

First Aid Worksheet

A. Primary Survey - Critical Intervention

1. The purpose of the primary survey is to:
 - a) get an accurate account of the patient's injuries
 - b) locate all the bleeding and fracture sites
 - c) check for and control all the life-threatening problems
 - d) restore breathing
2. To maintain an open airway for an unconscious patient with a suspected spinal injury, one could do all of the following EXCEPT:
 - a) jaw thrust
 - b) roll lateral without moving the head
 - c) head tilt with C-spine control
 - d) inserting an oral airway
3. The difference between a partial and a complete airway obstruction is:
 - a) assisted ventilations are not required for a partial obstruction
 - b) a partial airway obstruction does not have to be referred to medical aid
 - c) with a partial airway obstruction the patient is able to get some air into the lungs
 - d) a partial obstruction is easier to clear with abdominal thrusts than a complete obstruction
4. The most common cause of airway obstruction in an unconscious patient is:
 - a) swelling of the throat
 - b) the tongue
 - c) foreign bodies or material
 - d) patient's own blood or vomit
5. To maintain a clear air passage for a person you suspect has a spinal injury you would:
 - a) perform a tracheotomy
 - b) use the jaw thrust technique
 - c) hyperextend the neck
 - d) do a head tilt chin lift
6. Your patient's breathing is very shallow, ineffective with little chest movement. You would:
 - a) give them oxygen at a 10 lpm flow with a simple face mask
 - b) assist their breathing with a pocket mask and oxygen
 - c) assist their breathing with a pocket mask
 - d) assist their breathing with a bag valve mask
7. Which of the following would NOT provide you with information about a patient's circulation?
 - a) the patient's hands feel cold to touch
 - b) the pulses on the wrist are hard to find
 - c) the patient feels clammy to touch
 - d) the patient can not feel what finger you are touching
8. A non-breathing patient has no radial pulses but a slow, weak and irregular carotid pulse. You should:
 - a) start CPR
 - b) breathe for the patient and assist the heartbeat with compressions
 - c) ventilate the patient every 5 seconds
 - d) attempt 15 quick compressions to restore a regular heart rhythm
9. CPR should be performed when the patient:
 - a) is not breathing and has a faint heartbeat of less than 50 bpm.
 - b) is not breathing and has a serious head injury
 - c) has an absent radial pulse and is in severe shock
 - d) is not breathing and has no pulse
10. External chest compressions, when efficiently performed will provide approximately:
 - a) 10% of normal blood flow to the brain
 - b) 15% of normal blood flow to the brain
 - c) 25% of normal blood flow to the brain
 - d) 50% of normal blood flow to the brain
11. Any action taken by a lifeguard when correcting life-threatening conditions is referred to as:
 - a) EMS
 - b) a critical intervention
 - c) the priority action approach
 - d) the primary survey

12. A boy fell from the top of the 3 metre diving board ladder. He is prone (face down) and does not respond to verbal stimuli (voice). When should you establish C-spine control?
- a) immediately after the scene assessment
 - b) after rolling the patient into lateral position
 - c) after the patient is on the spine board
 - d) after the patient's breathing has been checked

B. Deadly Bleeding

13. To control bleeding from a severed carotid artery, you would:
- a) lie the patient down, put dressings on the bleed, and secure with a tie
 - b) lie the patient down, put pressure above the cut and below the cut
 - c) let the patient control the bleeding
 - d) apply the appropriate pressure point
14. If direct pressure does not control bleeding you would control bleeding by
- a) using a tourniquet
 - b) using the indirect pressure point
 - c) elevating the part
 - d) dressing and bandaging the wound
15. A bleed that requires a pressure point must be initially maintained for
- a) 5 minutes
 - b) 15 minutes
 - c) 30 minutes
 - d) indefinitely

C. Shock

16. Shock is:
- a) adequate perfusion of blood
 - b) inadequate perfusion of blood
 - c) nothing to worry about if recognized right away
 - d) always reversible
17. Shock that is caused by blood loss is called:
- a) hypovolemic shock
 - b) anaphylactic shock
 - c) respiratory shock
 - d) cardiogenic shock

D. Oxygen Therapy - Oral Airways

18. Exhaled air contains what percentage of oxygen?
- a) 10%
 - b) 16%
 - c) 21%
 - d) 80%
19. Several safety systems have been developed to prevent the connection of the wrong type of cylinder to an oxygen regulator, tubing and mask. When hooking up a "D" size cylinder, the best safeguard is the:
- a) colour of the cylinder
 - b) overall height of the cylinder
 - c) pin indexing
 - d) size of the regulator threads
20. When is an oropharyngeal airway required?
- a) all patients who have a decreased LOC (no obstruction)
 - b) all patients who do not respond to verbal stimuli (no obstruction)
 - c) patients who do respond to verbal stimuli (no obstruction)
 - d) patients who do not respond to pain stimuli only (no obstruction)
21. If the oral airway has been inserted in a patient and becomes obstructed with foreign matter or blood clots, the first thing you should do is:
- a) remove the airway and position the patient lateral
 - b) leave the airway in and position the patient lateral
 - c) leave the airway in to hold the tongue forward
 - d) quickly remove, clean and replace the airway
22. What is the danger of inserting an oral airway that is too small?
- a) the patient will gag
 - b) it will prevent a proper seal with a pocket mask
 - c) it could dislodge dentures
 - d) it may cause an airway obstruction

E. Secondary Survey

23. The secondary survey consists of:
 - a) vitals, history and head to toe
 - b) vitals and head to toe
 - c) vitals, history and treatment
 - d) head to toe
24. The bluish colour sometimes seen on the trauma patient is called:
 - a) cyanosis
 - b) dyspnea
 - c) apnea
 - d) hypoxia

F. Head and Spinal Cord Injuries

25. Which of the following symptoms would indicate spinal cord injury rather than a spinal column injury?
 - a) point tenderness
 - b) deformity
 - c) numbness
 - d) pain on movement
26. A large object fell and knocked somebody down. Before getting to the patient, what injury do you know you will have to treat, other than the head injury?
 - a) injury to facial bones
 - b) abdominal injury
 - c) injury to the airway
 - d) cervical injury
27. Which of the following would provide you with information about a suspected spinal injury?
 - a) the patient can not identify which toe you touch
 - b) the patient's feet feel cool to the touch
 - c) the pulses in the feet are hard to find
 - d) the patient's feet look very pale
28. A slow and strong pulse in a casualty with a head injury is a strong indication of:
 - a) brain damage
 - b) intracranial pressure
 - c) shock
 - d) blood loss from other injuries
29. What is the most important guide to gauging the severity of a brain injury?
 - a) the patient's response to pain stimulus
 - b) level of consciousness
 - c) draining of cerebrospinal fluid
 - d) paralysis of the limbs
30. The first thing to do in the care of all unwitnessed unconscious patients is to:
 - a) suspect a possible spinal injury and act accordingly
 - b) keep the patient in the supine position if he does not have a spinal injury
 - c) check vital signs
 - d) establish and maintain adequate ventilations
31. A good sign of possible brain damage is:
 - a) pain and swelling
 - b) bruises under the eyes
 - c) unequal pupils
 - d) none of the above
32. Two complications that may develop with spinal cord injuries are:
 - a) bleeding and hypovolemic shock
 - b) inadequate breathing and neurogenic shock
 - c) transient vasodilation and psychogenic shock
 - d) infection and septic shock

G. CardioRespiratory Emergencies

33. Which of the following symptoms are generally associated with heart attack:
 - a) radiating chest pain lasting longer than 30 minutes
 - b) chest pain that increases with the patient coughs, moves, or breathes deeply
 - c) squeezing, substernal chest pain decreases when the patient is resting
 - d) oxygen relieves the pain within five minutes
34. The management of a heart attack patient should include:
 - a) completion of the primary and secondary survey before calling EMS

- b) assisting the patient to take nitroglycerin
 - c) walking the patient to the first aid room for rest
 - d) calling EMS, then monitoring vitals closely
35. In most cases, the pain of Myocardial infarction feels like it is:
- a) located beneath the breastbone and feels like someone is squeezing the chest
 - b) very sharp, especially during inhalation
 - c) in the upper abdomen and feels like indigestion
 - d) between the shoulder blades in the back
36. This heart condition is often mistaken for indigestion and is brought on by emotional stress, strenuous exercise or agitation. It is characterized by pain in the chest and/or arm, and is relieved by rest. This condition is known as:
- a) chronic heart failure
 - b) myocardial infarction
 - c) stroke
 - d) angina pectoris
37. If a patient with a previous cardiac history is complaining of chest pain, which of the following questions would help you decide if it was a heart attack or angina?
- (1) where is the pain located?
 - (2) is the pain relieved by oxygen?
 - (3) how long has the pain lasted?
 - (4) how would you describe the pain?
 - (5) what is the quality of the pain?
- a) 1 and 2
 - b) 2 and 3
 - c) 3 and 4
 - d) 2 and 5
38. The term for 'shortness of breath' is:
- a) apnea
 - b) cyanosis
 - c) dyspnea
 - d) hypoxia
39. A harsh high pitched sound heard on inspiration is called:
- a) crowing
 - b) stridor
 - c) wheezing
 - d) rales
40. Suffocation due to decreased oxygen and increased carbon dioxide in the blood is:
- a) arrhythmia
 - b) asthma
 - c) aspiration
 - d) asphyxia
41. The lining of the chest cavity is:
- a) periosteum
 - b) peritoneum
 - c) pleura
 - d) pia matter

H. Fractures - Sprains - Dislocations

42. Which of the following is the correct treatment for an open fracture?
- a) apply traction to fix any overlying bones
 - b) never splint directly over the wound
 - c) wrap the break with a tensor before putting the splint on
 - d) always apply ice
43. Which of the following signs will best help distinguish a simple fracture from a bad sprain?
- a) point tenderness and crepitis
 - b) level of pain
 - c) amount of swelling
 - d) distal circulation
44. The function of the tendons is to:
- a) connect bone to bone
 - b) connect muscle to bone
 - c) connect muscle to muscle
 - d) connect joint to joint

I. Chest and Abdominal Injuries

45. Which of the following will help determine how severe a chest injury is?

- (1) determine the rate and quality of breathing
 - (2) identify the mechanism of injury
 - (3) determine the patient's past medical history
 - (4) expose and examine the chest
 - (5) determine the presence of a radial pulse
 - (6) determine the patient's level of consciousness
- a) 1, 3, and 5
 - b) 1, 2, and 4
 - c) 3, 4, and 6
 - d) 2, 5, and 6

1. Which of the following signs and symptoms would indicate a simple rib fracture?

- (1) stridor
 - (2) coughing
 - (3) pain worsens on inhalation
 - (4) paradoxical movement of the chest wall
 - (5) point tenderness
- a) 1 and 2
 - b) 2 and 3
 - c) 3 and 5
 - d) 4 and 5

1. If you discover an open wound with blood stained bubbles when you expose the chest, you must immediately:

- a) cover the wound with a gloved hand
- b) apply sterile air tight dressing and bandage
- c) ensure the wound stays open
- d) apply a tourniquet

0. The signs and symptoms of a tension pneumothorax are:

- a) over expansion of the uninjured side, trachea out of alignment, distended neck veins, subcutaneous emphysema and distressed breathing
- b) over expansion of the injured side, trachea out of alignment, distended neck veins, subcutaneous emphysema and distressed breathing
- c) laboured and distressed breathing
- d) laboured and distressed breathing greater than 30 bpm

1. A casualty with a sealed sucking chest wound shows signs and symptoms of a tension pneumothorax. You would

- a) release one side of the airtight dressing on inhalation
- b) ensure that the dressing is still airtight
- c) start assisted ventilations
- d) release one side of the airtight dressing on exhalation

2. Which of the following would indicate internal bleeding?

- (1) rigidity and/or guarding of the abdominal muscles
 - (2) bruising in the abdominal area
 - (3) restlessness and air hunger
 - (4) distention of the abdomen
 - (5) numbness and tingling in the pelvic area
 - (6) chest pain
- a) 1, 2, and 4
 - b) 2, 3, and 4
 - c) 1, 5, and 6
 - d) 2, 5, and 6

J. Diabetic Emergencies

1. A patient who has diabetes can develop hypoglycemia (insulin shock) by:

- (1) not eating enough
 - (2) exercising too much
 - (3) taking too much insulin
 - (4) not taking enough insulin
 - (5) eating too much
- a) 1, 2, and 3
 - b) 1, 3, and 4
 - c) 2, 3, and 5
 - d) 2, 4, and 5

2. Which of the following signs and symptoms would indicate that a victim is suffering from hypoglycemia:

- (1) pale, clammy skin
 - (2) breath has a fruity odour
 - (3) deep rapid breathing
 - (4) complains about being hungry
 - (5) confusion
 - (6) flushed and dry skin
- a) 1, 2, and 5
 - b) 2, 3, and 6
 - c) 1, 4, and 5
 - d) 3, 4, and 5

1. The earliest signs of hypoglycemia are:
 - a) hunger, pale clammy skin, dizziness, trembling, weakness, confusion, restlessness, and irrational behaviour
 - b) thirst, excessive urination, loss of appetite, weakness, and dizziness
 - c) nausea, vomiting, deep rapid breathing, dry mouth, fruity breath, weak and rapid pulse, warm and dry skin
 - d) pale cool and clammy skin, confusion and irrational behaviour, excessive urination
2. What is the greatest risk in giving glucose to an unconscious diabetic patient?
 - a) the patient may be hyperglycemic
 - b) it may make the patient vomit
 - c) the patient may be hypoglycemic
 - d) it may obstruct the patient's airway

K. Seizure Management

55. A grand mal seizure in the water:
 - a) causes muscles to relax: patient is likely to float
 - b) causes muscles to relax: patient is likely to sink
 - c) causes muscles to tense: patient is likely to float
 - d) causes muscles to tense: patient is likely to sink
56. A person is having a grand mal seizure on the pool deck, and their head is repeatedly hitting the hard surface. You should:
 - a) never touch a person having a seizure
 - b) put your hands under the patient's head
 - c) get a bystander to hold the patient's head down so that it doesn't move
 - d) grab a pool mat, and put it under the patient's head

L. Hypo/Hyperthermia

57. Why is it important to make a careful and lengthy check for a carotid pulse when assessing a hypothermic patient?
 - a) the warmth from your fingers will transfer to the artery and increase blood flow to the brain
 - b) blood vessels constrict and the heart rate slows giving the impression the heart is not beating
 - c) the chemical changes within the tissues, as they become colder, may result in stimulation to nerves controlling the contraction of blood vessels giving the false impression the patient has a pulse
 - d) it is possible to collapse the carotid artery if too much pressure is applied
58. What is the most reliable indicator in determining whether a patient is suffering from heat exhaustion or heat stroke?
 - a) heat cramps
 - b) level of consciousness
 - c) sweating
 - d) vomiting
59. What is the priority in treating a patient suffering from heat stroke?
 - a) cool the body and replenish fluids, give cold water or juice, prevent further exposure to heat
 - b) immediate cooling of the patient and continued cooling until EMS arrives
 - c) replace water and salt in the patient's system
 - d) wait for EMS before starting any cooling

M. Minor Bleeding

60. Bleeding from an artery would
 - a) flow
 - b) ooze
 - c) squirt
 - d) drip
61. Infection is the result of:
 - a) inflammation in a wound
 - b) the healing process
 - c) bacterial growth in an injury
 - d) dirt in the wound
62. Which of the following signs would indicate the most advanced sign of infection
 - a) red streaks extending from the wound
 - b) aching and local tenderness around the wound
 - c) pus draining from the wound
 - d) redness in the area surrounding the wound

N. Facial Injuries

63. The major concern for an unconscious patient with a facial injury is:
 - a) C-spine injury
 - b) facial fractures

- c) airway problems
 - d) nerve damage
64. The irreplaceable fluid contained in the eyeball is:
- a) cornea
 - b) sclera
 - c) conjunctiva
 - d) vitreous humor
65. The treatment for a nosebleed includes:
- (1) stand the patient over a sink to avoid getting blood everywhere
 - (2) apply a cold pack to the back of the neck
 - (3) apply constant pressure by pinching the nostrils
 - (4) sit the patient with the head forward
 - (5) tilt the patients head back
- a) 3 and 4
 - b) 1 and 2
 - c) 2 and 5
 - d) 3 and 5
66. Which of the following would be appropriate for a patient with a nosebleed?
- a) place the patient supine and apply direct pressure to the nose
 - b) sit the patient down and apply cold to the back of the neck
 - c) sit the patient down with the head bent forward and apply direct pressure to the nose
 - d) place the patient in the position of most comfort and insert a small gauze wad into the nostril

O. Burns

67. Which of the following describes a first degree burn?
- a) the outer layer of skin is damages allowing blisters to form
 - b) reddening of one layer of skin
 - c) appears charred and pain is severe
 - d) results in plasma loss as the blisters are formed
68. Which of the following describes a second degree burn?
- a) reddening of one layer of skin
 - b) appears yellowish and pain is not prominent
 - c) both layers of skin are involved and there are blisters
 - d) appears charred and pain is severe

P. Drugs - Poisons - Chemicals

69. What is the treatment for a chemical splashed in the eye:
- (1) flush the eyes for 30 minutes with a neutralizing agent
 - (2) conduct the secondary survey before treating the injury
 - (3) flush the eyes for 30 minutes with saline or water
 - (4) examine the eyes for looses chemical particles
 - (5) send patient to the doctor if the patient's eyes appear normal
 - (6) apply an eye anesthetic
- a) 1, 4, 6
 - b) 3, 4, 5
 - c) 1, 2, 5, 6
 - d) 1, 4, 5
70. What is the treatment for chlorine gas inhalation?
- a) oxygen at 10 lpm
 - b) assisted ventilation with 100% oxygen flow
 - c) inhalation of amyl nitrate
 - d) supine position, encouraging the patient to cough
71. If chlorine does not immediately affect someone, what could make it deadly over time?
- a) the gas blocks the cells ability to receive oxygen
 - b) the gas inflames lung tissue causing fluid to collect in the lungs over time
 - c) exposure may initially impair judgment and eventually have a toxic effect
 - d) chlorine gas displaces oxygen in the bloodstream causing hypoxia
72. The treatment for a dry chemical spill on the body is:
- a) flush with water for 30 minutes
 - b) brush off the chemical, then flush for 30 minutes
 - c) wait for EMS before treating
 - d) brush off the chemical, then cover with sterile gauze

Q. Protection from Disease

73. Lifeguards must use gloves:
- a) with victims who are HIV positive
 - b) with victims who have Hepatitis
 - c) with all victims
 - d) whenever there is a possibility of coming into contact with bodily fluids
74. What is the most effective method a lifeguard can use to prevent the transfer of infection when dealing with minor injuries?
- a) use sterile bandages
 - b) wash hands with soap and water before and after every treatment
 - c) disinfect equipment and work surfaces with soap and water
 - d) wear disposable medical gloves
75. A fellow lifeguard is treating a patron for a bleed and splashes some blood in their eye. You should:
- a) Flush the eyes with water for 30 minutes
 - b) Flush the eyes with water for one minute, then get them to go to the hospital within two hours
 - c) Flush the eyes with water for one minute, then get them to go to the hospital after their shift is over
 - d) Flush the eyes for 30 minutes, then send them to the hospital

True/False Questions

1. Non-prescription drugs may be kept in the first aid room and patrons or lifeguards can help themselves as needed.
2. The signs and symptoms of critical incident stress are only emotional in nature.
3. Treatment for a nosebleed includes sitting a patient down with the head tilted back and an icepack on the bridge of the nose.
4. With any penetrating wound there is danger of infection due to the likelihood of contamination below the surface.
5. Any open wounds associated with a fracture should not be treated until after splinting the limb.
6. Petit Mal seizures are common in adults and are often mistaken for epilepsy.
7. Grand Mal seizures follow a classic pattern and the patient will have an aura just prior to the seizure.
8. It is important to place a bite stick in the mouth of a patient having convulsions.
9. After a seizure the patient is usually confused, with no memory of the seizure.
10. Diabetes is a disease of the pancreas and does not affect any other area of the body.
11. Hypoglycemia is a result of low blood sugar, and the patient requires glucose (or a substance containing glucose).
12. Diabetes is an incurable disease but can be controlled through diet and medication.
13. Among injury victims, shock is almost always caused by the patient's emotional response to the pain of the injuries.
14. There may only be a short time between the onset of shock, and the point where it becomes irreversible, leading to death.
15. It is important to keep a patient who is suffering from shock active, for this will keep the blood flowing through the body and help tissue perfusion.
16. Asthma most commonly results from traumatic chest injuries.
17. Asthma is a narrowing of the airways (bronchospasm) that results in wheezing and whistling noises when the patient breathes.
18. A person suffering an asthma attack has the greatest difficulty with inspiration or getting air into the lungs.
19. Asthmatic attacks may be a result of a serious allergic reaction and can progress to anaphylactic shock.
20. Electrical burns can appear quite small, but there may be extensive internal damage.
21. Heat cramps result from salt imbalances in the muscles, heat exhaustion results from salt and water depletion.
22. Shivering is one of the earliest signs of hypothermia, and as the condition worsens it will stop.
23. Hand washing is one of the best defenses against spreading infections.
24. Latex gloves can be washed and reused as long as there are no tears in them.
25. The effects of drugs and alcohol can make the interpretation of signs and symptoms difficult.

Short Answers

1. List the steps of the primary survey (starting with scene assessment and ending with shock management) and describe the critical intervention that may be necessary at each step.
2. List the parts of the secondary survey and their components.
3. What is gastric distension?
4. What do we do if direct pressure does not control a bleed?
5. What is the difference between 3/4 prone and lateral position?
6. What is the difference between regurgitation and vomit?
7. When do you put in an oral airway?
8. Why is it important to use a pocket mask?
9. What are the key signs of a possible concussion?
10. In what position should a stroke victim probably be placed?
11. What is the treatment for anaphylactic shock?
12. What happens to the CO₂ and O₂ levels in hyperventilation?
13. What does COPD have to do with oxygen therapy?
14. How often should an angina patient take their medication in an emergency?
15. What are the key differences between an angina attack and a heart attack?
16. When would you treat a patient as a suspected c-spine injury?
17. How do you tell the difference between a sprain and a fracture?
18. Why is important to assess the distal circulation for a fracture injury?
19. What is the difference between diabetic coma and insulin shock?
20. How do you treat a semi-conscious diabetic patient?
21. What is the difference between a laceration, abrasion, avulsion and a puncture injury?
22. What is the treatment for a 2nd or 3rd degree burn?
23. In what position should someone with a serious eye injury be placed?
24. How long should a patient hold their nose for a nosebleed?
25. What does a flail chest injury look like?
26. What is the treatment for an open pneumothorax?
27. What are the symptoms of a tension pneumothorax?
28. How do you recognize internal bleeding?
29. What is heat syncope?
30. What are the symptoms of heat exhaustion?
31. What is the treatment for heat stroke?
32. What are the phases of a grand mal seizure?
33. What are some things to consider when treating drugs or poison situations?

First Aid Answer Key

Multiple Choice

1. C	16. B	31. C	46. C	61. D
2. C	17. A	32. B	47. A	62. A
3. C	18. B	33. A	48. B	63. C
4. B	19. C	34. D	49. D	64. D
5. B	20. B	35. A	50. A	65. A
6. B	21. A	36. D	51. A	66. C
7. D	22. D	37. B	52. C	67. B
8. C	23. A	38. C	53. A	68. C
9. D	24. A	39. B	54. D	69. B
10. C	25. C	40. D	55. D	70. A
11. B	26. D	41. C	56. D	71. B
12. A	27. A	42. B	57. B	72. B
13. B	28. B	43. A	58. C	73. D
14. B	29. B	44. B	59. B	74. B
15. A	30. A	45. B	60. C	75. B

True/False

1. F	6. F	11. T	16. F	21. T
2. F	7. T	12. T	17. T	22. T
3. F	8. F	13. F	18. T	23. T
4. T	9. T	14. T	19. T	24. F
5. F	10. F	15. F	20. T	25. T