MULTIPLE CHOICE: Choose the one alternative that best completes the statement or answers the question.

1.1-1 The bones that come together to form the pelvis are:
   A. Humerous, tibia, and fibula
   B. Femur, temporal bone, maxilla
   C. Ilium, ischium, pubis
   D. Radius, ulna, maxilla

1.2-1 When palpating for a pelvic fracture you should:
   A. Grab an affected leg and pull with traction
   B. Make sure that their body remains inline position
   C. Apply gentle inward and downward pressure to the pelvis
   D. Apply forceful inward and downward pressure to the pelvis

1.3-1 You are responding to a MVC. Upon arrival you find your patient was ejected from the vehicle and is now lying several feet from the impact site. You notice that both legs are rotated outward and the patient is complaining of severe pain to the pelvic area. Vital signs are B/P 84/60 Pulse 116 and respiration rate of 22 you should:
   A. Apply oxygen and transport quickly to trauma center
   B. Do initial assessment, apply O2, C-spine immobilization, and pelvic splinting rapid transport.
   C. Do focused exam, apply O2, and apply pelvic splint
   D. Do nothing the patient is going to die anyway

1.4-1 The average pelvis contains how much blood if a severe fracture is present:
   A. 5 liters
   B. 4 liters
   C. 2 liters
   D. ½ liter

1.5-1 All of these devices are approved for pelvic fractures EXCEPT:
   A. Pelvic immobilization device
   B. PASG
   C. Sheet made into a sling
   D. Kendric traction device
1.2-2 Which of the following is a common association with a pelvic fracture
   A. Broken femur head
   B. Dislocated hip
   C. Fractured coccyx
   D. Straitening of the sacral curve

1.1-2 Pelvic fractures involve either the ___________ or the ______________
   A. Femur, iliac crest
   B. Hip, spine
   C. Iliac crest, pelvic ring
   D. Pelvic ring, femur

1.4-2 A patient suffering from a pelvic fracture
   A. Is always a rapid transport
   B. Is a rapid transport if their blood pressure is low
   C. Is always a casual transport
   D. Can be downgraded from a rapid transport if blood pressure is good

1.3-2 During internal bleeding from a pelvic fracture, blood not only enters the pelvic cavity but can also enter the
   A. Retroperitoneal space
   B. Upper legs
   C. Genital region
   D. Thorax

1.5-2 A commercially available sling should be applied ________________ for optimum effectiveness
   A. With the iliac crest and the top of the sling lined up
   B. With the bottom of the sling over the great trochanters
   C. Centered over the great trochanters
   D. Doesn’t matter, just as long as it goes around the pelvis

EMTs stop here
AEMT & Paramedic – Pelvic Immobilization Devices Test (continued)

2.1-1 You have performed an assessment and your patient appears to have a pelvic fracture. After starting your IV, what is the minimum systolic blood pressure should you maintain?
   A. 110 mmHg
   B. 75 mmHg
   C. 100 mmHg
   D. 90 mmHg

2.1-2 Which of the following should be used for fluid replacement in a pelvic fracture patient
   A. 100 ml of lactated ringers
   B. 1000 ml of normal saline
   C. 1000 ml of D5W
   D. 250 ml of normal saline

AEMTs stop here

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3.1-1 Which of the following is an appropriate intervention for pain management of a patient with a pelvic fracture?
   A. 10 mg of Versed IM
   B. 2-4 mg of Morphine slow IV push
   C. 5-10 mcg/kg of Fentanyl slow IV push
   D. 10-12 mg of Morphine rapid IV push

3.1-2 After administration of pain management, which of the following is most important to reassess?
   A. Pain level, pupils, and reassessment of pelvis
   B. PMS, pain level, and capillary refill in toes
   C. Vital signs, pain level, and mental status
   D. Pelvic immobilization device placement, vital signs, pain level
Answer Sheet – EMT, AEMT, Paramedic – Pelvic Immobilization Devices

1.1-1  C  
1.2-1  C  
1.3-1  B  
1.4-1  C  
1.5-1  D  
1.2-2  B  
1.1-2  C  
1.4-2  A  
1.3-2  A  
1.5-2  C  

EMT test stops here

2.1-1  D  
2.1-2  B  

AEMT test stops here

3.1-1  B  
3.1-2  C