PASSAGE 2

It was close to midnight when the emergency department at City General Hospital received a trauma alert about a multi-vehicle accident on Interstate 95. Because many victims were injured, the hospital activated a "Code Orange". Inside the ER, Dr. Arlo and Nurse Chloe quickly prepared the trauma bays. The blood bank also prepared O-negative blood for emergency transfusions. While, the trauma team reviewed the Advanced Trauma Life Support (ATLS) protocol.

Minutes later, paramedics arrived with the first patient, a twenty-two-year-old man named Mark who had been ejected through the windshield during the crash. The paramedic report stated that the patient was involved in an MVA. Mark's blood pressure was 90 over 60, his heart rate was 130 beats per minute, and his oxygen saturation was 88 percent. He also had an open femur fracture and signs of possible internal bleeding.

Mark's low blood pressure and rapid heart rate suggested hemorrhagic shock caused by severe blood loss. Dr. Arlo immediately assessed the patient and observed that Mark was pale, weak, and struggling to breathe. A sharp metal object remained impaled in his abdomen. Nurse Chloe inserted two large-bore IV lines into Mark's arms. Dr. Arlo ordered two units of O-negative blood while oxygen therapy was continued.

As the trauma team monitored the patient, Mark's condition worsened. His blood pressure continued dropping, and his abdomen became swollen and rigid. Dr. Arlo suspected severe internal hemorrhage and ordered a FAST scan. The scan revealed fluid in the abdominal cavity, confirming internal bleeding. Emergency exploratory surgery was immediately requested.

Soon after, the cardiac monitor alarm sounded because Mark became unresponsive. Dr. Arlo immediately began CPR while Nurse Chloe prepared the defib. After the shock was delivered, the monitor displayed a weak pulse. Although Mark remained in critical condition, the trauma team successfully stabilized him long enough for emergency surgery.

The incident demonstrated the importance of teamwork, rapid decision-making, and effective communication in emergency medicine. During mass-casualty situations, healthcare professionals must remain calm under pressure while applying trauma protocols to save lives.

Read the passage carefully and answer these questions.

1. In the passage, what does the abbreviation "MVA" stand for?
A. Major Vascular Arrest
B. Motor Vehicle Accident
C. Medical Ventilation Assessment
D. Multiple Victim Alert

2. What does the abbreviation "IV" mean in the passage?
A. Internal Ventilation
B. Intensive Valve
C. Intravenous
D. Immediate Verification

3. In emergency medicine, what does "FAST" stand for?
A. Focused Assessment with Sonography in Trauma
B. Functional Airway Support Technique
C. Full Advanced Surgical Treatment
D. First Aid Stabilization Test

4. Why did the medical team avoid removing the metal object from Mark's abdomen immediately?
A. The object was difficult to remove
B. Removing it could worsen internal bleeding
C. The patient refused treatment
D. Surgery equipment was unavailable

5. Which clinical signs suggested that Mark was developing hemorrhagic shock?
A. High blood pressure and slow heart rate
B. Low blood pressure and rapid heart rate
C. Stable breathing and warm skin
D. Normal oxygen saturation and alertness

6. What was the main purpose of activating a "Code Orange" in the hospital?
A. To announce a fire emergency
B. To prepare for a contagious disease outbreak
C. To activate emergency response protocols for a mass-casualty incident
D. To schedule emergency surgery for one patient

LIVEWORKSHEETS