ADVANCED ITLS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://advanceditls.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

SAMPLE

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

SAMPLE

Questions

SAMPLE

1. Which fluid is most commonly used for resuscitation in trauma patients?

A. Hypertonic saline solutions

B. Isotonic crystalloid solutions, typically Normal Saline or Lactated Ringer's

C. Colloids such as dextran or hetastarch

D. Blood products exclusively

2. Which are the key components of the primary survey in trauma assessment?

A. Airway, Breathing, Circulation, Disability, Exposure

B. Awareness, Breach, Cardiac status, Dilemma, Evaluation

C. Assessment, Breathing, Control, Data, Examination

D. Access, Breathing, Compression, Damage, Evaluation

3. How can internal bleeding be identified in a trauma patient?

A. By checking for a pulse

B. By noting signs such as referred pain and abdominal distension

C. By assessing skin color

D. By evaluating the patient's blood pressure

4. What is a common consequence of abdominal trauma?

A. Headaches and dizziness

B. Internal bleeding and potential injuries to solid and hollow organs

C. Skin lacerations and abrasions

D. Upper respiratory infections

5. What procedure should always be performed prior to transport?

A. Splint all fractures

B. Control major external bleeding

C. Perform the ITLS Secondary Survey

D. Assess vital signs

SAMPLE

6. What injury would necessitate changing a trauma patient's transport classification from "stable" to "load and go"?

A. Clavicle fracture

B. Pelvic fracture

C. Bilateral humerus fractures

D. Bilateral tibia fractures

7. What does the term “kinetic energy" refer to in trauma?

A. The energy stored in stationary objects

B. The energy of a moving body

C. The combined force of multiple injuries

D. The energy transferred during an impact

8. Define “shock" in a traumatic context.

A. A condition resulting from excessive hydration

B. A state resulting from inadequate perfusion to tissues, which can lead to organ failure

C. A temporary disruption of bodily functions

D. An emotional state following trauma

9. What is the main danger of failing to assess a compromised airway quickly?

A. It may lead to ineffective treatment options

B. It can result in hypoxia and permanent injury

C. It can delay transport time

D. It may increase the patient's anxiety

10. How is burn severity typically assessed in trauma management?

A. By evaluating the total body surface area affected and depth of the burns

B. By observing the patient's pain level and vital signs

C. Through the use of imaging studies and lab tests

D. By categorizing burns based on cause and temperature

SAMPLE

Answers

SAMPLE

1. B
2. A
3. B
4. B
5. B
6. B
7. B
8. B
9. B
10. A

SAMPLE

Explanations

SAMPLE

1. Which fluid is most commonly used for resuscitation in trauma patients?

A. Hypertonic saline solutions

B. Isotonic crystalloid solutions, typically Normal Saline or Lactated Ringer's

C. Colloids such as dextran or hetastarch

D. Blood products exclusively

Isotonic crystalloid solutions, such as Normal Saline or Lactated Ringer's, are the most commonly used fluids for resuscitation in trauma patients due to their ability to quickly and effectively restore intravascular volume and improve tissue perfusion. These solutions closely match the body's natural plasma electrolyte concentrations, making them safe for initial fluid resuscitation. When trauma occurs, patients often experience significant fluid loss due to bleeding and other factors, which can lead to hypovolemic shock. Isotonic crystalloids help to expand blood volume and maintain blood pressure, which is crucial during the immediate treatment and stabilization of trauma patients. Furthermore, they are widely available, cost-effective, and easy to administer in emergency situations. While hypertonic saline solutions have a role in specific scenarios due to their ability to rapidly increase intravascular volume with a smaller volume infused, they are not the standard for initial resuscitation. Colloids can be beneficial in certain cases but are not primarily used as first-line therapy in trauma resuscitation due to concerns about adverse effects and costs. Additionally, while blood products are essential in managing severe hemorrhage and coagulopathy, they are not the primary fluids used for initial resuscitation in most

2. Which are the key components of the primary survey in trauma assessment?

A. Airway, Breathing, Circulation, Disability, Exposure

B. Awareness, Breach, Cardiac status, Dilemma, Evaluation

C. Assessment, Breathing, Control, Data, Examination

D. Access, Breathing, Compression, Damage, Evaluation

The primary survey in trauma assessment is designed to quickly identify and address life-threatening conditions in a patient. The key components of this survey are encapsulated in the acronym ABCDE: Airway, Breathing, Circulation, Disability, and Exposure. Airway is the first step to ensure that the patient has a clear path for air to enter the lungs; any obstruction can be immediately life-threatening. Following that, Breathing assesses the adequacy of the patient's ventilation, as effective oxygenation is critical for survival. Circulation evaluates the heart's ability to pump blood and checks for signs of shock, bleeding, or cardiac events. Disability involves a brief check of neurological function, ensuring the patient is responsive and assessing the level of consciousness. Finally, Exposure involves removing clothing to assess for any other injuries while maintaining the patient's warmth. This systematic approach allows responders to prioritize interventions based on the immediate needs of the patient. The other options provided do not align with recognized medical protocols or terminology used in trauma assessment, which emphasizes the importance of the ABCDE framework in a structured and efficient manner.

SAMPLE

3. How can internal bleeding be identified in a trauma patient?

A. By checking for a pulse

B. By noting signs such as referred pain and abdominal distension

C. By assessing skin color

D. By evaluating the patient's blood pressure

Identifying internal bleeding in a trauma patient is crucial for timely intervention. Noting signs such as referred pain and abdominal distension is a key method for recognizing this condition. Referred pain occurs when a patient experiences discomfort in a part of the body that is different from the site of the injury. For example, pain in the shoulder may indicate bleeding in the abdominal cavity (referred pain from diaphragmatic irritation), while distension of the abdomen can be a clear indication of fluid accumulation, which may be due to internal bleeding. These signs are often more specific and associated with actual injuries that can lead to significant hemorrhaging. Other options, while they may provide some information about a patient's condition, do not directly indicate internal bleeding. For instance, checking for a pulse can indicate the patient's circulatory status but does not provide specific information about bleeding. Skin color may show changes under certain circumstances, like shock, but again, it is not specific to internal bleeding. Evaluating blood pressure is important, but it can be influenced by many factors and may not be reliable in the case of internal bleeding until significant fluid loss occurs, which means that crucial time may be lost in identifying and addressing the bleeding. Thus, recognizing signs such as referred pain

4. What is a common consequence of abdominal trauma?

A. Headaches and dizziness

B. Internal bleeding and potential injuries to solid and hollow organs

C. Skin lacerations and abrasions

D. Upper respiratory infections

Abdominal trauma often results in internal bleeding and potential injuries to both solid and hollow organs. This is primarily because of the anatomy of the abdomen, which contains vital organs such as the liver, spleen, kidneys, and intestines that are susceptible to blunt or penetrating injuries. When these organs are damaged, internal bleeding can occur, leading to significant complications such as hypovolemic shock and infection. This consequence is critical, as it requires immediate medical attention to assess the extent of the injury and initiate appropriate treatment. In contrast, the other options present conditions that are less directly associated with abdominal trauma. Headaches and dizziness can be symptoms of many medical conditions but do not pertain specifically to trauma in the abdominal region. Skin lacerations and abrasions might occur during trauma but are not common consequences of internal injuries associated with abdominal organs. Upper respiratory infections are unrelated to abdominal trauma and typically arise from different causes, such as viral exposure or weakened immunity, rather than direct trauma to the abdomen. Thus, the significant risk of internal bleeding and organ injury underscores why option B is the most relevant and accurate consequence of abdominal trauma.

SAMPLE

5. What procedure should always be performed prior to transport?

A. Splint all fractures

B. Control major external bleeding

C. Perform the ITLS Secondary Survey

D. Assess vital signs

Controlling major external bleeding is a critical procedure that should always be performed prior to transport in any emergency medical situation. This is because uncontrolled bleeding can lead to hypovolemic shock, which is a life-threatening condition. If major external bleeding is not addressed, the patient's condition can rapidly deteriorate, potentially resulting in severe complications or even death during transport. By controlling major bleeding, you stabilize the patient's circulatory system, help maintain adequate blood flow to vital organs, and improve the chances of survival. This step often involves direct pressure, elevation of the affected area, using pressure bandages, or, in some cases, applying tourniquets. While splinting fractures, performing a secondary survey, and assessing vital signs are all essential procedures in patient care, they can and should often be performed in conjunction with or after addressing any major bleeding concerns to ensure the patient's immediate safety and stability during transport.

6. What injury would necessitate changing a trauma patient's transport classification from "stable" to "load and go"?

A. Clavicle fracture

B. Pelvic fracture

C. Bilateral humerus fractures

D. Bilateral tibia fractures

A pelvic fracture is a serious injury that often requires urgent intervention due to the potential for significant internal bleeding and other complications. When a patient presents with a pelvic fracture, the risk of hemorrhage is heightened because the pelvis is a major reservoir for blood, and fractures in this area can disrupt vascular structures or lead to significant blood loss. Given these factors, identifying a pelvic fracture as necessitating a transport classification change to "load and go" highlights the urgency to rapidly transfer the patient to a facility where they can receive advanced care. This approach prioritizes the patient's immediate survival by ensuring they receive the necessary interventions in a timely manner, making it a clear indication that indicates a shift from stable to "load and go." In contrast, other injuries, such as a clavicle fracture, bilateral humerus fractures, or bilateral tibia fractures, generally do not present the same level of immediate life-threatening risk and may allow for a more stable transport approach, as they are less likely to result in substantial internal bleeding or significant complications during transport.

SAMPLE

7. What does the term “kinetic energy” refer to in trauma?

A. The energy stored in stationary objects

B. The energy of a moving body

C. The combined force of multiple injuries

D. The energy transferred during an impact

The term "kinetic energy" refers specifically to the energy of a moving body. In the context of trauma, this concept is crucial because it helps to explain the potential for injury when an object or person is in motion. Kinetic energy is calculated based on the mass of the object and the velocity at which it is moving; this means that as either the mass or speed increases, the kinetic energy escalates significantly. Understanding kinetic energy is essential in the field of trauma care because the energy transferred during a collision or impact is a critical factor in assessing potential injuries. The greater the kinetic energy, the higher the likelihood and severity of injury, as more energy may be transferred to the body upon impact. This is why healthcare providers consider factors such as speed and the mass of the involved objects when evaluating trauma cases. The other options, while related to concepts of energy, do not accurately capture the essence of kinetic energy. For instance, the energy stored in stationary objects pertains more to potential energy, while the combined force of multiple injuries does not define kinetic energy in a singular manner. Lastly, the energy transferred during an impact is a result of kinetic energy but does not encapsulate what kinetic energy itself fundamentally represents.

8. Define “shock” in a traumatic context.

A. A condition resulting from excessive hydration

B. A state resulting from inadequate perfusion to tissues, which can lead to organ failure

C. A temporary disruption of bodily functions

D. An emotional state following trauma

In a traumatic context, "shock" refers specifically to a state resulting from inadequate perfusion to tissues, which can lead to organ failure. This condition occurs when there is a significant decrease in blood flow, which can be due to various factors such as serious injury, loss of blood, sepsis, or severe allergic reactions. When the body's tissues do not receive enough oxygen and nutrients necessary for their survival, they begin to malfunction, potentially leading to serious complications, including organ failure. Understanding shock is crucial in trauma care because recognizing its signs and symptoms can guide urgent medical intervention. Quick identification and treatment of shock can help restore adequate blood flow and prevent irreversible damage to vital organs. The other options do not accurately capture the critical medical implications of shock in a traumatic setting, focusing instead on unrelated concepts such as hydration, temporary bodily disruptions, or emotional responses, which do not pertain to the physiological state of shock.

SAMPLE

9. What is the main danger of failing to assess a compromised airway quickly?

A. It may lead to ineffective treatment options

B. It can result in hypoxia and permanent injury

C. It can delay transport time

D. It may increase the patient's anxiety

Failing to assess a compromised airway promptly is critical because it directly impacts oxygen delivery to the body's tissues. When an airway is obstructed or compromised, the patient is at immediate risk of hypoxia, which refers to a lack of adequate oxygen in the blood. This condition can lead to serious consequences, including brain damage or permanent injury within minutes. The brain is particularly sensitive to oxygen deprivation, and prolonged hypoxia can result in irreversible neurological damage or even death. This highlights the importance of swift airway assessment and intervention in emergency situations. Oxygen is essential for cellular respiration and overall bodily function, and any delay in restoring a clear airway significantly increases the risk of these detrimental outcomes. Immediate recognition and management of airway issues are paramount in ensuring patient safety and optimizing outcomes in critical care settings.

10. How is burn severity typically assessed in trauma management?

A. By evaluating the total body surface area affected and depth of the burns

B. By observing the patient's pain level and vital signs

C. Through the use of imaging studies and lab tests

D. By categorizing burns based on cause and temperature

Burn severity is primarily assessed by evaluating the total body surface area (TBSA) affected and the depth of the burns. This approach is critical because it helps determine the extent of the injury, which is vital for treatment planning and assessing prognosis. The TBSA is expressed as a percentage of the total body area, and different tools, such as the Lund and Browder chart or the Rule of Nines, are commonly used to calculate this value in both adults and children. The depth of burns is classified into categories such as superficial, partial-thickness, and full-thickness, which further influences management strategies, including wound care, fluid resuscitation, and potential surgical interventions. Therefore, this evaluation gives healthcare providers a clear framework to guide immediate treatment, transfer decisions to specialized burn units, and predict complications or recovery outcomes. Other methods of assessing burn severity, such as evaluating pain levels or vital signs, while important for overall patient management, do not directly address the physical characteristics of the burns themselves. Imaging studies and lab tests are typically used to check for complications but aren't standard for assessing burn severity. Lastly, categorizing burns based on cause and temperature does not provide a comprehensive assessment of severity relevant to treatment. Hence, evaluating both the TBSA

SAMPLE

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://advanceditls.examzify.com

We wish you the very best on your exam journey. You've got this!

SAMPLE