ADVANCED TRAUMA CARE FOR NURSES (ATCN) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://atcn.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 16

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

SAMPLE

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

SAMPLE

Questions

SAMPLE

1. The approach to trauma care typically begins with what?

A. Safe practice, safe care

B. Notification of arrival

C. Team briefing

D. Equipment check

2. Which GCS range corresponds to moderate head injury?

A. 3-8

B. 13-15

C. 9-12

D. <3

3. Loss of pulses in injured limbs is a late sign of which condition?

A. Early sign

B. Late sign

C. Not a sign

D. Diagnostic only with imaging

4. In a hemodynamically stable patient with suspected spine injury, what imaging modality is typically used for assessment?

A. MRI

B. Plain X-ray

C. CT scan of the spine

D. Ultrasound

5. Which nursing roles are essential during a massive transfusion protocol?

A. Activate protocol, prepare blood products, monitor vitals and labs, prevent hypothermia, document, coordinate with team.

B. Schedule procedures post-resuscitation, order imaging only.

C. Restrict communication to physician.

D. Administer only crystalloids and delay transfusion.

SAMPLE

6. A child can lose what percent of their blood before systolic blood pressure decreases?

A. 15%

B. 30%

C. 45%

D. 60%

7. Which radiographic test is used to evaluate urethral injury?

A. Retrograde urethrogram

B. Renal ultrasound

C. CT scan abdomen

D. MRI pelvis

8. How can a clinician differentiate hemorrhagic shock from neurogenic shock in a patient with suspected spinal injury?

A. Hemorrhagic shock presents with tachycardia and cold skin; neurogenic shock presents with hypotension and bradycardia with warm, dry skin due to vasodilation

B. Hypotension with warm skin indicates hemorrhagic shock

C. Tachycardia with warm skin indicates neurogenic shock

D. Normal skin temperature indicates shock

9. Urine output and hypovolemic shock: What is the target urine output for infants (babies)?

A. 2 ml/kg/hr

B. 1 ml/kg/hr

C. 0.5 ml/kg/hr

D. 3 ml/kg/hr

10. Which item is considered a standard precaution for eye protection?

A. Goggles

B. Gloves

C. Face mask

D. Water-impervious gown

SAMPLE

Answers

SAMPLE

1. A
2. C
3. B
4. C
5. A
6. B
7. A
8. A
9. A
10. A

SAMPLE

Explanations

SAMPLE

1. The approach to trauma care typically begins with what?

A. Safe practice, safe care

B. Notification of arrival

C. Team briefing

D. Equipment check

Ensuring safety comes first. In trauma care, starting with safe practice that leads to safe care means making the scene and the responders safe, using appropriate PPE, and applying standard precautions before touching the patient. This foundation is essential because without a safe environment, any assessment or intervention could cause more harm or be impossible to complete effectively. Once safety is established, you can proceed with the necessary steps of care, such as the primary survey and life-saving actions, and then move on to coordinating with the team, notifying receiving staff, and confirming equipment. In short, safety is the prerequisite that makes all subsequent trauma care possible and reliable.

2. Which GCS range corresponds to moderate head injury?

A. 3-8

B. 13-15

C. 9-12

D. <3

Understanding how the Glasgow Coma Scale sorts injury severity helps here. The total GCS score ranges from 3 to 15, with mild injuries typically 13–15, moderate injuries 9–12, and severe injuries 3–8. The range 9–12 reflects moderate impairment: the patient is not fully alert or oriented and shows meaningful dysfunction in eye opening, verbal, or motor responses, but is not in a deep coma. For example, opening eyes to speech, producing some confused or inappropriate words, and withdrawing to pain can land in this middle range. In contrast, 13–15 is mild and usually indicates near-normal consciousness, while 3–8 signals severe impairment. Note that a score cannot be less than 3, so a choice like less than 3 isn't a valid total. Therefore, moderate head injury corresponds to 9–12.

3. Loss of pulses in injured limbs is a late sign of which condition?

A. Early sign

B. Late sign

C. Not a sign

D. Diagnostic only with imaging

The concept here is that loss of distal pulses signals severe limb ischemia due to rising pressure or vascular injury, and it is a late finding in compartment syndrome. Early on, tissues become ischemic first because intracompartmental pressure increases and impedes microcirculation, so the most reliable early clues are pain out of proportion to exam and pain with passive stretching, plus sensory changes. As pressure continues to build and ischemia worsens, perfusion to the limb deteriorates enough that arterial inflow fails, producing a pulseless limb. That pulseless state indicates advanced, time critical compromise and requires urgent action (typically emergent fasciotomy or surgical intervention) to save the limb. It's important to note that pulses can be present even with compartment syndrome, so the absence of pulses is a late sign and should not be the sole determinant of diagnosis or intervention.

SAMPLE

4. In a hemodynamically stable patient with suspected spine injury, what imaging modality is typically used for assessment?

A. MRI

B. Plain X-ray

C. CT scan of the spine

D. Ultrasound

In a stable trauma patient with suspected spine injury, a CT scan of the spine is the imaging study of choice because it rapidly provides detailed, cross-sectional views that accurately detect fractures, dislocations, and canal compromise across the entire spine. This makes it superior to plain X-ray, which can miss subtle injuries and requires multiple views, and to MRI, which is excellent for soft tissue and cord injuries but is slower, less available emergently, and not the initial study used for acute bony assessment. MRI is typically reserved for when neurological deficits are present or when CT findings are inconclusive and there is still suspicion of ligamentous injury or spinal cord injury. Ultrasound offers no useful information for spine assessment.

5. Which nursing roles are essential during a massive transfusion protocol?

A. Activate protocol, prepare blood products, monitor vitals and labs, prevent hypothermia, document, coordinate with team.

B. Schedule procedures post-resuscitation, order imaging only.

C. Restrict communication to physician.

D. Administer only crystalloids and delay transfusion.

The key idea is that during a massive transfusion protocol, nurses must act as the frontline coordinators and executors of rapid resuscitation. Activation of the protocol as soon as the need is identified sets the process in motion and ensures blood products are available without delay. Preparing the appropriate blood products and setting up the field for their delivery keeps the team from losing precious time. Continuous monitoring of vitals and labs is essential to detect evolving instability, trends in coagulation, and potential transfusion reactions, allowing for timely adjustments. Preventing hypothermia is crucial because cold-erythrocyte function and coagulation can be impaired by hypothermia, increasing bleeding risk. Thorough documentation provides an accurate record of product types, quantities, timing, and patient responses, which is vital for both clinical care and safety audits. Coordinating with the entire team ensures everyone is synchronized—orders, product locations, and communication flow—so the patient receives the right blood components at the right times. Other options miss critical aspects: focusing only on scheduling procedures and imaging ignores the immediate needs of ongoing transfusion and resuscitation; restricting communication to the physician eliminates essential teamwork and situational awareness; and delaying transfusion while favoring crystalloids undermines the purpose of the protocol, since early transfusion of blood products, not just crystalloids, is central to controlling hemorrhage and correcting coagulopathy.

SAMPLE

6. A child can lose what percent of their blood before systolic blood pressure decreases?

A. 15%

B. 30%

C. 45%

D. 60%

In children the body can compensate for blood loss quite well at first, keeping systolic blood pressure normal through rapid heart rate and peripheral vasoconstriction, along with mobilization of venous reserves. Because a child's blood volume is fairly high per kilogram, losing about a third of that volume can be the tipping point where these compensations no longer maintain pressure. Once roughly 30% of blood volume has been lost, the stroke volume and vascular tone can no longer be sustained, and systolic blood pressure begins to fall. Smaller losses may show compensatory signs like tachycardia without a drop in SBP, while much larger losses (approaching 45%–60%) correspond to advanced shock with critically low blood pressure.

7. Which radiographic test is used to evaluate urethral injury?

A. Retrograde urethrogram

B. Renal ultrasound

C. CT scan abdomen

D. MRI pelvis

Evaluating suspected urethral injury requires imaging that directly visualizes the urethral lumen. A retrograde urethrogram accomplishes this by injecting contrast into the distal urethra and taking radiographs as the contrast travels toward the bladder. If the urethra is intact, the contrast outlines a continuous path into the bladder; if there is a tear, contrast extravasates at the injury site and the disruption becomes visible. This test clearly shows whether an injury is present and where it is, guiding decisions about catheterization or urinary diversion. In trauma, avoid blind catheterization before imaging because it can worsen a urethral tear. Renal ultrasound looks at kidneys and the collecting system, not the urethra. A CT scan of the abdomen helps assess pelvic fractures and other intra-abdominal injuries but does not reliably define urethral continuity unless a dedicated CT urethrogram is performed, which isn't the standard initial test for urethral injury. MRI of the pelvis provides detailed soft tissue imaging but isn't practical for acute urethral injury assessment due to time and availability. Therefore, the retrograde urethrogram is the best tool for evaluating urethral injury.

SAMPLE

8. How can a clinician differentiate hemorrhagic shock from neurogenic shock in a patient with suspected spinal injury?

A. Hemorrhagic shock presents with tachycardia and cold skin; neurogenic shock presents with hypotension and bradycardia with warm, dry skin due to vasodilation

B. Hypotension with warm skin indicates hemorrhagic shock

C. Tachycardia with warm skin indicates neurogenic shock

D. Normal skin temperature indicates shock

Differentiating hemorrhagic shock from neurogenic shock hinges on the body's autonomic response to the underlying problem. Hemorrhagic shock from blood loss triggers the sympathetic system to compensate: the heart rate rises (tachycardia) and peripheral vessels constrict, so the skin becomes cold and clammy. In contrast, neurogenic shock from a spinal injury involves loss of sympathetic tone with unopposed parasympathetic activity, leading to hypotension with a slower heart rate (bradycardia) and vasodilation, which makes the skin warm and dry. So, a patient with hypotension and bradycardia with warm, dry skin suggests neurogenic shock, whereas hypotension with tachycardia and cold, clammy skin points toward hemorrhagic shock. Remember that real cases can be mixed or evolve, but the pattern of heart rate and skin temperature is the key differentiator.

9. Urine output and hypovolemic shock: What is the target urine output for infants (babies)?

A. 2 ml/kg/hr

B. 1 ml/kg/hr

C. 0.5 ml/kg/hr

D. 3 ml/kg/hr

In hypovolemic shock, watching urine output helps gauge how well renal perfusion and overall circulation are being maintained. For infants, the target is about 2 mL/kg per hour. This higher rate reflects their greater relative need for renal perfusion to support glomerular filtration and fluid balance as they resuscitate. Why this fits best: 2 mL/kg/hr provides a practical, age-appropriate goal that signals adequate perfusion without assuming fluid overload. It translates to roughly 10 mL/hour for a 5 kg infant, which aligns with maintaining kidney function during shock resuscitation. Why the other options aren't preferred here: 0.5 mL/kg/hr is a lower benchmark more typical of adults and would underrepresent an infant's needs, risking undetected oliguria and worsening renal injury. 1 mL/kg/hr is a common pediatric target but is on the low side for infants, who usually require closer to 2 mL/kg/hr. 3 mL/kg/hr could push toward fluid overload in tiny patients and isn't the standard target in infant resuscitation. Remember to use urine output alongside other perfusion indicators (heart rate, cap refill, mental status, lactate) to guide fluid resuscitation.

SAMPLE

10. Which item is considered a standard precaution for eye protection?

A. Goggles

B. Gloves

C. Face mask

D. Water-impervious gown

Eye protection is a standard precaution because the eyes are vulnerable mucous membranes that can be exposed to blood, body fluids, and aerosols. Goggles provide a sealed barrier around the eyes, protecting the conjunctiva and sclera from splashes and droplets during procedures, which is why they are the typical item used for eye protection. Other items protect different routes: gloves for hands, a mask for the nose and mouth, and a water impervious gown for skin and clothing; they don't guard the eyes. In any situation with splash or aerosol risk, eye protection is worn, and goggles are a common, standard choice (with face shields also serving as an eye-protection option).

SAMPLE

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://atcn.examzify.com

We wish you the very best on your exam journey. You've got this!

SAMPLE