1. Occult or hidden trauma is LEAST suspected in which of these conditions:
   a. in the injured arriving at trauma I or II centers, in a private vehicle
   b. when the transferred are initially treated at NDTS
   c. when the injured are triaged in a facility that uses standard trauma protocols
   d. in elderly patients

2. In patients triaged as having occult or hidden trauma, current research indicates lower mortality rates and improved outcomes when the injured arrive at a trauma center:
   a. within 2 hours or less
   b. during daytime hours when there is more staff
   c. when the trauma has been witnessed before arriving in the ED
   d. that treats motor vehicle trauma

3. From current research, incidence and prevalence of missed injuries in patients with trauma:
   a. indicates missed trauma injuries are decreasing annually in the U.S.
   b. are high if the injured were initially ambulatory at the scene or in the ED
   c. are low when the injury does not involve blood loss
   d. are low when the another person can provide the details of how the patient was injured

4. Which of the following conditions of a patient admitted to the ED would indicate need for a trauma evaluation?
   a. Glasgow Coma Scale of 15
   b. systolic BP >90
   c. flail chest
   d. burns of <10 percent total body surface

5. Mechanism of injury is essential in a trauma evaluation. If a patient falls, what is the minimal depth to indicate possible trauma?
   a. >10 feet
   b. >20 feet
   c. >30 feet
   d. >40 feet

6. The “problem of geography,” as coined by a trauma expert, relates to missed injuries if:
   a. the patient is taken directly to a fast-track or non-urgent area
   b. the patient was injured >100 miles from a trauma center
   c. no one witnessed the trauma
   d. the patient was injured in another state, there is no trauma designation

7. Literature suggests missed trauma injuries occur:
   a. before the injured person receives treatment
   b. during the transfer from a NDTS to a trauma center
   c. when the patient is assessed/triaged at the trauma center
   d. at any stage from the initial injury through the management of the trauma patient

8. When assessing the mechanism by which energy is transferred from the environment to the trauma victim, which force is most common?
   a. mechanical
   b. biological
   c. chemical
   d. electrical

9. Missed injuries in trauma patients are avoidable if all of the following are present EXCEPT:
   a. clinical assessments are repeated
   b. there is a high degree of suspicion
   c. nurses have >10 years of trauma experience
   d. X-ray studies are repeated

10. For trauma patients presented to a NDTS, what is the first priority?
    a. treat minor injuries
    b. identify life-threatening injuries
    c. transfer the patient to a trauma center
    d. notify the patient’s emergency contact

Evaluation

1. I can discuss mechanisms of injury that may identify the trauma patient.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

2. I can identify two critical questions to ask the patient presenting with injury:
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

3. I can discuss two challenges to accurately problem recognition by the nurse.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

4. The objectives relate to the overall goal of the article.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

5. The article is well-written and logically organized, and defines terms adequately.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

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JOB TITLE that best describes your position (fill in just one circle completely)

A. RN
   a. Director of Nursing
   b. Manager/Supervisor
   c. Nursing Administrator
   d. Nursing Faculty
   e. Private Practice
   f. Staff Development
   g. Staff Nurse
   h. Program Director

B. LPN
   a. Nursing School Student
   b. LPN
   c. Grad. date
   d. Senior
   e. Non-Senior (Digital Only)
   f. Nursing School

C. CRNA
   a. Critical Care
   b. Cardiovascular
   c. Dialysis
   d. Emergency
   e. Endoscopy
   f. Geriatrics
   g. Gynecology
   h. Home Health
   i. Hospice
   j. ICU
   k. Infection Control
   l. IV Therapy
   m. Managed Care
   n. Management
   o. Administrative
   p. Maternal/Child
   q. Med/Surg
   r. Med/Reg
   s. Nursing Clinical Informatics
   t. Occupational Health
   u. Office
   v. Oncology
   w. OR/PA/CACU
   x. Orthopedics
   y. Pediatrics
   z. Psychiatric

D. RN01
   a. Ambulatory
   b. Cardiac
   c. Case Management
   d. Chemical Dependency
   e. Clinical Specialist
   f. Critical Care
   g. CNPA
   h. Dermatology
   i. Diatics
   j. Education
   k. ED/ER
   l. Geriatrics/LTC
   m. Gynecology
   n. Home Health
   o. Hospice
   p. ICU
   q. Infection Control
   r. IV Therapy
   s. Managed Care
   t. Management
   u. Administrative
   v. Material/Child
   w. Med/Surg
   x. Med/Reg
   y. Nursing Clinical Informatics
   z. Occupational Health
   AA. Office
   BB. Oncology
   CC. OR/PA/CACU
   DD. Orthopedics
   EE. Pediatrics
   FF. Psychiatric

PRACTICE SETTING that best describes your setting (fill in just one circle completely)

A. Ambulatory
B. Cardiac
C. Case Management
D. Chemical Dependency
E. Clinical Specialist
F. Critical Care
G. CNPA
H. Dermatology
I. Dialysis
J. Education
K. ED/ER
L. Geriatrics/LTC
M. Gynecology
N. Home Health
O. Hospice
P. ICU
Q. Infection Control
R. IV Therapy
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X. Med/Reg
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Z. Occupational Health
AA. Office
BB. Oncology
CC. OR/PA/CACU
DD. Orthopedics
EE. Pediatrics
FF. Psychiatric
GG. Public Health
HH. Rehab
II. Research
JJ. Sales/Marketing
KK. School Nurse
LL. Student
MM. Substance Abuse
NN. Support Staffing
OO. Travel Nursing
PP. UN/A