



# Wilderness Medicine Institute of NOLS

## Wilderness Medicine Practice Test

1. Wilderness Medicine differs from urban medicine due to:
  - a. There is no difference, medicine is medicine.
  - b. Treatment of patients with hypothermia, heat illness and insect bites.
  - c. More than 30 minutes transport time to definitive care.
  - d. Extended patient contact time, environmental challenges and the need to improvise gear.
2. If your patient has an obviously altered mental status, is disoriented and clearly acting inappropriately, you may treat them under the legal doctrine of:
  - a. Citizen's custody.
  - b. Duty to rescue.
  - c. Informed consent.
  - d. implied consent.
3. The initial assessment checks for threats to life. Which of the following statements about the initial assessment is correct?
  - a. You can do it without asking for consent or checking for responsiveness.
  - b. We only do it if the patient appears to be very sick or badly injured.
  - c. It begins with introducing yourself and asking for consent to treat.
  - d. It includes a full set of vital signs.
4. You learn one of your clients fell while hiking earlier in the day. They approach you and ask for aspirin and water for a dehydration headache. You should:
  - a. Perform a head-to-toe assessment in case they don't realize they have an injury.
  - b. Document that the complaint is a headache, and don't do a head-to-toe exam.
  - c. Don't do a head-to-toe exam, that would be invasive and unnecessary.
  - d. Ask if they hurt themselves. If they answer no, don't do the head-to-toe.
5. We pay close attention to LOR, HR, RR and SCTM because:
  - a. They can change early.
  - b. A and C.
  - c. They can be assessed without fancy medical gear.
6. A patient who smells like a brewery, is not awake but opens their eyes and moans when you loudly and directly call their name can be described as:
  - a. Having the "mumbles".
  - b. Verbally responsive.
  - c. Painfully responsive.
  - d. Drunk.
7. Which of the following is True?
  - a. Following a lightning strike, respiratory paralysis may require prolonged rescue breathing.
  - b. Submersion for more than 10 minutes is a reason not to start CPR.
  - c. Avoid CPR in lightning victims until the electrical charge drains from their body.
  - d. Perform CPR on hypothermic patients at 1/2 the standard rate due to the patient's lower metabolic demands.
8. Your patient fell while crossing a small stream and landed on their chest on a rock. Your assessment is a possible rib fracture and underlying lung injury. Your treatment principles for a lung injury include:
  - a. Monitor for increasing shortness of breath.
  - b. Use the needle in your epinephrine kit to relieve a tension pneumothorax.
  - c. Administer hi flow/high concentration oxygen, if available.
  - d. A and C.



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9. Orthostatic vital sign changes in shock:
- Are unreliable and not advised.
  - Work only if the patient is dehydrated from diarrhea.
  - Are significant if the HR increases 30 per minute.
  - Are significant if the HR decreases in response to the position change.
10. An acute stress response:
- Can mimic shock.
  - will subside after time and basic shock treatment.
  - must be assumed to be shock and the patient evacuated before they decompensate.
  - A and B are correct.
11. Which of the following statements about spinal cord injury is false?
- One person cannot safely move a person with a spinal cord injury. You need at least three.
  - One person rolls, done properly, can safely move people with possible spinal cord injuries.
  - A BEAM is an effective multi-person method for moving a patient with a possible spine injury.
  - Ideally we immobilize a person with a possible spine injury with F.O.A.M (free of all movement).
12. Which of these patients should be rapidly evacuated? The patient who, after a blow to the head, is:
- Dazed and stunned, vomits once, then is A+0x4.
  - A+0x3 (can't remember hitting their head).
  - Alert, oriented and nauseous.
  - Disoriented, irritable, has persistent vomiting and a worsening headache.
13. A traction splint is appropriate for:
- a fracture right above the knee.
  - a mid-shaft femur fracture.
  - a hip fracture.
  - a tib/fib fracture.
14. You should slow or stop your attempt to relocate a dislocation if:
- It causes significant increase in pain.
  - It meets with unexpected resistance to movement.
  - It takes more than five minutes.
  - A and B are both correct.
15. Consider evacuating a laceration for stitches if:
- It gapes more than 1/2" (1.3cm).
  - It's on the face.
  - It's more than an inch long.
  - A and B are both correct.
16. Wound infections:
- Can be prevented with antibiotics.
  - Are easy to recognize.
  - Are a real risk when wounds are not cleaned well.
  - Are not a concern in the pristine wilderness environment.
17. Discredited treatments for frostbite include:
- Rapid warming in warm water.
  - Drinking alcohol to vasodilate peripheral circulation.
  - Protecting the frostbitten area from freezing again.
  - Using NSAID's for pain management.



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18. Treatment principles for hypothermia include:
- Avoiding field warming.
  - Giving a responsive patient warm, sweet, non-alcoholic drinks.
  - Immersion in hot water bath.
  - Nothing by mouth
19. Heat cramps are best treated with:
- Active massage.
  - Gentle stretching.
  - Icing the cramping muscle.
  - Ibuprofen or other NSAID medication.
20. During exercise in hot conditions:
- Modest fluid intake is usually enough to stay hydrated.
  - You can rehydrate faster than you sweat.
  - More fluid is lost by sweating than can be replaced quickly.
  - Rehydration can be in as little as a hour of drinking.
21. Which if the following is a recommended prevention principle for altitude illness?
- Climb high, sleep low.
  - A high protein diet.
  - Hyper-hydration.
  - Mild sedatives to ensure good sleep during the acclimatization phase.
22. Which of the following is not a cause of snake bites in North America.
- The snake aggressively attacks it's human prey.
  - The victim tries to pick up the snake.
  - The victim inadvertently reaches into a snake's hiding place.
  - The snakes strikes defensively when provoked by the victim.
23. You saw lighting hit a group of four people standing in an alpine meadow. You get there immediately. Which patient would have highest priority to treat.
- A moaning, unresponsive 20 year old male with an apparent head injury.
  - A 20 year old female with an apparent femur fracture.
  - A 40 year old female in cardiac arrest.
  - A 52 year old male ashen gray, complaining of chest pain.
24. Your 54 year old client wakes up with pain and a sensation of tightness in his chest, shortness of breath, anxiety, nausea, lightheadedness, dizziness and pale cool, clammy skin. This resolves after one or two nitro. Of these choices, your treatment plan includes:
- Avoiding spicy foods as the relief from the nitro indicates this was indigestion.
  - Evacuation
  - If the pain does not return, hiking to a new camp this afternoon.
  - Keeping the patient flat with legs elevated.
25. One clue to the degree of respiratory distress is
- The reading on their glucometer (assuming they have one).
  - The patient's ability to speak in paragraphs, sentences or only one word clusters
  - Whether they need to stay in the tripod position to breathe.
  - Both B and C are correct.



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26. Which of the following descriptions of a transient ischemia attack (TIA) are correct?

- a. A TIA commonly first presents with a seizure.
- b. A TIA is a stroke lasting less than 48 hours.
- c. Both A and B are correct,
- d. A TIA is a temporary interruption in the blood supply to a part of the brain.

27. Insulin binds to receptors on the cell membranes and:

- a. Facilitates transport of glucose into cells.
- b. Inhibit the breakdown of glucagons.
- c. Allows the brain to use glucose.
- d. Increases blood glucose levels.

28. Which of the following are common triggers for allergic reactions? :

- a. Animal dander.
- b. Foods.
- c. Pollens.
- d. All of the above are correct.

29 . The most important field treatment for carbon monoxide exposure is:

- a. Evacuation to a hyperbaric chamber.
- b. Move the patient immediately to fresh air.
- c. Administer an antidote.
- d. Place the patient on low flow oxygen (4 l/m via nasal cannula.)

30. The key to avoiding ingesting a poisonous plant is:

- a. Eating only plants from the carrot family.
- b. Eating plants only in small quantities
- c. Avoiding all mushrooms in the wild.
- d. Positive identification of the species, and knowledge of it's toxicology.



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### Answer Key – WMI Wilderness Medicine Practice Test

Sources: WFR Handbook 10<sup>th</sup> Edition. WFR Test 2<sup>nd</sup> Edition

1. Answer: d WFR Handbook Page # 5 WFR Text Page # 5
2. Answer: d WFR Handbook Page # 6 WFR Text Page # 9
3. Answer: c WFR Handbook Page # 8 WFR Text Page # 15
4. Answer: a WFR Handbook Page # 8 WFR Text Page # 13
5. Answer: b WFR Handbook Page # 12 WFR Text Page # 22
6. Answer: b WFR Handbook Page # 12 WFR Text Page # 20
7. Answer: a WFR Handbook Page # 18 WFR Text Page # 39
8. Answer: d WFR Handbook Page # 22 WFR Text Page # 70
9. Answer: c WFR Handbook Page #: 24 WFR Text Page # 48
10. Answer: d WFR Handbook Page # 24 WFR Text Page # 49
11. Answer: a WFR Handbook Page # 28 WFR Text Page # 53
12. Answer: d WFR Handbook Page # 26 WFR Text Page # 65
13. Answer: b WFR Handbook Page # 30 WFR Text Page # 79
14. Answer: d WFR Handbook Page # 34 WFR Text Page # 88
15. Answer: d WFR Handbook Page # 36 WFR Text Page # 104
16. Answer: c WFR Handbook Page # 37 WFR Text Page # 111
17. Answer: b WFR Handbook Page # 42 WFR Text Page # 121
18. Answer: b WFR Handbook Page # none WFR Text Page # 119
19. Answer: b WFR Handbook Page # 44 WFR Text Page # 124
20. Answer: c WFR Handbook Page # 46 WFR Text Page # 127
21. Answer: a WFR Handbook Page # 49 WFR Text Page # 130
22. Answer: a WFR Handbook Page # 52 WFR Text Page # 145
23. Answer: c WFR Handbook Page # 58 WFR Text Page # 141
24. Answer: b WFR Handbook Page # 62 WFR Text Page # 164
25. Answer: d WFR Handbook Page # none WFR Text Page # 170
26. Answer: c WFR Handbook Page # 68 WFR Text Page # 176
27. Answer: a WFR Handbook Page # 70 WFR Text Page # 177
28. Answer: d WFR Handbook Page # 72 WFR Text Page # 185
29. Answer: b WFR Handbook Page # 76 WFR Text Page # 184
30. Answer: d WFR Handbook Page # none WFR Text Page # 183