Name: _____ **Date:** _____

Answer Key: Could You Save a Life? 12th Grade Advanced Crisis Triage Quiz

Analyze 10 high-stakes medical scenarios involving legal ethics, pathophysiology, and rapid intervention protocols for life-threatening emergencies.

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1. When assessing a patient with a suspected tension pneumothorax secondary to blunt force chest trauma, which clinical finding most critically indicates the need for immediate needle decompression?

Answer: B) Tracheal deviation toward the unaffected side

Tracheal deviation is a late and critical sign of obstructive shock in tension pneumothorax, indicating that intrathoracic pressure is displacing mediastinal structures and compromising venous return to the heart.

2. In the context of the 'Golden Hour' of trauma care, a responder must recognize that the most common cause of preventable death following a penetrating injury is _____.

Answer: C) Exsanguination

Exsanguination (uncontrolled bleeding) is the leading cause of preventable death in trauma. Immediate hemorrhage control via tourniquets or hemostatic dressings is prioritized even over airway management in 'MARCH' protocols.

3. True or False: According to the principle of 'Implied Consent,' a first responder may legally provide life-saving intervention to an unconscious minor even if a legal guardian is not present to provide authorization.

Answer: A) True

Implied consent assumes that a person who is unconscious or otherwise unable to respond would want life-saving treatment. This legal doctrine protects responders providing standard-of-care emergency aid.

4. A victim of a deep thermal burn presents with charred, white skin that is surprisingly painless to the touch. How should this injury be classified and managed?

Answer: B) Third-degree; cover with dry sterile dressing and monitor for shock

Third-degree (full-thickness) burns destroy nerve endings, resulting in a lack of pain at the site. Management requires sterile covering and systemic support; ice should never be used as it further compromises tissue perfusion.

5. During a mass casualty incident (MCI), a patient who is unable to follow simple commands and has a respiratory rate over 30 breaths per minute should be tagged with the color _____.

Name: _____ **Date:** _____

Answer: C) Red

In the START triage system, 'Red' (Immediate) is for patients with compromised respirations, perfusion, or mental status who require immediate intervention to survive.

6. True or False: When treating an object impaled in the abdomen, the primary objective is to remove the object as quickly as possible to allow for wound cleaning and closure.

Answer: B) False

Impaled objects should be stabilized in place. Removing them can cause uncontrollable hemorrhage, as the object itself may be providing 'tamponade' (pressure) on damaged blood vessels.

7. While managing a suspected opioid overdose, you administer Naloxone (Narcan). For which physiological complication must you be most prepared following administration?

Answer: B) Sudden violent withdrawal or combative behavior

Naloxone displaces opioids from receptors. In dependent individuals, this can cause 'precipitated withdrawal,' leading to vomiting, agitation, or combativeness as the patient awakens.

8. When utilizing an Automated External Defibrillator (AED) on a patient in cardiac arrest, the device is specifically designed to treat ventricular fibrillation and _____.

Answer: C) Pulseless ventricular tachycardia

AEDs are programmed to detect and shock 'shockable rhythms' where electrical synchronization is lost. Asystole (flatline) is not a shockable rhythm; it requires CPR and epinephrine.

9. True or False: If a patient is experiencing an ischemic stroke, the administration of aspirin by a first aider is contraindicated until a CT scan can rule out a hemorrhagic stroke.

Answer: A) True

Unlike a heart attack, where aspirin is standard, giving aspirin to a stroke victim before imaging can be fatal if the stroke is hemorrhagic (bleeding in the brain) rather than ischemic (clot).

10. Evaluate the following scenario: A 17-year-old athlete collapses in 100°F heat, exhibiting altered mental status and hot, dry skin. What is the most physiologically appropriate first priority?

Answer: B) Rapid cooling via cold-water immersion

Name: _____ Date: _____

The patient shows signs of heatstroke. This is a failure of the thermoregulatory system, not a standard fever. Rapid cooling is the only way to prevent permanent neurological damage or multi-organ failure.