1. By definition, a pneumothorax is explained as which of the following:
   a. an injury to the chest wall
   b. a rapid airway pressure change
   c. the presence of air between the visceral and parietal pleura of the lung
   d. bronchial and lobular collapse

2. Trauma pneumothorax presents:
   a. almost exclusively in the elderly
   b. as intense, stabbing chest pain followed by a fall in oxygen saturation
   c. with varying degrees of acute pain and discomfort and in patients of all ages
   d. most often as a singular injury not accompanied by other acute or chronic health problems

3. The following are true about lung pressures EXCEPT:
   a. neck muscles are not used in unlabored respiration
   b. negative pressure ventilation is a medical emergency
   c. surface tension on alveoli pulls the lungs inward
   d. transpulmonary pressure keeps the lungs inflated

4. Which of the following patients is at high risk for a trauma pneumothorax caused by non-penetrating injury?
   a. an otherwise stable patient beaten with a baseball bat
   b. a dyspneic patient after several unsuccessful central line attempts
   c. a young and healthy patient with shortness of breath after coughing
   d. a patient with chronic obstructive pulmonary disease and possible barotrauma from improper ventilator settings

5. Which assessment finding is NOT associated with trauma pneumothorax?
   a. emergence delirium
   b. pulmonary contusion
   c. rib fracture
   d. subcutaneous emphysema

6. Besides other chest and airway injuries, what diagnosis can mimic tension pneumothorax?
   a. chronic obstructive pulmonary disease
   b. cardiac tamponade
   c. mesothelioma
   d. abdominal obstruction

7. The following assessment findings may be indicative of pneumothorax:
   a. non-fractured ribs
   b. contralateral ribs in dependent lung lobes
   c. muffled heart sounds and flattened neck veins in a patient without massive blood loss
   d. unexplained dyspnea, reduced ipsilateral chest expansion and lung fields hyperresonant to percussion and silent to auscultation

8. The nurse’s assessment continues after chest tube placement primarily because:
   a. chest tubes can kink or clog and lose suction or seal
   b. of the liability risk
   c. of hospital protocol after sedation procedures
   d. chest tube insertion has minimal risk, but the absence of a purge-string suture increases the risk that the tube will fall out

9. A cyanotic patient arrives in triage in shock; broken ribs, subcutaneous emphysema and absent breath sounds persist on the left side, and vital signs are unstable despite 100% oxygen and ongoing fluid boluses. The nurse should prepare for:
   a. bedside thoracic ultrasound once the physician gives the order
   b. supine chest radiography
   c. intubation and chest tube placement
   d. dobutamine infusion and thoracic CT

10. Diagnoses of an occult pneumothorax:
    a. is difficult because ultrasound detection takes considerable training
    b. should be immediately followed by chest tube insertion
    c. occurs at the same rate at all institutions regardless of the methods or personnel used
    d. occurs in 15% of patients with blunt thoracic injuries and is similar clinically to a non-occult pneumothorax

Evaluation

1. I can discuss the consequences of trauma pneumothorax.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

2. I can identify how to quickly perform a trauma assessment.
   a. strongly agree
   b. agree
   c. neutral
   d. disagree
   e. strongly disagree

3. I can discuss diagnostic and therapeutic interventions to identify and treat trauma pneumothorax.
   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

Trauma Pneumothorax

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