Chapter 10 - Abdominal Injuries Test Questions

1. A classic seat belt injury is associated with which of the following:
   a. Thoracic wall disruption
   b. Hollow viscous injury
   c. Transection of major vessels
   d. Fracture of cervical spine

2. The abdominal organ most susceptible to injury in blunt trauma is the:
   a. Spleen
   b. Small bowel
   c. Esophagus
   d. Pancreas

3. A persistent air leak after chest tube placement may indicate:
   a. A diaphragmatic tear
   b. An esophageal rupture
   c. A gastric tear
   d. A diaphragmatic hematoma

4. Mediastinitis should be anticipated in the patient sustaining the following injury:
   a. Diaphragmatic rupture
   b. Esophageal trauma
   c. Small bowel trauma
   d. Gastric injury

5. Pain that is referred to left shoulder due to peritoneal irritation is:
   a. Chvostek’s sign
   b. Ballance’s sign
   c. Cullen’s sign
   d. Kehr’s sign
6. A driver in a motor vehicle accident arrives in the emergency department complaining of diffuse abdominal pain, nausea, and vomiting. His vital signs are stable, and serial hemoglobin and hematocrit measurements are unremarkable. His serum amylase is elevated. You suspect he has sustained a:
   a. Gastric injury
   b. Splenic injury
   c. Pancreatic injury
   d. Small bowel injury

7. A diagnostic peritoneal lavage is not often used as diagnostic tool because:
   a. Findings are unreliable
   b. Findings are nonspecific
   c. It is too time consuming
   d. CT is more specific and more sensitive

8. A priority nursing diagnosis for the patient who develops an intestinal fistula is:
   a. Impaired skin integrity
   b. Pain
   c. Infection
   d. Fluid imbalance

9. Assessing for complications of abdominal trauma is imperative throughout patient recovery because:
   a. The potential for complications is ever present
   b. Complications are normally specific to a single organ
   c. An ileus is difficult to diagnose
   d. Hemorrhage is the most common complication