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Category 6, Items 30 and 31

A 41-year-old man is brought to a community hospital for stabilization prior to transport after a motorcycle crash. He is comatose and hemodynamically labile and is intubated translaryngeally. Breath sounds are equal bilaterally. A pneumatic compression garment (MAST) was applied in the field because of an unstable pelvic fracture and transient episodes of hypotension and he was given three units of packed red blood cells.

After transport and with a fourth unit being infused the patient has a systolic pressure of 90 torr. He has a blown left pupil, widened mediastinum, unstable pelvic fracture and C3–4 subluxation.

- **30.** Initial management should be
- (A) immediate celiotomy
- (B) computed tomographic scan of the head, abdomen, and pelvis
- (C) angiographic embolization of a pelvic bleeding site
- (D) diagnostic peritoneal tap/lavage
- (E) a burr hole and emergency thoracotomy to repair traumatic aortic disruption
- 31. The LEAST likely possible injury contributing to this patient's hemodynamic lability would be a(n)
- (A) unstable pelvic fracture
- (B) cervical spine fracture
- (C) traumatic aortic disruption
- (D) solid intra-abdominal organ injury
- (E) closed head injury

For the 2 incomplete statements above, select the answer that is best out of the 5 given for each item.

For the critique of Items 30 and 31, see page 209.

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