Emergency Triage Assessment and Management Training (ETAT) Post-Test

For questions 1 through 3, consider the following scenario:

A three year old comes with burns to her face and chest after a kerosene fire. He opens his eyes in response to your questions. He has strong pulses when you examine him. While he answers your questions, you notice that he is using his accessory respiratory muscles to breathe.

1. Which of these signs is an emergency sign?
   A. Responds to voice
   B. Uses accessory muscles
   C. Strong pulses

2. Which of the following signs is priority?
   A. Burns to the face and chest
   B. Responds to voice
   C. Strong pulse

3. What is this child’s triage status?
   A. Emergent
   B. Urgent
   C. Queue

4. Tumelo is three years old and weighs 15 kg. His mother states that his diarrhea started yesterday. His capillary refill is 2 seconds and his hands are warm. Your assessment is that he is not in shock and that he is breathing adequately. He is lethargic, unable to drink, has sunken eyes and a skin pinch that went back very slowly. He has no wasting or oedema. Your assessment is that he is not severely malnourished but has diarrhea with severe dehydration.

   How much fluid should you give him initially?
   A. 150 mL in the first hour
   B. 450 mL in the first hour
   C. 450 mL in the first 30 minutes
   D. 320 mL in the first 30 minutes

5. A 15 month old boy is rushed into the health centre by his father. He is choking on a coin. There is no audible sound, even though he is in great distress. What do you do?
   A. Deliver 5 chest thrusts followed by 5 back thrusts, assess the airway
   B. Deliver 5 back thrusts, assess the breathing, deliver 5 chest thrusts
   C. Perform 5 abdominal thrusts, check the mouth for obstructions (How to manage choking for child >12 months)
   D. Ask the father to turn the infant upside down
6. What types of fluids can you give initially to treat shock in well-nourished children?
   A. Half-strength Darrow’s solution with 5% glucose
   B. Ringer’s Lactate
   C. Normal Saline
   D. B and C

For questions 7 through 9, consider the following scenario:

A 2 month old infant is brought into the clinic. He is unresponsive to voice but is having lip smacking and facial twitching. He has no jerking movements of his arms or legs. What findings indicate that the infant might be having a convulsion?

7. The infant who is unconscious may be having a convulsion.
   True      False

8. The infant may be having a convulsion because he is having lip smacking or facial twitching
   True      False

9. The infant cannot be having a convulsion because he has no jerking movements of his arms or legs
   True or False

10. You are the last person left in the Health Center on a Friday night. A bus arrives with 4 patients who demand to be seen before the clinic closes. You quickly assess the patients and determine who needs to be seen first.

Assign a triage category to each of the following patients (emergent, priority, or queue):

8 month old infant whose palms are extremely pale but is breathing normally

8 year old boy who just fell off his bicycle whose right arm is obviously deformed

2 year old girl who has been vomiting and having diarrhea for three days, who responds only to painful touch

9 year old girl who complains of an itchy rash on her hands; both her sisters and her mother have the same rash
11. A 5 month old has been having vomiting and having diarrhea for 3 days. He is lethargic and has sunken eyes. You do a skin pinch that takes 2 seconds to go back. He does not want to breastfeed. What signs does this infant have of severe dehydration?
   A. vomiting and diarrhea for 3 days
   B. the infant is lethargic
   C. the infant has sunken eyes
   D. B and C

For questions 12 and 13, consider the following scenario:

An 18 month old presents with a 1 week history of cough and runny nose. You find that the toddler is responsive only to painful touch, takes few breaths and has a blue colour around her mouth. Her capillary refill is less than 2 seconds.

12. What emergency respiratory signs does this baby have?
   A. Blue colour around her mouth
   B. Few respirations
   C. 1 week history of cough and runny nose
   D. A and B

13. What is your next step?
   A. Establish IV access and administer a 20mL/kg normal saline
   B. Establish an airway and do bag mask ventilation
   C. Establish an airway and give oxygen via nasal prongs
   D. Call the senior health worker for assistance

For questions 14 and 15, consider the following scenario:

An 8 month old infant has been brought to the clinic because he is very hot to the touch and has had some vomiting and diarrhea. His airway and breathing are fine. His capillary refill is 1.5 seconds and his skin pinch takes 3 seconds to return to normal.

14. What is his triage status?
   A. Emergency
   B. Priority
   C. Queue

15. In the waiting room, he suddenly starts convulsing. What are your next steps for assessing this patient?
   A. Assign this patient a new triage category and place him higher in the queue.
   B. Give the patient diazepam rectally
   C. Re-check the patient’s airway, breathing, and circulation.
   D. Establish IV access and give the patient 20ml/kg normal saline
16. For pediatric IV droppers, the number of drops per minute is equal to the number of mL/hr.
   True or False
   True or False

17. It is early Monday morning and there is a queue of patients waiting to be seen. Many seem to be very sleepy. Assign a level of consciousness (A, V, P, or U) to the patient.

| A 2.5 month old boy who is very hot to the touch who responds only to painful touch |
| A 3 year old girl who was sleeping in her mothers arms but smiles and says ‘Hello!’ when you approach |
| A 5 year old boy who has been vomiting for 3 days and only opens his eyes when you ask him to |
| A 4 year old girl who is very hot to the touch and has been vomiting for 3 days. She does not respond to your voice or to pain |

18. What volume of fluid would you give to a well-nourished one-year-old weighing 11kg who is in shock?
   A. 200 mL
   B. 110 mL
   C. 220 mL
   D. 440 mL

For questions 19 and 20, consider the following scenario:
A 15 month old boy is brought into the clinic. He has had diarrhea and fever for 5 days and has not been eating. He is very lethargic. He is severely wasted with oedema of both of his feet. His capillary refill is 4 seconds and his pulses are weak and very fast.

19. What signs does this child have of severe acute malnutrition?
   A. He is severely wasted
   B. He has edema of both of his feet
   C. Both A and B
   D. He has not been eating for 5 days

20. What is the volume of fluid you would give this child?
   A. isotonic fluid 20ml/kg rapidly
   B. D5 Half Strength Darrow’s 15 mL/kg over one hour
   C. Half Strength Darrow’s solution with 5% glucose 15mL/kg over 20 minutes
   D. NG Resomal at 10mL/kg for 10hr

21. Matsosso is a two year old who weighs 8kg. He has had diarrhea for two days. He is alert and crying and not in shock. He can drink, but very poorly, and has a skin pinch that goes back very slowly. His eyes are sunken. He is not malnourished. How much fluid should be given initially?
   A. ORS solution by nasogastric tube 160 mL/hr for 6 hours
   B. IV fluid 160 mL/hr for 6 hrs
   C. ORS solution by nasogastric tube 80mL/hr for 6 hours
   D. ORS solution by nasogastric tube 240 mL/hr for 6