Name: _____ **Date:** _____

Answer Key: Triage Architect: 9th Grade Emergency Response Simulation Quiz

Critical thinkers develop life-saving decision-making skills by analyzing clinical priorities, legal boundaries like Duty to Care, and complex trauma management.

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1. You encounter an unconscious victim in a remote area. After ensuring scene safety and checking responsiveness, you notice the victim is breathing but has no carotid pulse. What is the most physiologically sound next step?

Answer: C) Re-evaluate the pulse; it is physiologically impossible to breathe without a pulse.

In medical assessment, breathing and pulse are linked. If there is no pulse, breathing will cease within seconds (agonal gasps may occur, but are not effective breathing). A pulse check that contradicts breathing status indicates a need for re-assessment.

2. Under the 'Good Samaritan' laws in most jurisdictions, a layperson is legally protected even if they perform medical procedures significantly beyond their level of training, provided they intended to help.

Answer: B) False

Good Samaritan laws typically only protect responders who act within the scope of their training and do not exhibit gross negligence or willful misconduct.

3. When treating a victim of a suspected spinal injury who is also vomiting, the most critical technique to prevent aspiration while maintaining spinal alignment is the _____.

Answer: B) Log Roll

The Log Roll involves moving the entire body as a single unit to the side, preventing twisting of the spine while clearing the airway of vomit.

4. In a mass-casualty incident (MCI), you apply the S.T.A.R.T. triage method. You find a victim who is unable to walk, has a respiratory rate of 35 breaths per minute, and can follow simple commands. What color tag should they receive?

Answer: C) Red (Immediate)

Using the START triage algorithm (Simple Triage and Rapid Treatment), a respiratory rate greater than 30 breaths per minute automatically classifies a patient as 'Red' or 'Immediate'.

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5. During a severe arterial bleed on a limb that cannot be controlled by direct pressure, a bystander should apply a _____ approximately 2-3 inches above the wound.

Answer: C) Tourniquet

A tourniquet is the standard intervention for life-threatening extremity hemorrhage that does not respond to direct pressure.

6. In the case of a 'penetrating chest wound' (sucking chest wound), the current best practice is to seal the wound on all four sides with an airtight material to ensure no air entering the pleural space.

Answer: B) False

Airtight seals on all four sides can cause a tension pneumothorax. Current protocols often recommend a three-sided occlusive dressing or a vented chest seal to allow trapped air to escape.

7. A victim is exhibiting confusion, cold/clammy skin, and a rapid, weak pulse after a severe impact. These clinical signs most likely indicate which physiological state?

Answer: B) Hypovolemic Shock

Hypovolemic shock occurs when there is a significant loss of body fluid or blood, characterized by a rapid pulse (tachycardia) and poor peripheral perfusion (clammy skin).

8. If an AED (Automated External Defibrillator) analyzes a patient and advises 'No Shock Advised,' the responder should immediately _____.

Answer: B) Resume CPR

AED protocols state that if no shock is advised, the responder should resume CPR (starting with compressions) immediately to maintain perfusion until the device re-analyzes.

9. When assessing an individual with a potential head injury using the Glasgow Coma Scale (GCS), which of the following is NOT one of the three primary categories evaluated?

Answer: D) Pupillary Light Reflex

The Glasgow Coma Scale measures Eye, Verbal, and Motor responses (EVM). While pupillary reflex is a neurological check, it is not part of the numerical GCS score calculation.

10. Hyperthermia treatment for 'Heat Stroke' differs from 'Heat Exhaustion' because heat stroke constitutes a true medical emergency involving the failure of the body's thermoregulatory system.

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Answer: A) True

Heat stroke is defined by a core temperature above 104°F and central nervous system dysfunction; unlike heat exhaustion, it can be fatal without immediate aggressive cooling.