Dear PHTLS Student:

Welcome to the Prehospital Trauma Life Support Program sponsored by the National Association of EMT’s and hosted by the UCLA Center for Prehospital Care! The PHTLS program was created in recognition of the real need in EMS education for additional training in the handling of trauma patients.

This 2-day course contains the latest standards in prehospital trauma care using didactic lectures and hands-on skill sessions. After successful completion, the student will be certified for 4 years. The program will be held at the UCLA Paramedic Education Program facility, located at 5220 Pacific Concourse Pl., Suite 250 in Los Angeles near LAX. Parking is free and available in the lot immediately adjacent to the school. Please do not park on the streets.

While it is not a requirement, it is strongly recommended that course participants have sufficient field experience in their discipline, whether it is EMT, paramedic, nurse or physician. You must have a provider license number to take the course. Full comprehension of the lectures will require that participants have read the required PHTLS textbook: PHTLS-Prehospital Trauma Life Support (8th Edition, Jones and Bartlett Learning) prior to the start of program. You can purchase this required textbook online at www.UCLACPCBooks.org. Please plan ahead and purchase the book online in advance.

Breakfast and lunch will not be provided during the course. However, there are several places to eat within a few minutes from the school. You will have an hour break for lunch.

Please wear comfortable clothing and closed-toed shoes as you will do hands-on skills practice outside.

You must complete the mandatory pre-test before attending the course. Please bring the completed answer sheet to the first day of class.

There will be a baseline skills assessment soon after the class is started on Saturday morning. Please be aware that you will NOT be permitted to participate in the class if you are late and miss the baseline assessment. The class will be from 8am-6pm on both days. Please plan your weekend and travel needs accordingly.

If you have any questions regarding this information or the course in general, please feel free to contact our office at (310) 312-9306. I look forward to your participation in our program!

Sincerely,

Benjamin E. Esparza
Benjamin E. Esparza, BA, NRP
PHTLS Program Coordinator
UCLA Center for Prehospital Care
PHTLS PRETEST

Please respond to each question with the most correct answer from the given choices. There is only one answer for each question.

1) You arrive at the scene of a motor vehicle collision in which a vehicle struck a tree. Which is the best indicator of potential injury?

   A) Circumference of the vehicle  
   B) Diameter of the tree  
   C) Mass of the vehicle  
   D) Speed of the vehicle

2) The potential for death or serious injury is greatest in which of the following motor vehicle collisions?

   A) Down and under  
   B) Ejection from vehicle  
   C) Lateral compression  
   D) Up and over

3) Bilateral femur fractures are most often associated with which type of motorcycle crash?

   A) Angular impact  
   B) Bike-road impact  
   C) Head-on impact  
   D) Rear impact

4) Which is the preferred fluid for resuscitation of hemorrhagic shock in the prehospital setting?

   A) 5% dextrose in water  
   B) 7.5% hypertonic saline  
   C) Hetastarch  
   D) Lactated Ringer’s

5) Which is the most common cause of upper airway obstruction in the trauma patient?

   A) Blood  
   B) Teeth  
   C) Tongue  
   D) Vomitus
6) Which is the preferred adjunct device for verifying placement of an endotracheal tube in a patient with a perfusing rhythm?

A) End-tidal CO₂ monitoring (capnography)
B) Esophageal detector device
C) Pulse oximeter
D) Stethoscope

7) Which is the most important reason to maintain an open airway in the trauma patient?

A) Prevents aspiration and pneumonia
B) Prevents hypoxemia and hypercarbia
C) Prevents snoring respirations
D) Prevents the tongue from blocking the pharynx

8) Essential airway skills include manual clearing of the airway, manual maneuvers, suctioning and which of the following?

A) Dual lumen airway
B) Endotracheal intubation
C) Laryngeal mask airway
D) Oropharyngeal airway

9) Your patient is a middle aged male who crashed his motorcycle. He is unresponsive. After opening the airway using a modified jaw thrust, you note the patient has respirations at a rate of 6. Auscultation reveals breath sounds are absent on the left side. Which of the following is the most appropriate next intervention?

A) Apply a non-rebreather mask
B) Begin ventilation with a BVM
C) Insert an endotracheal tube
D) Perform a needle decompression

10) Which best describes shock?

A) Decreased Glasgow Coma Scale (GCS)
B) Flushed, dry, hot skin combined with bradycardia
C) Generalized inadequate tissue perfusion
D) Low blood pressure combined with tachycardia
11) Your patient has a deep laceration to his antecubital fossa with significant bleeding. What is the most appropriate initial action?

A) Apply a tourniquet
B) Apply direct pressure
C) Initiate rapid transport
D) Restore blood volume

12) Hypotension of unknown etiology in a trauma patient should be assumed to result from which of the following?

A) Blood loss
B) Cardiac tamponade
C) Spinal injury
D) Tension pneumothorax

13) Which assessment is most beneficial in differentiating hemorrhagic shock from neurogenic shock in the prehospital setting?

A) Abdomen
B) Blood pressure
C) Neurologic status
D) Skin

14) The body initially compensates for blood loss through activation of which of the following?

A) Parasympathetic nervous system
B) Reticular activating system
C) Spinal reflex arcs
D) Sympathetic nervous system

15) Medication used by trauma patients for pre-existing conditions may cause which of the following?

A) Herbal preparations may enhance blood clotting
B) Anti-inflammatory agents may enhance blood clotting
C) Beta blockers may prevent tachycardia with blood loss
D) Calcium channel blockers may slow the onset of shock
16) The target blood pressure for a trauma patient with suspected intraabdominal hemorrhage is which of the following?

A) 60 – 70mm Hg  
B) 80 – 90 mm Hg  
C) 100 – 110 mm Hg  
D) 120 – 130 mm Hg

17) Which best explains the mechanism by which gas exchange is impaired in pulmonary contusion?

A) Blood in the alveoli  
B) Collapse of the alveoli  
C) Compression of the lung tissue  
D) Partial occlusion of the bronchi

18) Which of the following is a key finding that differentiates cardiac tamponade from tension pneumothorax?

A) Distended jugular veins  
B) Equal breath sounds  
C) Hypotension  
D) Tachycardia

19) Your patient is a 20 year old male who struck his head on a teammate’s knee while diving to catch a football. He was not wearing a helmet. He demonstrates decerebrate posturing and has a GCS score of 4. His heart rate is 58, blood pressure 180/102 and his left pupil is dilated. What is the best ventilation rate to use when managing this patient?

A) 10 breaths per minute.  
B) 20 breaths per minute.  
C) 30 breaths per minute.  
D) 35 breaths per minute.
20) A 20 year old female was ejected from her vehicle during a high speed roll-over motor vehicle collision. She has significant bleeding from a large laceration. Your initial assessment reveals a GCS score of 7, systolic blood pressure of 70 mm Hg and pupils that are equal but respond sluggishly to light. After establishing two large bore IV lines, you should titrate the infusion rate to achieve a target blood pressure of at least

A) 60 mm Hg.
B) 70 mm Hg.
C) 80 mm Hg.
D) 90 mm Hg.

21) Which of the following is the preferred prehospital wound management for a patient with a 36% body surface area flame burn?

A) Cool moist dressings
B) Dry sterile dressings
C) Elastic bandages
D) Topical ointments

22) The most immediate life threatening condition resulting from injury to solid abdominal organs is which of the following?

A) Acute respiratory failure
B) Hemorrhage.
C) Multiple organ failure.
D) Peritonitis

23) An adult male sustained a deep laceration to his distal thigh. Bright red blood is spurting from the wound. Direct pressure is not controlling the bleeding. What is the most appropriate next step?

A) Apply a topical hemostatic agent and transport
B) Apply a tourniquet and tighten it until bleeding stops
C) Elevate the leg and apply pressure to the femoral artery
D) Maintain direct pressure and transport immediately
24) An 18-year-old female was struck by a car and has sustained an apparent left femur fracture. Communication with her is hampered because she only speaks a foreign language. Which finding, by itself, does not mandate immobilization of the cervical spine?

A) Fracture of the femur  
B) Inability to communicate  
C) Mechanism of injury  
D) Tenderness over the cervical spine

25) During the primary survey of a trauma patient, you note that the patient is agitated and confused, and has multiple injuries from an altercation. Which of the following choices is the most appropriate first treatment priority?

A) Blood glucose determination  
B) Correction of possible hypoxia  
C) Full immobilization to a backboard  
D) Obtain intravenous access
Pre-Hospital Trauma Life Support Provider Program  
Written Evaluation Answer Sheet

Name: ____________________________________________________________

Course Number: ___________________________  Date: ____________

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1 | A | B | C | D | 26 | A | B | C | D |
| 2 | A | B | C | D | 27 | A | B | C | D |
| 3 | A | B | C | D | 28 | A | B | C | D |
| 4 | A | B | C | D | 29 | A | B | C | D |
| 5 | A | B | C | D | 30 | A | B | C | D |
| 6 | A | B | C | D | 31 | A | B | C | D |
| 7 | A | B | C | D | 32 | A | B | C | D |
| 8 | A | B | C | D | 33 | A | B | C | D |
| 9 | A | B | C | D | 34 | A | B | C | D |
|10 | A | B | C | D | 35 | A | B | C | D |
|11 | A | B | C | D | 36 | A | B | C | D |
|12 | A | B | C | D | 37 | A | B | C | D |
|13 | A | B | C | D | 38 | A | B | C | D |
|14 | A | B | C | D | 39 | A | B | C | D |
|15 | A | B | C | D | 40 | A | B | C | D |
|16 | A | B | C | D | 41 | A | B | C | D |
|17 | A | B | C | D | 42 | A | B | C | D |
|18 | A | B | C | D | 43 | A | B | C | D |
|19 | A | B | C | D | 44 | A | B | C | D |
|20 | A | B | C | D | 45 | A | B | C | D |
|21 | A | B | C | D | 46 | A | B | C | D |
|22 | A | B | C | D | 47 | A | B | C | D |
|23 | A | B | C | D | 48 | A | B | C | D |
|24 | A | B | C | D | 49 | A | B | C | D |
|25 | A | B | C | D | 50 | A | B | C | D |
UCLA Paramedic Education Program
5220 Pacific Concourse, Los Angeles, CA 90045

From the 405 North & 405 South

Southbound: Take the Century Blvd East/Imperial Hwy exit ramp, and stay to the left. Proceed to the Imperial Hwy exit, and turn left onto La Cienega from the onramp. Turn right on Pacific Concourse, the first stoplight.

Northbound: Exit El Segundo Blvd. toward El Segundo. Turn left onto El Segundo Blvd. Pass under the freeway and turn right onto La Cienega. After about 0.7 miles, turn left on Pacific Concourse.

From the 105 West

Take the exit for La Cienega Bl/Aвиation Blvd. Turn right onto Imperial Hwy. Turn right on La Cienega. Turn right on Pacific Concourse.

Parking

Park in the pay parking lot next to 5220 Pacific Concourse, which is the leftmost of the three buildings in the office park. The daily parking rate is $10.