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Item #	Topic	Study Item
1	A&P	Abdominal quadrants - organs in each: **RU (Liver), LU (Stomach, Spleen), RL (Appendix)**
2	A&P	Spinal column -- names of sections and number of vertebrae in each **(Cervical - 7, Thoracic - 12, Lumbar - 5, Sacral - 5, Coccygeal - 4)**
3	A&P	Sections of brain: skull, cranium, unique parts of infant head: **Fontanels. Sunken: (hypovolemic) shock. Bulging: Intracranial pressure.**
4	A&P	Flexion vs. extension
5	A&P	Supine vs. prone
6	A&P	Proximal vs. Distal and examples: **Knee is proximal to ankle; wrist is distal to elbow.**
7	A&P	Tendons/Ligaments/Muscles/Cartilage/Joint - functions of each
8	A&P	A&P of respiratory system: **Mouth, nose, oropharynx, nasopharynx, epiglottis, trachea, bronchi (3 on right, 2 on left), bronchioles, alveoli, diaphragm.**
9	A&P	A&P of heart: **Mechanical: Atria, ventricles, tricuspid valve, mitral valves. Electrical: SA node, AV node, Bundle of HIS, Bundle Branches, Purkinje fibers.**
10	A&P	A&P of circulatory system (Veins, arteries, capillaries, one way valves…)
11	A&P	Pulmonary Vein & Pulmonary artery - what's unique?
12	A&P	Anterior/Posterior/Superior/Inferior
13	A&P	Volume of blood in the typical adult - in pints and quarts/liters: **10-12 pints; 5-6 quarts/liters.**
14	A&P	Three main components of blood and their main function: **Red (erythrocytes) - carries O2; White (Leukocytes) - fights infection; Platelets - promotes clotting.**
15	A&P	Central Nervous System vs. Peripheral Nervous System: **Central: Brain & spinal cord; Peripheral: everything else.**
16	A&P	Visceral vs. Parietal "membranes" (e.g. pleura, peritoneum…): **Visceral covers organs; Parietal covers the cavity containing the organs.**
17	A&P	3 Main parts of brain (Cerebrum, Cerebellum, Medulla - Brainstem):
18	A&P	3 layers ("membranes") covering the brain?: **Meninges (Dura Mater, Pia Mater, Arachnoid)**
19	Anaphylaxis	Anaphylaxis - signs, treatment with EpiPen autoinjector: **SOB, tachycardia, hypotension, (Periorbital edema, hives)**
20	Anaphylaxis	Anaphylaxis - what body systems are affected? **Respiratory, cardiovascular, skin, (GI)**
21	Anaphylaxis	EpiPen administration - procedure?

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22	Anaphylaxis	What is the action of epinephrine on the respiratory system? **Reduce swelling and dilates the airway components**
23	Anaphylaxis	What is the action of epinephrine on the cardiovascular system? **Constricts the arterioles and arteries - Increases BP.**
24	Anaphylaxis	Side effects of epinephrine? **Death, agitation, tachycardia**
25	Burns	Burns: Degrees, Treatment by degree, Rule of Nines - adult vs. pediatric, Thermal/Electrical/Chemical and treatments
26	Cardiac	Nitroglycerin action: **Dilates coronary arteries.**
27	Cardiac	What is the first drug we use for a patient with cardiac related chest pain? **Oxygen - YES it is a drug.**
28	Cardiac	Ischemia vs. Infarction: **Ischemia - temporary and reversible effects on tissue due to hypoxia; infarction: Permanent death of tissues.**
29	Cardiac	Controllable vs. Uncontrollable AMI risks
30	Cardiac	Angina vs. AMI - definition and treatment:
31	Cardiac	Most common cause of death early post-AMI? **Arrhythmias (VFIB, VTACH)**
32	Cardiac	Signs of pulmonary edema - treatment options: **Severe SOB especially when lying down; tachycardia, tachypnea, cool, pale, diaphoretic skin. Treatment: Sit up straight, legs off the side of bed, O2 (NRB or BVM), ALS, Rapid Transport.**
33	Cardiac	Pedal edema - treatment? **None in the prehospital phase. Controlled with diuretics like Lasix/Bumex.**
34	Cardiac	Two heart rhythm names that an AED will recommend a shock? **Ventricular Fibrillation, Pulseless Ventricular Tachycardia**
35	CPR/Airway/Breathing	CPR Rates: **At least 100/minute**
36	CPR/Airway/Breathing	CPR Ratios compressions to breaths by age: **One person: All ages: 30:2. Two person: Adult: 30:2; Child/Infant: 15:2**
37	CPR/Airway/Breathing	CPR depths: **Adult: At least 2"; Child: At least 1/3 of the chest depth; approximately 2"; infants: At least 1/3 of the chest depth; approximately 1.5".**
38	CPR/Airway/Breathing	Choking treatment conscious: **Abdominal thrusts (Heimlich); Except in infants (chest thrusts/back blows). "Pop until they drop".**
39	CPR/Airway/Breathing	Choking treatment unconscious: **CPR. Check every 2 minutes if FB is seen; attempt to sweep out; attempt ventilation if removed; continue CPR.**
40	CPR/Airway/Breathing	Suction - procedure; maximum time to suction: **Suction only when removing catheter; No more than 15 seconds; only suction as far as you can see.**
41	CPR/Airway/Breathing	NPA Contraindications: **Suspected head injury (based on MOI or seeing CSF leaking from nose or ears).**

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42	CPR/Airway/Breathing	Stimulus to breath - normal person vs. COPD: **Normal: Excess CO2 in blood detected by brain; COPD: Hypoxia detected by brain.**
43	CPR/Airway/Breathing	Oxygen delivery devices - free flow vs. positive pressure: **Free flow: Nasal Cannula, nonrebreather, Venturi mask. Positive Pressure: BVM, Pocket Mask.**
44	CPR/Airway/Breathing	Types of airway adjuncts (OPA, NPA , Suction) procedures for use and sizing OPA/NPA
45	CPR/Airway/Breathing	Patient with OPA gags - procedure?: **Remove it and do not try again (try an NPA).**
46	CPR/Airway/Breathing	Safe Residual pressure of an oxygen tank (200PSI)
47	CPR/Airway/Breathing	PISS: **Pin Index Safety System**
48	CPR/Airway/Breathing	Percentage of oxygen in room air? (and therefore, what % of O2 does a patient being "bagged" with no O2 attached receive?): **21%**
49	CPR/Airway/Breathing	Percentage of oxygen in exhaled air? (and therefore, what % of O2 does a patient being ventilated with a pocket mask with no O2 attached receive?): **16%**
50	CPR/Airway/Breathing	Dyspniac patient is losing consciousness - treatment?: **Assure open airway; BVM**
51	CPR/Airway/Breathing	Two scenarios where you must do CPR compressions on a live person?: **Newborn resuscitation; Infant/Child with HR<60.**
52	Diabetes/AMS	Glucose & Energy - alternative fuel source: **Fat**
53	Diabetes/AMS	Hypoglycemia - definition, signs: **Low Blood Sugar; AMS, agitation, seizures, tremors, stroke-like symptoms.**
54	Diabetes/AMS	Types of diabetic emergencies - basic causes: **Hyperglycemia (high blood sugar) - eats too much and does not take insulin..., Hypoglycemia (low blood sugar) - Takes insulin and does not eat enough; excessive exercise; vomits a meal....**
55	Diabetes/AMS	Diabetes - 2 types: **Type I: Insulin Dependent (Juvenile onset); Type II: Non-Insulin Dependent (Adult onset).**
56	Diabetes/AMS	Hypoglycemia - causes, most reliable sign, assessment, treatment: **AMS. Need sugar. If they can protect their own airway (they can hold the cup of soda and drink themselves). ALS, transport.**
57	Diabetes/AMS	Hypoglycemic patient who cannot hold and drink a source of sugar on their own - treatment?: **ABCs and rapid transport (ALS)**
58	Diabetes/AMS	Altered Mental Status ("AMS") - causes?: **Hypoxia, hypoglycemia, seizures, fever (especially in elderly), stroke, shock…**
59	Environmental	Hypothermia stages
60	Environmental	Dehydration - signs/treatment: **Signs of hypovolemic shock; If due to heat - remove from heat source; O2, ALS, Transport.**
61	Environmental	Hypothermia patient - how long to check for a pulse: **Up to 45 seconds.**

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62	Environmental	Heat exhaustion vs. heat stroke - distinguishing signs/treatment: **Wet skin vs. Dry skin: The change can happen suddenly and may be subtle. Remove from heat source; treat for shock PRN; ALS, rapid transport; For heat stroke - active cooling with AC.**
63	Medical-Legal	Expressed Consent: **Consent given by mentally competent, conscious adult.**
64	Medical-Legal	Implied consent - typical example: **Unconscious patient.**
65	Medical-Legal	Children and consent - who can consent? What is done in a life-threatening emergency?: **Only parent or court appointed guardian can give consent. Life saving treatment can be done until stable or parent arrives.**
66	Medical-Legal	Negligence - definition: **Failure to act as properly as another similarly trained EMT would be expected to act.**
67	Medical-Legal	Negligence - what 3 items must be demonstrated to prove negligence?: **Had duty to act; breach of duty; proximal cause.**
68	Medical-Legal	Which EMT has the duty to act?: **Paid EMT, on-duty, dispatched to a call.**
69	Medical-Legal	Abandonment: **Leaving a patient in the care of someone with a lower level of training than yourself.**
70	Medical-Legal	Good Samaritan Law
71	Medical-Legal	What law gives the EMT the right to Act? (**Article 30 of the Public Health Law - used to be a state exam favorite**).
72	Neurological	Seizures - definition of aura; types; causes; treatments: **Causes: Idiopathic, toxins, tumors, infection, trauma, metabolic, hypoxia, hypoglycemia. Treatment is aimed at preventing injury; protecting the airway and rapid transport. ALS.**
73	Neurological	Most common cause of pediatric seizures: **Fever ("Febrile seizures)**
74	Neurological	Autonomic Nervous System: **Controls "automatic" body functions like breathing, heartbeat, digestion...**
75	Neurological	Sympathetic vs. Parasympathetic nervous system: **Sympathetic - generally speeds up critical body functions like HR, RR, increases BP, "flight and fright" nervous system. Parasympathetic - generally slows down critical body functions like HR. Promotes digestion. "Feed and Breed" nervous system.**
76	Neurological	Stroke ("CVA"): two types; typical signs; TIA vs. CVA; treatment: **Thrombotic vs. hemorrhagic. S/S: Garbled speech, one-sided paralysis, vision changes, AMS, unequal pupils, seizures…**
77	Neurological	Seizures: Types; typical causes; treatment: **Simple Partial/Complex Partial/Absence/Tonic-Clonic.**
78	Neurological	"Tonic-Clonic" seizure: Phases and what such a patient will exhibit by phase?: **Aura, Stiffening (30 seconds), violent shaking (3-5 minutes), "post-ictal (generally sleepy or sleeping).**
79	OB/Gyn	Eclampsia/Pre-eclampsia
80	OB/Gyn	Crowning - definition: **Head visible in the vaginal opening - typically the size of a half-dollar.**

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81	OB/Gyn	Normal blood loss during delivery: **500ml (same as 500cc or 1/2 liter)**
82	OB/Gyn	Anatomy involved in **pregnancy: (Fallopian tubes, Uterus, placenta) birth: (Uterus, placenta, birth canal).**
83	OB/Gyn	Pre-delivery OB emergencies - name and treatment: **Ectopic Pregnancy, Pre-eclampsia, eclampsia, supine hypotensive syndrome, abruptio placenta, placenta previa).**
85	OB/Gyn	During delivery OB - emergencies - name and treatment: **Breech, multiple births, prolapsed cord.**
86	OB/Gyn	Female in child-bearing years with abdominal pain is assumed to have ---------- until proven otherwise?**Ectopic Pregnancy.**
87	OB/Gyn	Three stages of labor?: **One: Ends with full cervical dilation. Two: Ends with delivery. Three: Ends with delivery of the placenta.**
88	OB/Gyn	Average time from onset of labor to delivery for a first delivery?: **16 hours.**
89	OB/Gyn	Umbilical cord around the neck loosely - treatment?: **Carefully slip it over the head.**
90	OB/Gyn	Umbilical cord around the neck tightly - treatment?: **Clamp the cord in 2 places and cut in-between.** (Do you have sufficient equipment to do the indicated treatment?
91	OB/Gyn	Newborn airway suctioning - order?: **Mouth and then nose.**
92	OB/Gyn	Newborn delivered and not breathing - **EMT tasks in order stimulate/suction/OPA & BVM/Compressions performing each task for 30 seconds before moving to next intervention.**
93	Patient Assessment	AVPU: **Alert. Responsive to verbal; pain. Unresponsive.**
94	Patient Assessment	OPQRST: **Onset, Provokes/Palliates, Quality of pain, Radiation, Severity, Time.** ***Some add an "I" at the end - for Interventions attempted.***
95	Patient Assessment	SAMPLE: **Signs/Symptoms, Allergies, Medications (including OTC), Prior and pertinent medical history, Last oral intake, events leading to…**
96	Patient Assessment	DCAPBTLS: **Deformities, Contusions, Abrasions, Punctures, Burns, Tenderness, Lacerations, Swelling.**
97	Patient Assessment	Best early indicator of overall patient condition: **Mental Status**
98	Patient Assessment	Patient Assessment - trauma and medical - steps
99	Patient Assessment	BSI/PPE
100	Patient Assessment	Abdominal pain - positioning: **Supine with knees flexed.**
101	Patient Assessment	Auscultation - definition - favorite exam question: **Listening**
102	Patient Assessment	Capillary refill time - normal vs. abnormal: **Normal is under 2 seconds**

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103	Patient Assessment	Abnormal respiratory sounds: **Stridor (upper airway obstruction), wheezing (asthma/COPD), Rales (APE), Rhonchi (Infection: Bronchitis, Pneumonia).**
104	Patient Assessment	Hazmat incident - **EMT should always be uphill and upwind; favorite state exam question!**
105	Patient Assessment	Tachycardia vs. Bradycardia - definition: **HR too fast/HR too slow**
106	Patient Assessment	Tachypnea vs. Bradypnia - definition: **RR too fast/RR too slow**
107	Patient Assessment	Normal adult heart rate/respiration rate: **HR: 60-100; RR: 12-20**
108	Patient Assessment	Normal *range* of pediatric heart rate/respiration rate (from birth to adulthood): **HR: starts at birth at 150-160 and approaches 60-100 progressively through childhood to adulthood. RR: starts at birth at 50-16 and approaches 12-20 progressively through childhood to adulthood.**
109	Patient Assessment	Skin condition measures ("CTC"): **Color, Temperature, Condition**
110	Patient Assessment	Abnormal skin conditions: **Diaphoretic, moist, dry**
111	Patient Assessment	Pupillary responses - normal and abnormal: **Constricts in bright light; dilates in dim light.**
112	Patient Assessment	Pupillary response - narcotics OD patient?: **Constricted pupils**
113	Patient Assessment	Pupillary response - shock patient?: **Dilated pupils - this is a "flight & fright" reaction.**
114	Patient Assessment	Cyanosis - definition and what is it a sign of? Early or late sign of this condition? **Hypoxia - a very late sign.**
115	Patient Assessment	FIRST priority for an EMT under ALL situations?: **PERSONAL SAFETY.**
116	Patient Assessment	Which patient(s) get a reassessment? **ALL PATIENTS**
117	Patient Assessment	Glasgow coma scale - minimum/maximum value? **3 - 15**
118	Patient Assessment	Systolic Blood Pressure estimates: **Radial Pulse present - systolic BP >= 80; Femoral pulse present - systolic BP >= 70; Carotid pulse present - systolic BP >=60.**
119	Patient Assessment	Systolic vs. Diastolic BP - definition of what they measure: **Systolic measures the force against arterial walls when the heart is contracting; Diastolic measures it when heart is at "rest".**
120	Patient Assessment	Poisons - assessment & treatment. **What is the first task for the EMT? EMT Safety (as always!).**
121	Patient Assessment	Peritonitis - definition/causes: **Irritation of the peritoneum. Causes include: infection, trauma, abdominal bleeding of any cause.**
122	Patient Assessment	Referred pain - definition and 2 typical examples?: **Pain from a location "far" away from the location of the pain. Gall bladder disease and ectopic pregnancy can cause referred pain to the right shoulder.**

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123	Patient Assessment	Behavioral emergency - most important assessment task: **Rule out all medical causes.**
124	Pediatrics	Seal-like cough in pediatric: **Typically caused by croup.**
125	Pediatrics	Upper airway pediatric infections: **Croup and Epiglottitis.**
126	Pediatrics	4 year old in cardiac arrest - there is no pediatric AED available - what is your best option in addition to CPR?: **If available, use an adult AED.** ***Note: the opposite is not true. There is no benefit in using a pediatric AED if no adult AED is available.***
127	Pediatrics	Most common causes of pediatric death: **Airway issues, shock, infection**
128	Pharmacology	Chemical vs. Generic vs. Trade Name: **Chemical name is the name you'd see in a chemistry lab. Never used outside of manufacturer literature. Generic is the typical name - like Ibuprofen. Trade name are brand names like Advil or Motrin.**
129	Respiratory	Signs of inadequate breathing: **Tachypnea or Bradypnia, accessory muscle usage, pale or cyanotic skin, cool/diaphoretic skin, pursed lip breathing, Nasal flaring, Tripod position…**
130	Respiratory	SOB - Typical causes, assessment, treatment: **APE, Pneumonia, Asthma, COPD, infection, trauma, Seizures, Foreign Body... Typical treatment includes Oxygen, position of comfort, call for ALW, monitor airway and breathing and rapid transport. Wheezing patients typically get nebulized albuterol.**
131	Respiratory	Treating wheezing patients with SOB; Albuterol: **Recall that NYS protocol requires a call to medical control for a patient with any cardiac condition prior to giving albuterol.**
132	Respiratory	Carbon monoxide poisoning - danger/treatment: **CO has an affinity for hemoglobin 200% more than O2 does. Definitive treatment is a hyperbaric chamber (Lots of high concentration oxygen until they are taken there).**
133	Respiratory	COPD - 2 types and what is the disease process of each?: **Emphysema - damaged alveoli and loss of elasticity; Chronic Bronchitis: Damaged respiratory cilia in the airways - causing repeated respiratory infection.**
134	Respiratory	Bronchodilator - definition; typical drug that we use: **Any drug that dilates or opens up the airways. EMTs use Albuterol.**
135	Respiratory	Dyspnea vs. Apnea vs. Hypoxia: **Difficulty breathing vs. Not breathing vs. too little oxygen.**
136	Respiratory	Status Asthmaticus - definition and treatment: **An asthma attack that cannot be "broken" despite repeated bronchodilator treatments. Treatment includes BVM, ALS and very rapid transport.**
137	Trauma	Spinal immobilization - procedures for sitting vs. supine
138	Trauma	Controlling epistaxis - no head injury/with head injury: **No head injury: Head forward, pinch nostrils, ice on forehead, (rolled gauze under upper lip). Head Injury: Loose gauze to catch the blood and possible CSF.**
139	Trauma	Signs of severe head injuries: **AMS, Cushing's Reflex, Projectile vomiting, CSF from ears or nose, unequal pupils, seizures, Battles Sign, raccoon eyes…**
140	Trauma	Stages of shock - distinguishing signs in each stage: **Compensated (agitation, tachycardia, normal BP); Decompensated (Decreasing mental status, dropping BP), Irreversible (Loss of consciousness, no palpable BP, may have normal or low HR/RR).**

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141	Trauma	Spinal injuries - signs/treatment: **Paralysis, Visible bony fragments/deformity, pain along the spine, priapism, loss bladder and defecation control, Impaired breathing in C-Spine injuries (Christopher Reeves), Abnormal posturing (Decorticate/Deceribrated)… Immobilize, rapid transport to Trauma Center.**
142	Trauma	Rapid extrication - when and how: **Unstable patient or a stable patient is blocking access to an unstable patient.**
143	Trauma	Bleeding - assessing severity; treatment: **via MOI, vital sign monitoring; Type of external bleeding (arterial vs. others), quantity of bleeding. External bleeding: Stop bleeding per protocol, dress, bandage and transport; Internal bleeding: Monitor and treat for shock, ALS, rapid transport to trauma center.**
144	Trauma	Types of shock: **Hypovolemic, cardiogenic, neurogenic, septic, psychogenic. Neurogenic shock's hallmark sign: Warm dry skin - very different than other types of shock (classic state exam question).**
145	Trauma	Splinting - technique by body part - Procedure
146	Trauma	Shock (Trendelenberg) position: **Head below foot level.**
147	Trauma	MAST - contraindications; one scenario where you might actually use it: **Absolute contraindication is APE. Relative contraindications are: Pregnancy, Impaled object in chest. Might actually use it for a pelvic fracture with hypotension.**
148	Trauma	Impaled object - treatment: **DO NOT REMOVE OBJECT. Stabilize in place.**
149	Trauma	KED - Last step of the procedure?: **Secure the head.**
150	Trauma	C-Collar procedure
151	Trauma	Angulated fracture - treatment?: **Typically splint in position found. If PMS check reveals no distal pulse - one attempt to straighten limb until a distal pulse appears and then splint. If distal pulse can not be established, splint in position found and rapid transport.**
152	Trauma	Signs of abdominal bleeding: **Shock, bleeding from body orifices, black tarry stool, coffee grounds vomitus, tender/rigid/distended abdomen.**
153	Trauma	Pneumothorax - definition: **Air in the chest cavity.**
154	Trauma	Spontaneous Pneumothorax - definition: **Air in the chest cavity due to ruptured alveoli - for no apparent cause.**
155	Trauma	Tension Pneumothorax ("TPT")- most typical cause, signs and treatment: **Trauma!; Shock, AMS, Severe SOB, JVD, Treat with O2 via BVM, rapid transport, ALS. If a sucking chest wound was sealed with an occlusive dressing - remove the dressing allowing trapped air to be released. Re-apply occlusive dressing and monitor patient for reappearance of TPT.**
156	Trauma	Hemothorax - definition: **Blood in the chest cavity.**
157	Trauma	Impaled object - when it *should* be removed? **When it causes airway compromise - like a pencil through the cheek blocking the throat.**

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158	Trauma	Traction splint - when contraindicated? **When suspected fracture is near the hip or knee.**
159	Trauma	Closed wound types - e.g. Contusions, Hematoma, Crush Injury and treatment: **ABCs and rapid transport.**
160	Trauma	Open wound types - e.g. Abrasions, lacerations… and treatment: **Stop bleeding, dress and bandage.**
161	Trauma	Avulsion - definition and treatment: **Torn flap of skin. If possible, replace flap to maintain blood supply. Then treat as any other open wound.**
162	Trauma	Amputation and treatment - most important: what to do with the amputated part?: **Dry sterile dressing then seal in a plastic bag and then place in ice water.**
163	Trauma	Major Risk for an open neck wound and treatment?: **Air embolus - which can compromise circulation.**
164	Trauma	Sucking Chest Wound treatment? **Occlusive dressing closed on 3 sides.**
165	Trauma	Pericardial tamponade - what is it and the most typical cause?: **Bleeding in the pericardial space - typically caused by trauma. Signs included dropping systolic BP; elevating diastolic BP and muffled heart sounds.**
166	Trauma	Flail chest - definition and treatment: **More than 2 ribs broken in more than 2 places. Treat with BVM and rapid transport.**
167	Trauma	Eviscerated abdominal organs - definition and treatment: **Abdominal organs that are outside the body. Treat with: Moist sterile dressing, then occlusive dressing and then pad the area.**
168	Trauma	What component of the blood is produced in the bone marrow? **Predominantly red blood cells (erythrocytes).**
169	Trauma	Types of fractures?: **Open/Closed. Greenstick, Comminuted, Spiral, Impacted, Pathological.**
170	Trauma	Dislocation: **Discontinuity of a joint.**
171	Trauma	Sprain vs. Strain: **Sprain: Torn tendons or ligaments. Strain is typically a stretched tendon or ligament.**
172	Trauma	Ecchymosis - definition: **"Black and Blue" area caused by a collection of blood under the skin that is not part of circulation and therefore not oxygenated.**
173	Trauma	Most reliable sign of a severe head injury?: **AMS**
174	Trauma	Cushing's reflex - what is this a sign of? What signs does a patient with Cushing's Reflex exhibit - some books mention two, but there is actually a third one): **Sign of herniation of the brainstem through the Foramen Magnum. S/S: Slow pulse, increasing systolic BP and decreasing diastolic BP, Irregular breathing patterns.**
175	Trauma	"Hallmark" sign of an Epidural Hematoma: **Loss of consciousness, followed by a brief lucid period, followed by loss of consciousness.**
176	Trauma	Subdural vs. Epidural Hematomas and Intra-cerebral bleeding/hematoma: **Subdural: Bleeding between the brain and dura. Epidural: Bleeding between the dura and the skull. Intra-cerebral bleeding: Bleeding in the brain itself.**

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177	Trauma	Most reliable sign of a spinal injury: **Paralysis**