Pediatric Trauma Quiz

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1. A 10-year-old girl develops abdominal pain and bilious vomiting several days after injuring herself over the handlebars of her bicycle. The MOST likely diagnosis is:
   a. pancreatic contusion
   b. diaphragmatic injury with eventration of bowel
   c. liver laceration
   d. gastric perforation
   e. duodenal hematoma

2. Retinal hemorrhages can be seen in all of the following EXCEPT:
   a. coagulopathy/sepsis
   b. shaken baby syndrome
   c. vaginally-delivered newborns
   d. low-speed traffic collisions
   e. resuscitation/CPR

3. A 10-year-old trauma victim presents unconscious and hypotensive. Multiple attempts at peripheral IV access are unsuccessful. The next access of choice is:
   a. intraosseous line
   b. femoral vein
   c. internal jugular vein
   d. external jugular vein
   e. saphenous vein cutdown

4. Some states have instituted mandatory helmet laws for children for the following devices:
   a. bicycle
   b. skateboard
   c. in-line skates
   d. scooter
   e. all of the above

5. A 5-year-old boy presents with elbow pain following a fall on his outstretched arm. Elbow x-rays reveal small anterior and posterior fat pads but no obvious cortical break of bone. The presumptive diagnosis is:
   a. elbow sprain
   b. occult radial head fracture
   c. nondisplaced supracondylar fracture
   d. lateral epicondyle fracture
   e. nursemaid’s elbow

6. The most commonly injured abdominal organ in pediatric blunt trauma is:
   a. liver
   b. spleen
   c. kidney
7. All of the following are appropriate medications prior to intubating an unresponsive normotensive 5-year-old trauma victim with obvious head trauma EXCEPT:
   a. lidocaine
   b. etomidate
   c. thiopental
   d. ketamine
   e. fentanyl

8. A 10-month-old is struck by a car while in his mother’s arms. On arrival, the infant is moving all his extremities spontaneously, opens eyes to pain only, and is screaming inconsolably. His Glasgow Coma Scale (GCS) score is:
   a. 8
   b. 10
   c. 12
   d. 14
   e. 15

9. The most common cause of death in children under 14 years of age is:
   a. unintentional trauma
   b. suicide
   c. cancer
   d. meningitis
   e. child abuse

10. At what minimum level of microscopic hematuria should radiographic evaluation be initiated in suspected genitourinary trauma in children?
    a. 20 RBC/hpf
    b. 50 RBC/hpf
    c. 100 RBC/hpf
    d. 500 RBC/hpf
    e. 1,000 RBC/hpf

11. Which of the following is TRUE concerning traumatic thoracic injuries in children?
    a. pulmonary contusion is rarely seen without an associated rib fracture
    b. diaphragmatic injuries can be reliably diagnosed with chest CT
    c. tension pneumothorax more of a concern due to increased mediastinal mobility compared with adults
    d. thoracic injuries are usually not associated with other organ injuries
    e. rib fractures are more common than in adults

12. A hypotensive pediatric trauma victim with suspected abdominal injury is given 20cc/kg of normal saline with no change in blood pressure. The most appropriate next step in management is:
    a. PRBC transfusion
    b. another 20 cc/kg of normal saline
    c. 5% albumin infusion
    d. operative exploration
    e. MAST trousers
13. All of the following concerning the pediatric cervical spine is true EXCEPT:
   a. interspinous ligaments are more flexible than adults
   b. the pre-dens space can be larger than adults
   c. facet joints are flatter than adults
   d. most fractures occur in the lower cervical spine
   e. mild subluxation of C2 on C3 anteriorly can be a normal variant

14. Which is the following is TRUE concerning submersion injuries?
   a. electrolyte abnormalities are commonly seen following ocean submersion events
   b. most submersion events in America occur in natural bodies of water
   c. alcohol use is associated with submersion injuries in 50% of cases in adolescents and adults
   d. Hemlich maneuver is recommended as part of standard initial management
   e. prophylactic antibiotics are recommended

15. What is the name of this type of fracture?
   a. Smith
   b. Colles
   c. Monteggia
   d. Galeazzi
   e. Ghazala

Courtesy: www.hawaii.edu/medicine/pediatrics/pemxray/pemxray.html