and bedside glucose level is 30. Which of the following is the most appropriate treatment to provide for this infant?

General assessment of a 9-year-old male with increased work of breathing. reveals the boy to be agitated and leaning forward on the bed with obvious respiratory distress. You administer 100% oxygen by nonrebreathing mask. The patient is speaking in short phrases and tells you that he has asthma but does not carry an inhaler. He has nasal flaring, severe suprasternal and intercostal retractions, and decreased air movement with prolonged expiratory time and wheezing. His oxygen level is 92% on a nonrebreathing mask. What is the next medical therapy to provide to this patient?

An 8-month-old male is brought to the emergency department for evaluation of severe diarrhea and dehydration. In the E.D. the child becomes unresponsive and pulseless. You shout for help and start CPR at a compression rate of 100 per minute and a compression-to-ventilation ratio of 30:2. Another provider arrives, at which point you switch to 2. rescuer CPR with a compression-to-ventilation ratio of 15:2. The cardiac monitor shows Ventricular Fibrillation.

General assessment of a 10-month-old male in the emergency department reveals a lethargic pale infant with slow respirations. You begin assisted ventilation with a bag-mask device using 100% oxygen. On primary assessment heart rate is 38, central pulses are weak but distal pulses cannot be palpated, systolic blood pressure is 60, and capillary refill is 4 seconds. During your assessment a colleague places the child on a cardiac monitor, and you observe a bradycardic rhythm. The rhythm remains unchanged despite ventilation with 100% oxygen. What are your next management steps?

A 3-year-old unresponsive, apneic child is brought to the emergency department. Emergency personnel report that the child became unresponsive as they arrived at the hospital. The child is receiving CPR, including bag-mask ventilation with 100% oxygen and chest compressions at a rate of 100 per minute. Compressions and ventilations are being coordinated at a ratio of 15:2. You confirm that apnea is present and that ventilation is producing bilateral breath sounds and chest expansion while a colleague confirms absent pulses. Cardiac monitor shows Ventricular Tachycardia.

General assessment of a 10-year-old male shows him to be unresponsive. You shout for help, check breathing, find he is apneic, and give 2 breaths. After finding that he is pulseless, you begin cycles of compressions and ventilations with a compression rate of 100 per minute and compression-to-ventilation ratio of 30:2. A colleague arrives and places the child on a cardiac monitor, revealing Ventricular Fibrillation.

A child becomes unresponsive in the emergency department and is not breathing. You provide ventilation with 100% oxygen. You are uncertain if a faint pulse is present. What is your next action? You are preparing to use a manual defibrillator and paddles in the pediatric setting. When would it be most appropriate to use the smaller "pediatric" sized paddles for shock delivery?

A 7-year-old boy is found unresponsive, apneic, and pulseless. CPR is ongoing. The child is intubated and vascular access is established. The heart monitor reveals an organized rhythm, but a pulse check reveals no palpable pulses. Effective ventilations and compressions are resumed, and an initial I.V. dose of epinephrine is administered. Which of the following therapies should you perform next?

You are evaluating an irritable 6-year-old girl with mottled color. On primary assessment she is febrile with a temperature of 40 degrees Celsius or 104 degrees Fahrenheit. Her extremities are cold with a capillary refill of 5 seconds. Distal pulses are absent and central pulses are weak. Heart rate is 180 per minute, respiratory rate is 45 breaths per minute, and a systolic blood pressure is 98. Which of the following most accurately describes the categorization of this child's condition using the terminology taught in the PALS Provider Course?

An 18-month-old child presents with a 1-week history of cough and runny nose. You perform a general

assessment, which reveals a toddler responsive only to painful stimulation with slow respirations and diffuse cyanosis. You begin a primary assessment and find that the child's respiratory rate has fallen from 65 breaths per minute to 10. Severe inspiratory intercostal retractions are present. The heart rate is 160, oxygen level is 65% on room air, and the capillary refill is less than 2 seconds. Which of the following is the most appropriate immediate treatment for this toddler?

You are supervising another healthcare provider who is inserting an intraosseous needle into an infant's tibia. Which of the following signs should you tell the provider is the best indication of successful insertion of a needle into the bone marrow cavity?

#24: A pale and obtunded 3-year-old child with a history of diarrhea is brought to the hospital. Primary assessment reveals a respiratory rate of 45 breaths per minute with good breath sounds bilaterally. Heart rate is 150 beats per minute, systolic blood pressure is 90, and the oxygen level is 92% in room air. Capillary refill is 5 seconds and peripheral pulses are weak. After placing the child on a nonbreathing face mask with 100% oxygen and obtaining vascular access, which of the following is the most appropriate immediate treatment for this child?

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- 2..Big Heads and Airway Managment: 3 Reasons to Pay Attention
- 3..Small Mouths, Large Tongues, Tonsils & Floppy Epiglottis
- 4..Trachea & Needle Cricothyrotomy
- 5..Oxygen [O2]- Know How to Hook it Up
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Primary Survey

Circulation

Secondary Survey

Outro

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Intro

ABCDE Approach

Overview

Preparedness

Things to Consider

Team Sport

Physical Findings

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Primary Survey
Rapid Trauma Exam Overview
Primary Focus
Airway Assessment
Breathing Assessment
Neuro Exam
Exposure
Review
Rectal Exam
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Secondary Survey

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check the airway

identify as a problem with circulation

airway with cervical spine

head up the chin extension

maintain cervical spine protection

ventilate them using an intermittent positive pressure ventilation system

feel the central pulses

assess the patient using the central pulses

check with the paramedics

clip off the bleeding

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Airway

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Circulation

Disability

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secondary survey

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CHAPTER 5
MECHANISM OF INJURY
PRIMARY SURVEY
SECONDARY SURVEY
PELVIC EXAM
LAPAROTOMY
PANCREATIC AND DOUDENAL INJURY
GENITOURINARY INJURY
SEATBELT SIGN
PELVIC FRACTURE

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Tracheal Deviation
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Circulatory Status
Chest Symmetry
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