Dip IMC mock questions

St Emlyns revision resource

Updated 18 October 2026. Based on the original mock paper by Iain Beardsell linked from the St Emlyns Dip IMC preparation post.

This edition contains 75 single best answer questions. Choose one answer, A to E, for each. Original question numbers are retained for cross reference: the source paper jumps from 24 to 35; no questions are missing from this edition.

Use this as a revision aid alongside the current curriculum, national guidance and your service protocols. It is not an official RCSEd examination or a substitute for supervised procedural training. UK practice is assumed unless a question states otherwise; the major incident triage questions specifically use NHS England MITT.

Use the matching October 2026 answers and explanations document to mark this paper. Some answer letters have changed from the original edition.

Name _____ Date _____

Question 1 Requesting critical care

Subject to local dispatch arrangements, which casualty most clearly needs an early request for a prehospital critical care team?

A. An isolated finger injury with controlled bleeding
B. A casualty whose airway and ventilation remain inadequate despite basic measures
C. An ambulant casualty with a superficial abrasion
D. A stable casualty who requests helicopter transport for convenience
E. Every person involved in a low speed collision

Question 2 Scene safety

You are the first clinical responder at a road traffic collision. Which is the best initial approach?

A. Park exactly 50 metres away regardless of hazards
B. Assume command of every emergency service
C. Approach immediately because a high visibility jacket guarantees protection
D. Assess hazards, position safely, communicate and coordinate with other responders
E. Allow clinical urgency to replace a scene risk assessment

Question 3 Personal protective equipment

Which statement about personal protective equipment is correct?

A. One type of glove protects against every chemical
B. High visibility clothing removes the need for traffic management
C. Equipment must suit the assessed hazards and the user must know its limitations
D. A helmet makes an unstable vehicle safe to enter
E. Routine clinical PPE provides respiratory protection against all gases

Question 4 High visibility clothing

Which published standard addresses the performance of high visibility clothing, as checked for this October 2026 edition?

A. ISO 20471
B. ISO 9001
C. ISO 15189
D. ISO 14001
E. ISO 13485

Question 5 Extrication planning

Which statement best reflects the 2025 Faculty of Pre Hospital Care extrication consensus?

A. Every casualty must remain in the vehicle until a longboard is available
B. Absolute elimination of all spinal movement is the sole objective
C. A single fixed extrication sequence suits every casualty
D. Clinical assessment should begin only after rescue is complete
E. Use a coordinated plan that considers clinical urgency, entrapment and the casualty’s ability to self extricate

Question 6 Altitude physiology

What is the main reason inspired oxygen pressure falls at high altitude?

A. The proportion of oxygen in dry ambient air falls to about 10%
B. Atmospheric pressure increases
C. Atmospheric pressure falls while the oxygen fraction remains approximately 21%
D. Red cell production immediately stops
E. Nitrogen is completely removed from the atmosphere

Question 7 Acute mountain sickness prevention

Which drug promotes acclimatisation and is generally preferred when drug prophylaxis for acute mountain sickness is indicated?

A. Nifedipine
B. Acetazolamide
C. Ofloxacin
D. Furosemide
E. Morphine

Question 8 High altitude pulmonary oedema

A trekker develops breathlessness at rest, cough and marked hypoxaemia after ascent. What is the best field management of suspected high altitude pulmonary oedema?

A. Continue ascending slowly
B. Prescribe antibiotics and wait overnight
C. Give a diuretic and encourage exercise
D. Arrange urgent descent with minimal exertion and give oxygen if available
E. Assume a normal chest examination excludes the condition

Question 9 High altitude cerebral oedema

A trekker at altitude becomes confused and ataxic. Which action is most appropriate for suspected high altitude cerebral oedema?

A. Urgent assisted descent with oxygen and dexamethasone when available
B. Continue to the summit before seeking help
C. Use acetazolamide alone and continue ascending
D. Give alcohol to reduce anxiety
E. Observe for 24 hours before arranging evacuation

Question 10 Hypothermia

Which measured core temperature meets the definition of accidental hypothermia?

A. 37.5 degrees C
B. 37.0 degrees C
C. 36.5 degrees C
D. 36.0 degrees C
E. 34.0 degrees C

Question 11 Heatstroke

A runner collapses in hot conditions with confusion and marked hyperthermia. Which is the priority treatment for suspected exertional heatstroke?

A. Paracetamol alone
B. Rapid active cooling while supporting ABCDE and arranging emergency care
C. Wait for laboratory confirmation
D. Wrap in insulating blankets
E. Encourage the runner to complete the event slowly

Question 12 Snakebite in the UK

Which action is appropriate after a suspected bite from a native UK adder?

A. Cut the bite site
B. Suck out the venom
C. Apply an arterial tourniquet
D. Keep the casualty still, immobilise the affected limb and obtain urgent medical help
E. Ask the casualty to walk briskly to disperse the venom

Question 13 Drowning resuscitation

A trained rescuer has safely removed an unresponsive casualty who is not breathing normally from the water. What is the drowning specific initial resuscitation step in RCUK 2025 guidance?

A. Abdominal thrusts to drain water
B. Five minutes of observation
C. Five initial rescue breaths, followed by standard CPR as indicated
D. Delay ventilation until all wet clothing is removed
E. Chest compressions only in every case

Question 14 Drowning terminology

Which statement correctly describes drowning?

A. Respiratory impairment caused by immersion or submersion in liquid, with fatal or nonfatal outcomes
B. Death occurring within 24 hours of entering water
C. Any contact with water, even without respiratory impairment
D. A condition that requires water to be found in the lungs
E. A diagnosis that excludes anyone who survives

Question 15 Diving illness

A diver develops neurological symptoms after surfacing. Which is the best response to suspected decompression illness?

A. Reassure because the dive computer showed no missed stops
B. Wait until symptoms have lasted 12 hours
C. Give Entonox and send the diver home
D. Send the diver back underwater without specialist direction
E. Give high concentration oxygen and seek urgent diving medicine advice while arranging emergency care

Question 16 Pressure underwater

Assume a surface pressure of 1 atmosphere and an increase of approximately 1 atmosphere for each 10 metres of seawater. What is the absolute ambient pressure at 20 metres?

A. 1 atmosphere
B. 3 atmospheres
C. 5 atmospheres
D. 10 atmospheres
E. 20 atmospheres

Question 17 Chemical incident response

After recognising a possible chemical contamination incident, which is the best initial approach?

A. Enter the contaminated area in routine clinical PPE
B. Wait for identification of the chemical before doing anything
C. Direct everyone into an enclosed ambulance immediately
D. Protect responders, move casualties away from exposure and initiate appropriate disrobing and decontamination
E. Apply dry decontamination to every substance regardless of corrosive effects

Question 18 Nerve agents

What is the principal toxic mechanism of organophosphorus nerve agents?

A. Activation of acetylcholinesterase
B. Blockade of all acetylcholine receptors
C. Inhibition of acetylcholinesterase with excess acetylcholine at synapses
D. Selective inhibition of dopamine synthesis
E. Competitive blockade of opioid receptors

Question 19 Cyanide poisoning

Which laboratory finding supports severe cyanide toxicity in an appropriate exposure context?

A. Marked lactic acidosis
B. A normal lactate rules out every possible exposure
C. Isolated hypocalcaemia is diagnostic
D. A normal pulse oximeter reading excludes cyanide toxicity
E. A low serum sodium confirms the diagnosis

Question 20 Radiological incidents

Which statement correctly distinguishes irradiation from radioactive contamination?

A. Every irradiated person becomes radioactive
B. Contamination means exposure without radioactive material being present
C. All radiation incidents require the same antidote
D. Potassium iodide protects every organ against every radionuclide
E. External irradiation alone does not mean radioactive material is on or inside the casualty

Question 21 Major incident reporting

What does the first E in a METHANE report represent?

A. Equipment inventory
B. Exact location
C. Estimated journey time
D. Evacuation destination
E. Emergency department consultant

Question 22 Major incident triage

Under the NHS England Major Incident Triage Tool, which finding makes a casualty P1 before walking ability is considered?

A. A minor abrasion
B. Age 40 years
C. A respiratory rate of 18 per minute
D. Catastrophic haemorrhage
E. A heart rate of 80 per minute

Question 23 Oxygen supply calculation

A cylinder contains 460 litres of usable oxygen. At a constant flow of 10 litres per minute, what is the theoretical duration, ignoring any reserve or other consumption?

A. 23 minutes
B. 34 minutes
C. 46 minutes
D. 68 minutes
E. 460 minutes

Question 24 Paediatric weight

A child needs urgent resuscitation and cannot readily be weighed. Which source of weight is usually preferred when a reliable recent value is available?

A. The parent's report of the child's weight
B. Always an age formula, even if a recent measured weight is known
C. The attending adult's weight
D. A fixed 20 kg for every child
E. An unaided visual guess in preference to any other method

Question 35 Traumatic cardiac arrest

Which approach best reflects the immediate priorities in traumatic cardiac arrest?

A. Give repeated adrenaline before assessing the cause
B. Complete a prolonged rhythm analysis before controlling bleeding
C. Rapidly address haemorrhage, hypoxia, tension pneumothorax and tamponade as indicated
D. Assume every case is a primary medical ventricular fibrillation arrest
E. Delay all interventions until hospital arrival

Question 36 Haemostatic gauze

After packing a wound with standard Celox Z Fold Gauze, which initial compression time is specified in that product's instructions?

A. 10 seconds
B. 30 seconds
C. 60 seconds for every Celox product
D. 3 minutes
E. No pressure is needed

Question 37 Thoracostomy anatomy

Which muscle forms the posterior muscular boundary of the triangle of safety used for lateral chest drain insertion?

A. Pectoralis minor
B. The anterior border of latissimus dorsi
C. The medial border of trapezius
D. Rectus abdominis
E. Sternocleidomastoid

Question 38 Tension pneumothorax

A trauma casualty has suspected tension pneumothorax with severe respiratory compromise and haemodynamic instability. Which statement is correct?

A. A chest X ray is mandatory before any decompression
B. Normal tracheal position excludes tension pneumothorax
C. A historical frequency table determines whether treatment is needed
D. Observe until cardiac arrest occurs
E. A suitably trained clinician should perform urgent decompression without waiting for imaging

Question 39 Third stage of labour

After an unplanned birth, the mother is bleeding heavily and the placenta has not delivered. Which is the best response?

A. Treat this as an obstetric emergency, summon help and arrange urgent transfer while resuscitating
B. Delay transfer until the placenta has delivered
C. Pull firmly on the cord without uterine support or training
D. Attempt manual removal of the placenta without anaesthesia
E. Discard any subsequently delivered placenta

Question 40 Care of a well newborn

A term baby has just been born, is breathing normally and has good tone. Which action is appropriate?

A. Routine tracheal suction
B. Immediate separation from the mother for every baby
C. Dry the baby, remove wet towels, maintain warmth and offer monitored skin to skin care
D. Give chest compressions because the cord is still intact
E. Assess oxygenation solely by skin colour

Question 41 Shoulder dystocia

The baby's head has delivered but the shoulders do not follow with routine assistance. After calling for urgent help, which initial manoeuvres are appropriate?

A. Fundal pressure and forceful traction on the head
B. McRoberts positioning with suprapubic pressure as indicated
C. Repeated twisting of the baby's neck
D. Wait ten minutes without intervention
E. Ask the mother to stand and walk

Question 42 Postpartum haemorrhage

Which period is used by RCOG to describe secondary postpartum haemorrhage?

A. Only the first hour after birth
B. Only the first 24 hours after birth
C. From conception to delivery
D. From 24 hours to 12 weeks after birth
E. Only after 12 weeks

Question 43 Breech presentation

Which statement about a term breech baby is correct?

A. Every breech birth must occur in a supine position
B. All breech presentations are an indication for immediate prehospital caesarean delivery
C. A footling breech means the head is presenting
D. A clinician should routinely pull on the baby's legs to speed delivery
E. Birth planning requires skilled obstetric assessment; if birth is already imminent, management must reflect that situation

Question 44 Cord prolapse

A prolapsed umbilical cord is visible after the membranes rupture. Which is the best response?

A. Call for immediate obstetric help, minimise cord handling and reduce compression while arranging urgent birth
B. Push the cord back into the uterus
C. Ask the mother to walk to the ambulance
D. Wait for the cord to stop pulsating
E. Treat this as a normal finding after membrane rupture

Question 45 Pelvic binders

Where should a circumferential pelvic binder be centred when indicated for suspected bleeding from a pelvic ring injury?

A. At the waist above the iliac crests
B. Over the umbilicus
C. At the level of the greater trochanters
D. Around the lower ribs
E. Around the knees

Question 46 Falls from height

A casualty lands on both feet after a substantial fall and has a calcaneal fracture. Which associated injury is particularly important to assess for?

A. Isolated finger dislocation
B. Spinal fracture from axial loading
C. Only a superficial scalp abrasion
D. An elbow injury to the exclusion of all other sites
E. No other injury if the casualty can speak

Question 47 Dashboard injury

A force applied through a flexed knee into the dashboard can classically cause which hip injury?

A. Anterior hip dislocation only
B. An isolated acromioclavicular joint injury
C. A scaphoid fracture
D. Posterior hip dislocation
E. No injury if the pelvis is initially painless

Question 48 Tourniquets

A limb wound continues to bleed catastrophically despite direct pressure. Where should a tourniquet ordinarily be placed when the wound is visible and placement is feasible?

A. Distal to the wound
B. Directly over the nearest joint
C. Loosely over the wound
D. Anywhere, provided it is released every five minutes
E. About 5 to 7 cm proximal to the wound, avoiding a joint

Question 49 Thermal burns

What is the recommended initial cooling treatment for a recent thermal burn?

A. Cool running water for 20 minutes, while preventing hypothermia
B. Ice directly against the skin
C. Butter over the burn
D. A fixed 120 litres of water irrespective of flow or duration
E. No cooling once ten minutes have elapsed

Question 50 Chemical burns

Liquid household drain cleaner has splashed onto the skin. Which initial action is appropriate?

A. Neutralise it with another household chemical
B. Apply an occlusive dressing before removing the contaminant
C. Protect the rescuer, remove contaminated clothing and irrigate promptly with copious water
D. Apply grease to prevent evaporation
E. Wait for a skin blister before treating

Question 51 Spinal transport devices

Which statement about a longboard is correct under NICE spinal injury guidance?

A. It is the preferred prolonged transport surface for every injured person
B. It is an extrication device and should not be used as the transport surface for suspected spinal injury
C. It removes the need to assess airway and breathing
D. Its use permits forced correction of any spinal deformity
E. Every ambulant casualty must be strapped to one

Question 52 Canadian C spine rule

In an alert, stable adult assessed using the Canadian C spine rule, after high risk factors have been excluded and a low risk factor permits safe assessment, what active neck rotation is required to clear this step?

A. 10 degrees in one direction
B. 20 degrees in both directions
C. 30 degrees in both directions
D. 45 degrees left and right
E. 90 degrees left and right

Question 53 Self extrication

Which statement best reflects current UK extrication practice?

A. Any possible spinal injury prohibits all self extrication
B. All neck pain requires a prolonged equipment led extrication
C. Normal vital signs prove there is no spinal injury
D. A longboard is mandatory before anyone exits a vehicle
E. Self extrication can be appropriate after assessment using the service's adopted decision aid

Question 54 METHANE

What does T stand for in METHANE?

A. Type of incident
B. Time of call
C. Treatment completed
D. Transport destination
E. Temperature

Question 55 Difficult intubation

After an unsuccessful intubation attempt, which is the best principle?

A. Repeat the identical attempt indefinitely
B. Prioritise tube placement even if oxygenation is failing
C. Reoxygenate, call for help, optimise conditions and change the next attempt or move to the rescue plan
D. Advance the laryngoscope blade through the vocal cords
E. Exclude a more experienced operator from further attempts

Question 56 Analgesia

Which statement about analgesia for a painful traumatic injury is correct?

A. Opioids should never be titrated to effect
B. Paracetamol can be used as part of multimodal analgesia alongside an opioid when appropriate
C. Pain assessment is unnecessary after the first dose
D. Every head injury is an absolute contraindication to all analgesia
E. Entonox is suitable for every casualty with a suspected pneumothorax

Question 57 Entonox

Why is Entonox contraindicated in an untreated pneumothorax?

A. It contains no oxygen
B. It always causes irreversible apnoea
C. It is pure carbon dioxide
D. Nitrous oxide can expand a trapped gas space
E. It directly dissolves pleural blood clots

Question 58 Anaesthesia monitoring

Which monitoring is essential to confirm and continuously monitor tracheal tube ventilation during prehospital emergency anaesthesia?

A. Skin colour alone
B. Intermittent chest observation alone
C. A carbon monoxide detector
D. A pulse oximeter alone
E. Continuous waveform carbon dioxide capnography

Question 59 Preparation for anaesthesia

Which is the best positioning principle before prehospital emergency anaesthesia?

A. Optimise airway access and preoxygenation, using head elevation or ramping when appropriate to the patient and injury
B. Always intubate with the casualty at ground level
C. Use the same position regardless of physiology or injury
D. Prioritise the operator’s view over all oxygenation measures
E. Positioning is irrelevant if a video laryngoscope is available

Question 60 Ketamine pharmacology

Which action best describes ketamine's principal anaesthetic mechanism?

A. NMDA receptor agonism
B. Selective beta 2 receptor agonism
C. NMDA receptor antagonism
D. Irreversible inhibition of acetylcholinesterase
E. Competitive opioid receptor antagonism

Question 61 Capnography

During ventilation, a capnogram develops a prolonged sloping expiratory upstroke and an upward sloping plateau, producing a shark fin appearance. Which is the best interpretation?

A. This proves oesophageal intubation
B. Expiratory airflow obstruction, such as bronchospasm, should be assessed
C. The waveform proves pulmonary embolism
D. It is diagnostic of hypoglycaemia
E. It excludes a problem with the breathing circuit

Question 62 ECG electrode placement

Which description of standard precordial electrode placement is incorrect?

A. V1 at the fourth intercostal space at the right sternal edge
B. V2 at the fourth intercostal space at the left sternal edge
C. V4 at the fifth intercostal space in the left midclavicular line
D. V5 and V6 at the same horizontal level as V4
E. V3 at the second intercostal space at the right sternal edge

Question 63 Blood pressure measurement

Which technique improves the reliability of an upper arm blood pressure measurement?

A. Use the smallest cuff available for every adult
B. Place the cuff over thick clothing
C. Use a correctly sized cuff and support the arm at heart level
D. Allow the arm to hang unsupported below the body
E. Accept any implausible reading without reassessment

Question 64 Ultrasound in trauma

Which statement about a negative FAST examination after major trauma is correct?

A. It does not exclude intra abdominal or retroperitoneal haemorrhage
B. It rules out all significant abdominal injury
C. It makes repeat clinical assessment unnecessary
D. It proves hypotension is due to sepsis
E. It excludes a pelvic fracture

Question 65 Emergency driving

For the ambulance purpose speed limit exemption in section 87 of the Road Traffic Regulation Act 1984, which is the relevant principle?

A. Fitting a blue beacon creates a general exemption for any journey
B. A clinical qualification alone authorises emergency driving
C. The exemption removes all other driving responsibilities
D. The vehicle must be used for the specified purpose on that occasion and observing the limit would be likely to hinder that use
E. A patient request is sufficient to create an exemption

Question 66 Mental capacity

Under the Mental Capacity Act 2005 in England and Wales, which statement is correct?

A. An adult must prove capacity before every decision
B. Capacity is presumed unless established otherwise, and an unwise choice alone does not prove incapacity
C. Every person with dementia lacks capacity for every decision
D. Capacity is assessed once and never revisited
E. A relative always has authority to consent for an adult

Question 67 Ballistic energy

Using kinetic energy = one half times mass times velocity squared, what happens to a projectile's kinetic energy if its speed doubles and its mass is unchanged?

A. It is halved
B. It is unchanged
C. It doubles
D. It increases eightfold
E. It increases fourfold

Question 68 Blast injury

Which is an example of primary blast injury?

A. A laceration caused by a flying glass fragment
B. A fracture caused by being thrown into a wall
C. Lung injury caused by the pressure wave
D. A thermal burn from the associated fire
E. A crush injury under collapsed masonry

Question 69 Firearms incident response

A shooting incident is still active. Which approach is appropriate for an ordinary responding clinical team?

A. Coordinate with incident command and work only within a jointly assessed safe operating plan and the team's capability
B. Enter immediately in routine PPE because a casualty is visible
C. Assume all vehicle bodywork stops bullets
D. Apply a historical mnemonic instead of reassessing the threat
E. Treat a blue light vehicle as ballistic protection

Question 70 Clinical priorities after a violent incident

Once safe access has been established, how should treatment priority be determined?

A. By whether the casualty is suspected of causing the incident
B. By social status
C. By who can describe their injury most loudly
D. By clinical need within the applicable triage and operational arrangements
E. By media interest in the casualty

Question 71 Ventilation gas calculation

For a simple calculation, a ventilator delivers a tidal volume of 0.5 litres at 10 breaths per minute for 30 minutes using 100 percent oxygen. Ignoring driving gas, leaks, bias flow and reserve, what volume is delivered to the patient?

A. 50 litres
B. 150 litres
C. 300 litres
D. 500 litres
E. 1500 litres

Question 72 Acute asthma

Which finding is a life threatening feature of acute asthma in an adult?

A. Normal speech and no breathlessness
B. A peak flow of 90 percent of personal best
C. A respiratory rate of 16 per minute with normal effort
D. Mild wheeze with rapid complete response to usual treatment
E. A silent chest with poor respiratory effort

Question 73 NATO phonetic alphabet

Which word is not part of the official NATO phonetic alphabet?

A. Alfa
B. Juliett
C. October
D. Whiskey
E. Oscar

Question 74 Adult sepsis fluids

A nonpregnant adult at high risk from sepsis requires IV fluid resuscitation and has no contraindication. Under NICE NG253, what initial crystalloid bolus is recommended?

A. 250 mL followed by reassessment
B. 2 litres without reassessment
C. 30 mL per kg in one uninterrupted infusion for every patient
D. No IV fluid can ever be used in sepsis
E. 5 litres before seeking senior help

Question 75 Anticholinergic toxicity

Which combination is most consistent with an anticholinergic toxidrome?

A. Miosis with profuse secretions and diarrhoea
B. Pinpoint pupils with isolated opioid respiratory depression
C. Bradycardia with marked salivation
D. Mydriasis, dry skin, tachycardia and agitated delirium
E. Normal observations exclude toxicity after an ingestion

Question 76 Drug dosing in obesity

Which is the safest general principle for emergency anaesthetic drug dosing in an adult living with obesity?

A. Use total body weight for every drug and dose
B. Use drug specific guidance for the relevant weight scalar and adjust for physiology and response
C. Use ideal body weight for every drug without exception
D. Choose doses solely from whether the drug is lipid soluble
E. Give a fixed dose regardless of body size or shock

Question 77 Paediatric anaphylaxis

A child develops sudden airway swelling, wheeze and circulatory compromise after an allergen exposure. Which drug is first line?

A. Oral antihistamine before any other treatment
B. Hydrocortisone alone
C. Nebulised salbutamol instead of adrenaline
D. An IV adrenaline bolus given routinely by any responder
E. Intramuscular adrenaline in the anterolateral thigh at the appropriate paediatric dose

Question 78 Clinical governance

Which activity best demonstrates a completed clinical audit cycle?

A. Collecting case numbers without an agreed standard
B. Using one anecdote to judge every colleague
C. Measuring care against a standard, making an improvement and measuring again
D. Avoiding discussion of adverse events
E. Changing policy without checking its effect

Question 79 Emergency consent for a child

An unconscious child needs immediate treatment to save life. No person with parental responsibility can be contacted in time. What is appropriate?

A. Provide necessary emergency treatment in the child's best interests and document the circumstances
B. Withhold treatment until a parent arrives
C. Treat only if a neighbour signs a form
D. Assume that lack of a signature prohibits all care
E. Wait for a routine court hearing before airway support

Question 80 Self harm assessment

Which approach is consistent with NICE guidance after self harm?

A. Use a low score to guarantee that suicide will not occur
B. Use a score alone to decide discharge
C. Ignore previous self harm when assessing current needs
D. Assess the person's needs and immediate and longer term safety, with appropriate psychosocial assessment
E. Use a risk category instead of talking with the person

Major incident triage scenarios

For questions 81 to 85, use the NHS England Major Incident Triage Tool (MITT, April 2023) for initial triage at a declared major incident. The scenarios concern adults. Choose the category reached by this tool, not a routine emergency department triage system. Act on immediate life threats and repeat triage as required.

Question 81 MITT catastrophic bleeding

An adult has uncontrolled catastrophic external bleeding. What is the initial MITT category?

A. P1 immediate
B. P2 urgent
C. P3 delayed
D. DEAD in the initial MITT pathway
E. No category can be assigned from the information provided

Question 82 MITT walking casualty

An adult has no catastrophic bleeding and can walk when directed. What is the initial MITT category?

A. P1 immediate
B. P2 urgent
C. P3 delayed
D. DEAD in the initial MITT pathway
E. No category can be assigned from the information provided

Question 83 MITT absent breathing

An adult with no catastrophic external bleeding is not breathing and remains apnoeic after airway opening. There is no special circumstance specified. What category does the initial MITT pathway assign?

A. P1 immediate
B. P2 urgent
C. P3 delayed
D. DEAD in the initial MITT pathway
E. No category can be assigned from the information provided

Question 84 MITT abnormal respiratory rate

An adult cannot walk, has no catastrophic bleeding, is breathing and responds to voice. The respiratory rate is 32 per minute. What is the initial MITT category?

A. P1 immediate
B. P2 urgent
C. P3 delayed
D. DEAD in the initial MITT pathway
E. No category can be assigned from the information provided

Question 85 MITT within physiological thresholds

An adult cannot walk, has no catastrophic bleeding, is breathing and responds to voice. The respiratory rate is 20 per minute and the heart rate is 80 per minute. What is the initial MITT category?

A. P1 immediate
B. P2 urgent
C. P3 delayed
D. DEAD in the initial MITT pathway
E. No category can be assigned from the information provided