**Emergency Triage Assessment and Management (ETAT) PRE-TEST**

For questions 1 through 3, consider the following scenario:

A two and half month infant comes to the health centre looking very lethargic. Her mother reports that the infant has felt very hot to the touch, has had three days of diarrhea and vomiting and is not breastfeeding. You note that the infant is not breathing rapidly but her capillary refill is 4 seconds.

1. Which of these signs is an emergency sign?
   A. Very hot to touch
   B. Long skin pinch
   C. Capillary refill 4 seconds
   D. Lethargy

2. Which of the following signs are priority signs?
   A. History of diarrhea and vomiting
   B. Not breathing rapidly
   C. Lethargy
   D. Capillary refill 4 seconds

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

4. A 9 month old girl and her older brother have been playing in the health centre waiting room with a bead necklace. Suddenly, the 9 month old girl is brought to you by one of the parents and she is choking on one of the beads. There is no audible sound, even though she is in great distress. What do you do?
   A. Deliver 5 chest thrusts followed by 5 back thrusts and then re-assess the airway.
   B. Perform 5 abdominal thrusts, check the mouth and remove any visible obstructions
   C. Deliver 5 back thrusts, assess the breathing, deliver 5 chest thrusts, assess the breathing (How to manage choking for child <12 months)
   D. Check to see if the patient is breathing

5. Several children are brought into the clinic with diarrhea and vomiting. Clinical findings are described in Column A. Please match each clinical finding with the appropriate child. Each finding can only be used once.
   For example, a **child with warm hands** would be a child who is **not in shock**.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Child in shock</th>
<th>Child not in shock</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical findings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warm hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capillary refill &gt; 4 seconds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weak and fast pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capillary refill 2 seconds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cool feet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. How many mLs 10% glucose would you give to a six-month-old weighing 8 kg and having low blood sugar?
   A. 80 mL
   B. 20 mL
   C. 40 mL
   D. 8 mL

7. A 6 year old boy arrives in the clinic having a seizure. What is the next step you would take in assessing and managing this patient?
   A. Give the patient diazepam rectally and position him
   B. Check his airway to see if it is obstructed
   C. Check to see if he is breathing
   D. Check his circulation status by feeling his pulses and checking his capillary refill

8. You are the first person to arrive at the health centre on a Monday morning. There are already 4 patients and their parents waiting to be seen. All have been waiting since 6am. You quickly try to triage the impatient crowd.

Assign a triage category to each of the following patients (Emergent, Priority, Queue)

- 2 month old infant, who is very hot to touch
- 2.5 year old girl with her mother who reports that her daughter has just swallowed a handful of her mother’s medication
- 3 year old boy who is breathing very rapidly and has a bluish tinge around his mouth
- 10 year old boy who has vomited once this morning but is sitting eating his NikNaks comfortably

9. Using the AVPU scale, what findings indicate coma?
   A. The child is responding to voice
   B. The child is responding to Pain
   C. The child is unresponsive to voice
   D. B and C

10. When giving fluids to a severely malnourished child, trouble breathing may be a sign that they are receiving too much fluid

   True or False

For questions 11 and 12, consider the following scenario:

A 3 year old boy arrives at the clinic. His mother reports that he has been breathing very fast for two days and has been very hot to the touch. You notice that while he seems to be moving air with no airway obstruction, he has a bluish tinge around his mouth.
11. What is this child’s respiratory status?
A. Emergency  
B. Priority  
C. Queue  

12. What is your next step in assessing this patient?
A. Ask his mother to complete the registration form  
B. Assess circulation  
C. Give him oxygen  

For questions 13 and 14:

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.

13. 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  

14. 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  

For Questions 15 and 16, consider the following scenario:  

A three year old boy is brought into the health centre in his father’s arms. He is pale and having difficulty breathing. His father says he has been unwell and coughing for three days. He breathes very fast with heavy severe chest indrawing. He is alert.

15. What signs does this child have of severe respiratory distress?
A. He has been coughing for 3 days  
B. He breathes very fast  
C. He has heavy severe chest indrawing  
D. B and C  

16. What should you do next?
A. Assess the airway  
B. Provide oxygen through an oral airway  
C. Provide oxygen through bag-mask ventilation  
D. Check the circulation status
17. What fluids can you give through an intraosseous infusion?
   A. Half-strength Darrow’s solution with 5% glucose
   B. Ringer’s Lactate
   C. Blood
   D. All of the above

18. A one year old girl has a two-day history of diarrhoea and vomiting. Her weight is 6.5kg. She is restless and irritable. Her airway and breathing are OK. Her hands are warm. AVPU = voice. Skin pinch lasts 4 seconds. Her eyes are sunken. She is skin and bones. You assess her as dehydrated and malnourished. What is your next step?
   A. Give ReSoMal 5mL/kg every 30 minutes for the first two hours
   B. Give normal saline IV bolus
   C. Give 195 mL ReSoMal in the first thirty minutes
   D. Give 65 mL ReSoMal in the first thirty minutes

For questions 19 through 21, consider the following scenario:
A 3 year old boy is brought into the health centre after being hit by a car. He is responsive only to painful touch. He takes a few breaths. His capillary refill is 5 seconds.

19. What emergency signs does this boy have?
   A. He takes few breaths
   B. His capillary refill is 5 seconds
   C. He is responsive only to painful touch
   D. All of the above

20. Which of this boy’s problems should you manage first?
   A. He takes few breaths
   B. He is responsive only to painful touch
   C. His capillary refill is 5 seconds
   D. He has been hit by a car

21. How should you manage his airway and breathing?
   A. Open the airway with chin-tilt
   B. Open the airway with a jaw-thrust, give bag-mask ventilation
   C. Provide oxygen by nasal prongs
   D. Place an Oral Airway

For questions 22 and 23, consider the following scenario:
A well-nourished eight-month old weighing 6kg is severely dehydrated.

22. How much fluid would you give in the first hour?
   A. 180 mL in the first hour
   B. 120 mL in the first hour
   C. 60 mL in the first hour
   D. 240 mL in the first hour
23. How much fluid do you give after first hour?
   A. 420 mL over 5 hours
   B. 180 mL over 5 hours
   C. 60 mL over 5 hours
   D. 120 mL over 5 hours

24. A severely malnourished child's heart can become very weak and have trouble pumping large volumes of fluids
   
   True or False