CHAPTER 29

Chest and Abdominal Trauma

HANDOUT 29-2: Evaluating Content Mastery  Student’s Name

EVALUATION

CHAPTER 29 QUIZ

Write the letter of the best answer in the space provided.

_____ 1. A chest injury where the skin is not broken is called a(n):
   
   A. penetrating injury.       C. open injury.

_____ 2. A type of closed injury where two or more consecutive ribs are fractured in two or more places is called:
   
   A. commotio cordis.         C. tension pneumothorax.
   B. cutaneous layer.         D. flail chest.

_____ 3. Blunt trauma to the chest that results in a patient going into ventricular fibrillation is called:
   
   A. intercostal spasm.       C. commotio cordis.
   B. cardiac tamponade.       D. hemothorax.

_____ 4. An injury to the heart that causes blood to flow into the sac lining the heart is called:
   
   A. myocardial contusion.    C. endocarditis.
   B. pericarditis.            D. pericardial tamponade.

_____ 5. Patients with an aortic dissection will often complain of a tearing sensation in their:
6. The medical term used to describe a chest wound that is open to the atmosphere is:
   A. flail chest.       C. sucking chest wound.
   B. paradoxical wound. D. air embolism.

7. The condition in which the chest cavity fills with blood is known as:
   A. pneumothorax.      C. traumatic asphyxia.
   B. hemothorax.        D. tension pneumothorax.

8. Open wounds of the abdomen so large that organs protrude from them are known as:
   A. avulsions.         C. eviscerations.
   B. sucking abdominal wounds. D. hematomas.

9. The medical term for any dressing that forms an airtight seal is a(n):
   A. occlusive dressing. C. universal dressing.

10. The preferred position in which to place patients with abdominal injuries is:
    A. on the back with legs flexed at the knees. C. prone.
    B. the Trendelenburg position. D. the Fowler’s position.
REINFORCEMENT

IN THE FIELD

*Read the following real-life situation. Then answer the questions that follow.*

A call comes into your station from the emergency medical dispatcher. “Head-on collision on Ludlow Street. Four people involved.”

Your unit reaches the scene in two minutes. Police have already closed off the one-way street. “Out-of-town driver,” says the police officer. “He completely missed the one-way sign.”

You quickly size-up the scene and notice skid marks near one of the vehicles. “I tried to hit my brakes when I saw him coming,” says the driver of the other car. “I wasn’t going all that fast when we collided, but it was still quite a jolt.”

The occupants of both cars were wearing seat belts. Airbags went off when the vehicles ran into each other. One front-seat passenger, a 19-year-old male, is complaining of abdominal and chest pain. Upon initial assessment, you find marks across his body where the seat belt confined him. As you palpate these areas, the patient complains of tenderness. You note that his abdomen is rigid and that he winces as you attempt to palpate it. There appear to be no other injuries to his body, so you place him on a stretcher with his knees flexed.

1. What type of injury do you suspect that the patient has suffered?
   What was the mechanism of injury?

2. What other care steps would you provide for this patient? Why?

While assessing the patient, he becomes pale and less talkative. His pulse and respiratory rates have increased since you took the set of baseline vital signs.

3. What do you think is happening to the patient? What actions should you
take?
CHAPTER 29 REVIEW

Write the word or words that best complete each sentence in the space provided.

1. The fracture of two or more ribs in two or more places is called a ____________________

2. A wound where blood enters into the chest cavity is called a ____________________

3. A(n) ____________________ ____________________ is an internal injury in which there is no open pathway from the outside to the injured site.

4. Movement of ribs in a flail segment in the opposite direction of the chest wall is called ____________________ ____________________.

5. ____________________ ____________________ should be placed on eviscerations to prevent drying out of internal organs.

6. A(n) ____________________ ____________________ is a pneumothorax where the air is now pushing against the vena cava and trachea, blocking blood flow and ultimately causing death.

7. Blunt trauma to the chest that can cause the patient to go into sudden ventricular fibrillation is called ____________________ ____________________.

8. The term ____________________ ____________________ is used when the chest cavity is open to the atmosphere.

9. ____________________ occurs when the lung collapses as a result of air that has entered the chest cavity.

10. Open wounds so deep that organs protrude from them are known as ____________________.
**CHEST AND ABDOMINAL TRAUMA LISTING**

*Complete the following lists.*

1. List eight types of chest injuries.

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2. List the eight steps to treat closed and open abdominal injuries.

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IDENTIFYING SOFT-TISSUE INJURIES

For each of the signs listed in the left-hand column below, write the type of injury that might be indicated by it in the right-hand column.

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<thead>
<tr>
<th>Signs</th>
<th>Possible Injury Indicated</th>
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<tbody>
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<td>Large bruise or bruised areas directly over body organs such as the spleen, liver, or kidneys</td>
<td>1.</td>
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<td>Tearing back pain</td>
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<td>Absent lung sounds on the left side</td>
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<td>Paradoxical movement</td>
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<td>Swollen or rigid abdomen</td>
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