

FREE PRACTICE / SAVE IT. PRINT IT. WORK THROUGH IT.

Your free ATLS practice test.

20 questions. Space for your answers. Clear explanations when you are ready to check.

20 questions

No account needed

Answers at the end

Make a first attempt before you check.

Use the same question order as the online test. Choose one answer unless instructed otherwise. For select-all-that-apply items, select every correct option; for numeric items, write the number requested. The answer section starts after all 20 questions.

Your answer sheet

01 _____	02 _____	03 _____	04 _____
05 _____	06 _____	07 _____	08 _____
09 _____	10 _____	11 _____	12 _____
13 _____	14 _____	15 _____	16 _____
17 _____	18 _____	19 _____	20 _____

One point per question. Select-all-that-apply questions require the complete correct set; there is no partial credit. A 20-question score is sample accuracy, not an official result or a prediction of passing.

Prefer to answer online? <https://aipreptest.com/free-atls-practice-test/>

This booklet contains the same free sample as the website. It is independent AceltPrep educational material, not an official exam or a substitute for required course materials. Clinical content is for study, not patient-specific instructions.

PART 1 / MAKE YOUR OWN ATTEMPT

Questions

Record your choices on the answer sheet. Check the key only after Question 20.

QUESTION 01 / Breathing

A 24-year-old man is brought in after a high-speed motor vehicle crash. He is tachypneic (RR 36), has tracheal deviation to the left, absent breath sounds on the right, jugular venous distention, and oxygen saturation of 82% despite 15 L/min oxygen via non-rebreather. The skilled operator and fully prepared chest-tube equipment are already at the bedside, allowing immediate definitive pleural decompression. What is the most appropriate next step?

- A. Initiate rapid sequence intubation
 - B. Insert an 18-gauge needle into the right 2nd intercostal space, midclavicular line
 - C. Insert a large-bore chest tube into the right 5th intercostal space, anterior to mid-axillary line
 - D. Perform pericardiocentesis
 - E. Obtain a chest X-ray
-

QUESTION 02 / Airway

A 25-year-old male is brought in after a motorcycle crash. He is unconscious, has gurgling respirations, and blood in his oropharynx. What is the first priority in his airway management?

- A. suctioning the oropharynx
 - B. rapid sequence intubation
 - C. cricothyroidotomy
 - D. insertion of an oral airway
 - E. bag-mask ventilation
-

QUESTION 03 / Hemorrhage & Circulation

A 27-year-old man is struck by a vehicle. On arrival, he is unresponsive (GCS 6), RR 10, pulse 130, BP 80/50, SpO₂ 88%. There is active bleeding from a thigh wound. The thigh wound is spurting rapidly with uncontrolled life-threatening blood loss. A second team member is already providing effective assisted ventilation. What is the first priority action in this patient?

- A. Establish two large-bore IVs and initiate balanced transfusion
 - B. Rapid sequence intubation with in-line stabilization
 - C. Apply a pelvic binder
 - D. Insert a chest tube to prevent tension pneumothorax
 - E. Control external hemorrhage with direct pressure and possibly a tourniquet
-

QUESTION 04 / Disability

A 40-year-old trauma patient opens eyes only to pain, utters incomprehensible sounds, and withdraws from painful stimuli. What is the GCS score?

- A. 9
 - B. 8
 - C. 6
 - D. 5
 - E. 7
-

QUESTION 05 / Exposure & Reassessment

A 45-year-old man with multiple fractures is hypothermic (31°C) in the trauma bay despite warmed fluids. Which additional step best prevents further heat loss?

- A. Place patient on a metal backboard
 - B. Cover wounds with wet sterile dressings
 - C. Administer corticosteroids
 - D. Increase trauma bay temperature to $\geq 26^{\circ}\text{C}$ (80°F)
 - E. Stop active resuscitation until patient rewarmed
-

QUESTION 06 / Breathing

The most important, immediate step in the management of an open pneumothorax is

- A. endotracheal intubation.
 - B. Apply a vented chest seal; if unavailable, use a monitored temporary three-sided occlusive dressing while arranging a chest tube through a separate site.
 - C. effective local and regional anesthesia.
 - D. operation to close the wound.
 - E. placing a chest tube through the chest wound.
-

QUESTION 07 / Airway

A 45-year-old woman is brought in after a rollover MVC. She is obtunded, has snoring respirations, SpO₂ 84% despite jaw thrust, HR 120, BP 90/60. What is the next best step?

- A. Administer high-flow nasal oxygen and reassess in 5 minutes
 - B. Obtain CT of the head before intubation
 - C. Insert an oropharyngeal airway and observe
 - D. Perform rapid sequence intubation with in-line cervical stabilization
 - E. Insert a nasopharyngeal airway
-

QUESTION 08 / Hemorrhage & Circulation

A 28-year-old male presents after a high-speed motor vehicle collision. He is hypotensive and has an unstable pelvis on exam. FAST is negative. Which of the following is the best immediate step to control pelvic hemorrhage in the resuscitation bay?

- A. external pelvic binder applied at the greater trochanters
 - B. emergency laparotomy
 - C. interventional radiology embolization
 - D. external pelvic binder applied at the iliac crests
 - E. pelvic X-ray before any intervention
-

QUESTION 09 / Disability

A 79-year-old woman on apixaban falls down stairs and presents alert but with new confusion. Vitals are normal. There is no external bleeding. Which of the following is the best initial imaging study?

- A. Magnetic resonance imaging of the brain
 - B. Skull radiographs
 - C. Computed tomography of the brain without contrast
 - D. Computed tomography angiography of the head and neck
 - E. Observation with serial neuro exams
-

QUESTION 10 / Exposure & Reassessment

Which is part of the secondary survey rather than the primary survey?

- A. airway with cervical spine control
 - B. application of tourniquets for exsanguinating limb hemorrhages
 - C. monitoring airway patency continuously
 - D. focused assessment with sonography for trauma (FAST)
 - E. head-to-toe examination including detailed neurological exam
-

QUESTION 11 / Breathing

An MVC victim is diagnosed with a right hemothorax. Tube thoracostomy is performed and drains 1,800 mL of blood immediately. After transfusing 2 L of whole blood, the patient's vital signs are stabilized. In the primary survey, xABCDE seem otherwise controlled. What is the next crucial step?

- A. increase suction in chest tube
 - B. observe
 - C. bolus 2 L of lactated Ringer's
 - D. autotransfusion
 - E. thoracotomy
-

QUESTION 12 / Airway

A 33-year-old man receives multiple stab wounds to the neck and has an expanding neck hematoma with stridor and progressive respiratory compromise. He is in obvious respiratory distress. Expert oral intubation and rapid supraglottic rescue fail, oxygenation cannot be maintained, and the cricothyroid membrane is intact and accessible below the injury. Which is the most appropriate immediate airway management?

- A. Provide high-flow oxygen and wait for the operating room for definitive airway.
 - B. Place a supraglottic airway device to temporize.
 - C. Perform an emergent surgical airway (cricothyrotomy) at the bedside.
 - D. Attempt orotracheal intubation under rapid-sequence induction.
 - E. Attempt fiberoptic intubation through the nasopharynx while maintaining spontaneous ventilation.
-

QUESTION 13 / Hemorrhage & Circulation

A trauma patient with shock receives multiple units of stored PRBCs. He develops tetany and refractory hypotension. Which electrolyte abnormality is most likely?

- A. Hyponatremia
 - B. Hypocalcemia
 - C. Hyperkalemia
 - D. Hypomagnesemia
 - E. Hyperphosphatemia
-

QUESTION 14 / Disability

A trauma patient has a GCS of 15, but reports numbness and weakness in both legs. What is the best next step?

- A. Rapid sequence intubation
 - B. High-dose steroids
 - C. Immediate CT head
 - D. Immediate CT or MRI of the spine
 - E. Observation only
-

QUESTION 15 / Exposure & Reassessment

A victim of an explosion presents with bilateral tympanic membrane rupture but normal vital signs. Six hours later, he develops worsening abdominal pain, guarding, and tachycardia while oxygenation and the chest examination remain normal. What injury is now particularly concerning?

- A. hollow viscus injury from primary blast wave
 - B. smoke inhalation
 - C. tension pneumothorax
 - D. femur fracture from secondary blast
 - E. spinal cord transection
-

QUESTION 16 / Breathing

A patient after a high-energy MVC has normal initial chest X-ray. Six hours later, she develops hypoxia, patchy bilateral infiltrates, and no JVD. Which mechanism best explains the deterioration?

- A. Pulmonary contusion
 - B. Fat embolism
 - C. ARDS secondary to sepsis
 - D. Myocardial contusion
 - E. Tension pneumothorax
-

QUESTION 17 / Airway

Which of the following statements is true?

- A. Tracheostomy tubes are placed in the supraglottic space.
 - B. The multilumen esophageal airway occludes the supraglottic lumen and ventilates through the port placed distal to the vocal cords.
 - C. The laryngeal mask airway is an infraglottic device.
 - D. The nasopharyngeal airway is an ideal supraglottic device for patients with cribriform plate fractures.
 - E. Sustained capnographic detection of exhaled CO₂ is the best practical indicator to confirm successful intubation.
-

QUESTION 18 / Hemorrhage & Circulation

A hemodynamically unstable adult with penetrating abdominal trauma arrives in the ED. There is no obvious exsanguinating hemorrhage, and airway and breathing are controlled. FAST reveals free fluid. According to ATLS principles, what is the most appropriate next step in management?

- A. CT scan of the abdomen
 - B. diagnostic peritoneal lavage
 - C. angiographic embolization
 - D. laparotomy
 - E. observation with serial clinical exams
-

QUESTION 19 / Disability

A 47-year-old construction worker is intubated after a fall of 6 meters. He has asymmetric pupils: right pupil dilated and poorly reactive, left pupil reactive. His systolic blood pressure is 160 mm Hg and oxygen saturation is 98% on controlled ventilation. Intracranial computed tomography shows a large temporal intracerebral hematoma with mass effect and midline shift. While the neurosurgical team prepares for urgent operative decompression, which single immediate intervention is most appropriate to lower intracranial pressure and temporize herniation physiology?

- A. Initiate therapeutic hypothermia to 32 degrees Celsius.
 - B. Start a continuous infusion of hypertonic saline 3%.
 - C. Begin controlled hyperventilation to target arterial carbon dioxide tension of approximately 30 mm Hg while preparing for hyperosmolar therapy.
 - D. Maintain normoventilation with arterial carbon dioxide tension of 38 to 42 mm Hg and observe while maintaining adequate mean arterial pressure.
 - E. Administer a bolus of mannitol 1 gram per kilogram and then place the patient in a head- down Trendelenburg position to improve cerebral perfusion.
-

QUESTION 20 / Exposure & Reassessment

A 45-year-old woman sustains burns to her entire right arm and entire back. Using the Rule of Nines, what is the %TBSA burned?

- A. 36%
 - B. 27%
 - C. 18%
 - D. 45%
 - E. 9%
-

PART 2 / CHECK THE REASONING

Answer key & explanations

Match each number to your answer sheet. Then read the explanation, including for any answer you guessed correctly.

Question	Answer	Question	Answer
1	C	11	E
2	A	12	C
3	E	13	B
4	B	14	D
5	D	15	A
6	B	16	A
7	D	17	E
8	A	18	D
9	C	19	C
10	E	20	B

For numeric questions, the table shows the number only. The full answer below includes the requested unit.

REVIEW / UNDERSTAND THE DECIDING CLUE

Why the answers fit.

1. Tension pneumothorax: immediate decompression

Correct answer: C. Insert a large-bore chest tube into the right 5th intercostal space, anterior to mid-axillary line

Life-threatening pleural pressure requires immediate effective decompression and maintained drainage. The fastest appropriate method depends on readiness, expertise, and physiology. Severe respiratory compromise with unilateral absent sounds and contralateral deviation indicates tension pneumothorax. Immediate effective decompression and maintained pleural drainage are needed; an appropriately placed chest tube is the listed definitive option.

2. Clearing a contaminated airway

Correct answer: A. suctioning the oropharynx

Open and clear the airway while limiting unnecessary cervical movement. Airway adjuncts do not replace definitive protection when that is needed. Immediately suction blood and secretions from the oropharynx while maintaining cervical stabilization. Then optimize oxygenation and ventilation and secure a definitive airway as indicated.

3. Catastrophic external hemorrhage in xABCDE

Correct answer: E. Control external hemorrhage with direct pressure and possibly a tourniquet

Control catastrophic external bleeding immediately. Use effective pressure, packing, and tourniquets according to wound anatomy and severity, and reassess control during resuscitation. Catastrophic external hemorrhage is controlled immediately in xABCDE, with oxygenation and ventilation supported concurrently by other team members. Use firm pressure and a tourniquet when appropriate.

4. Glasgow Coma Scale components

Correct answer: B. 8

Document the best eye, verbal, and motor responses separately. Mark an untestable domain as not testable rather than inventing a standard numeric total. Eye opening to pain is E2, incomprehensible sounds V2, and withdrawal M4, giving a GCS of 8. Use the best response and document each component.

5. Preventing further heat loss

Correct answer: D. Increase trauma bay temperature to $\geq 26^{\circ}\text{C}$ (80°F)

Prevent further heat loss and rewarm according to core temperature and circulatory stability. Frostbite requires controlled rewarming when refreezing can be prevented, avoiding injurious dry heat. Raise room temperature and combine it with dry covering, removal of wet materials, and active external/core warming as appropriate. A temperature near or above 26°C can reduce environmental heat loss in a severely hypothermic trauma patient.

6. Initial management of an open pneumothorax

Correct answer: B. Apply a vented chest seal; if unavailable, use a monitored temporary three-sided occlusive dressing while arranging a chest tube through a separate site.

Life-threatening pleural pressure requires immediate effective decompression and maintained drainage. The fastest appropriate method depends on readiness, expertise, and physiology. Cover an open pneumothorax promptly with a vented chest seal; a three-sided dressing is a traditional temporary alternative. Arrange a chest tube through a separate site and watch for tension physiology.

7. Escalation to a definitive airway

Correct answer: D. Perform rapid sequence intubation with in-line cervical stabilization

Choose an airway strategy matched to anatomy, oxygenation, operator skill, and available rescue. Do not persist with failing attempts while hypoxia worsens. Persistent hypoxemia, obtundation, and obstructed respirations despite a basic maneuver require immediate assisted oxygenation and a definitive airway with cervical stabilization and a rescue plan.

8. Pelvic binder placement

Correct answer: A. external pelvic binder applied at the greater trochanters

Correctly positioned pelvic stabilization is an early hemorrhage-control measure. Packing, fixation, and embolization are complementary and must be organized around physiology and immediate local capability. Apply a pelvic binder centered over the greater trochanters to reduce pelvic motion and volume while blood resuscitation and definitive hemostasis are arranged. A negative FAST does not exclude pelvic bleeding.

9. Head injury in an anticoagulated older adult

Correct answer: C. Computed tomography of the brain without contrast

Neurologic deterioration and intracranial mass effect demand urgent reassessment and neurosurgical involvement. Airway, perfusion, and indicated temporizing measures continue during definitive-care preparation. New confusion after head trauma in an anticoagulated older adult warrants urgent noncontrast head CT to detect acute intracranial hemorrhage. A normal blood pressure and absence of external bleeding are not reassuring enough to defer imaging.

10. Primary versus secondary survey

Correct answer: E. head-to-toe examination including detailed neurological exam

Assess and treat immediate threats together using xABCDE. Reassess from the primary survey whenever physiology deteriorates. The detailed head-to-toe examination, including a fuller neurologic assessment, belongs to the secondary survey after primary threats are controlled. Repeat the primary survey whenever physiology deteriorates.

11. Major chest-tube blood loss

Correct answer: E. thoracotomy

Drain clinically significant traumatic pleural blood and reassess output and physiology. Ongoing major bleeding requires timely surgical source control and blood resuscitation. An immediate 1,800 mL chest-tube return indicates major intrathoracic bleeding and warrants urgent surgical exploration even if transfusion temporarily restores vital signs.

12. Cannot intubate, cannot oxygenate

Correct answer: C. Perform an emergent surgical airway (cricothyrotomy) at the bedside.

Choose an airway strategy matched to anatomy, oxygenation, operator skill, and available rescue. Do not persist with failing attempts while hypoxia worsens. In a cannot-intubate/cannot-oxygenate adult with a usable cricothyroid access point, perform immediate surgical rescue rather than repeating failed attempts or transporting without oxygenation.

13. Hypocalcemia during transfusion

Correct answer: B. Hypocalcemia

Major-hemorrhage care combines source control, early appropriate blood products, warming, and correction of hemostatic deficits. TXA and calcium are adjuncts used according to indication and monitoring. Citrate in transfused blood products can bind ionized calcium, causing hypocalcemia with neuromuscular irritability, impaired clotting, and hypotension. Monitor ionized calcium and replace according to resuscitation protocol.

14. Spinal injury despite a normal GCS

Correct answer: D. Immediate CT or MRI of the spine

Maintain appropriate alignment and motion restriction until a validated clinical or imaging pathway clears the spine. Avoid unnecessary prolonged rigid-board exposure and unprotected provocative movement. A focal neurologic deficit after trauma requires spinal motion restriction and urgent appropriate spinal imaging and specialist assessment. CT defines bone injury; MRI assesses cord/ligament injury when indicated.

15. Delayed hollow-viscus injury after blast exposure

Correct answer: A. hollow viscus injury from primary blast wave

Small external wounds can conceal major electrical or blast injury. Assess for cardiac, muscle, pulmonary, bowel, and compartment complications according to mechanism and evolving findings. New abdominal pain and peritoneal signs after blast exposure suggest hollow-viscus injury, which may be delayed. Obtain urgent surgical evaluation and appropriate imaging without delaying needed operation.

16. Evolving pulmonary contusion

Correct answer: A. Pulmonary contusion

Chest injury may evolve after initially reassuring findings. Combine adequate analgesia, pulmonary hygiene, monitoring, and oxygenation/ventilation support according to physiology. Pulmonary contusion can evolve over hours as alveolar hemorrhage and edema worsen, so initial radiographs can be normal. Provide oxygenation/ventilation support and reassess for associated injuries.

17. Confirming tracheal tube placement

Correct answer: E. Sustained capnographic detection of exhaled CO₂ is the best practical indicator to confirm successful intubation.

Confirm tracheal placement with sustained waveform capnography and clinical assessment. Reassess depth, patency, equipment, and both lungs after movement or deterioration. Sustained waveform capnography is the best practical confirmation of tracheal placement, used with clinical assessment. Continue monitoring after movement; very low pulmonary blood flow can weaken the signal.

18. Unstable penetrating abdominal trauma

Correct answer: D. laparotomy

Shock reflects inadequate tissue perfusion and may precede hypotension. Control bleeding and use repeated clinical and physiologic endpoints rather than one isolated normal number. Persistent instability with free intraperitoneal fluid after abdominal penetration warrants urgent laparotomy and blood-based resuscitation. Do not delay source control for further screening.

19. Temporizing impending brain herniation

Correct answer: C. Begin controlled hyperventilation to target arterial carbon dioxide tension of approximately 30 mm Hg while preparing for hyperosmolar therapy.

Prevent hypoxia and hypotension after TBI. Avoid routine profound hypocapnia; use rescue ICP measures only with appropriate indications and close reassessment. During active impending herniation, brief controlled hyperventilation to approximately PaCO₂ 30-35 mm Hg can temporize while hyperosmolar therapy and urgent surgery are arranged. Avoid prolonged or routine profound hypocapnia.

20. Adult burn surface-area estimation

Correct answer: B. 27%

Estimate partial-thickness and deeper burn area with an age-appropriate method. Use formulas only as initial estimates and titrate resuscitation to perfusion and urine output. An adult's entire arm accounts for about 9% and posterior trunk for about 18% TBSA. Together they total approximately 27%; count partial-thickness and deeper burns.

Review one missed concept, then check it with a fresh question. Full ATLS preparation: <https://aipreptest.com/exams/atls/>