TNCC TRAUMA NURSING PROCESS (TNP) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. Trauma room preparations might include which of the following items?

A. Bariatric equipment

B. Portable X-ray unit

C. Fluid warmer

D. Pediatric equipment

2. Which option represents a valid history data source listed in the material?

A. Medical records/documents

B. Prehospital report

C. SAMPLE

D. All of the above

3. What is the next step after confirming endotracheal intubation in the trauma protocol?

A. Begin mechanical ventilation or continue assisted ventilation

B. Pause for blood tests

C. Administer diuretics

D. Place patient in a left lateral decubitus position

4. In monitoring urinary output, which option is listed as a monitoring method?

A. External catheter

B. Indwelling catheter for all patients

C. Weighing diapers in pediatrics and adults

D. Urinalysis without measuring output

5. Which of the following is included in labs to assess compatibility in trauma care?

A. Blood cross/type and screen

B. Urinalysis

C. Chest X-ray

D. ECG

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6. Indications for chest tube insertion in trauma include:

A. For stable patients with no distress.

B. Suspected pneumothorax or hemothorax with respiratory distress or hemodynamic instability; confirm with imaging if possible.

C. Only after CT confirmation.

D. For suspected pleural effusion only.

7. In the secondary survey, the mnemonic DCAP-BTLS stands for which set of injury findings?

A. Deformities, Contusions, Abrasions, Penetrations, Burns, Tenderness, Lacerations, Edema.

B. Deformities, Contusions, Abrasions, Penetrations, Burns, Tenderness, Lacerations, Swelling.

C. Deformities, Contusions, Bruises, Penetrations, Burns, Tenderness, Lacerations, Swelling.

D. Deformities, Contusions, Abrasions, Penetrations, Burns, Tenderness, Lesions, Swelling.

8. If intubated, you must assess which two things?

A. Assess ETT position by noting the number at the teeth or gums; Assess how the ETT is secured

B. Assess heart rate and blood pressure

C. Check blood sugar

D. Assess vision

9. Which item is described as a means to obtain pertinent history in trauma care?

A. Medical records/documents

B. Prehospital report

C. SAMPLE

D. All of the above

10. A pelvic binder should be avoided in which scenario?

A. Stable pelvic fracture.

B. Unstable pelvic fracture.

C. Pelvic fracture with hypotension.

D. Pelvic fracture with open wound.

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Answers

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

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Explanations

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1. Trauma room preparations might include which of the following items?

A. Bariatric equipment

B. Portable X-ray unit

C. Fluid warmer

D. Pediatric equipment

Preparing the trauma room to handle a wide range of patient sizes is a core part of readiness, and equipment that accommodates heavier patients is essential. Bariatric equipment directly addresses the needs encountered with larger patients—heavier-duty stretchers and immobilization devices, high-capacity weight supports, wider access for personnel and devices, and robust transfer tools—so care can be delivered safely and without delay. This readiness helps ensure rapid, safe airway management, imaging, and transport when a patient who weighs more than standard equipment can be accommodated. While portable imaging, fluid warming, or pediatric gear may also be present, having bariatric equipment set up is a foundational priority because it eliminates a common bottleneck in emergent care and protects both patient and staff from injury during resuscitation and movement.

2. Which option represents a valid history data source listed in the material?

A. Medical records/documents

B. Prehospital report

C. SAMPLE

D. All of the above

In trauma nursing, gathering history relies on multiple reliable sources to build a complete picture quickly. Medical records and documents provide past medical history, current medications, allergies, prior surgeries, and chronic conditions. A prehospital report adds information gathered before arrival, such as the mechanism of injury, scene observations, initial symptoms and vitals, and any interventions already started. SAMPLE is a structured history approach used to collect key details from the patient or witnesses: Symptoms, Allergies, Medications, Past medical history, Last meal, Events leading up to the incident. Each source offers unique, essential data, so all of them are valid history data sources listed in the material. Thus, the best answer is all of the above.

3. What is the next step after confirming endotracheal intubation in the trauma protocol?

A. Begin mechanical ventilation or continue assisted ventilation

B. Pause for blood tests

C. Administer diuretics

D. Place patient in a left lateral decubitus position

After confirming endotracheal intubation, the priority is to ensure ventilation. Secure the airway and immediately connect to a ventilator or bag-valve device to deliver breaths with adequate oxygenation and ventilation. Starting or continuing assisted ventilation (often with high FiO2 initially) directly supports gas exchange in a patient who may be unable to breathe effectively on their own due to injury or consciousness level. The other actions don't address this immediate need for oxygen delivery and CO2 removal: blood tests can wait until the airway/ventilation are stabilized; diuretics aren't used to manage an acute airway situation; and moving the patient to a left lateral decubitus position doesn't improve ventilation after intubation.

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4. In monitoring urinary output, which option is listed as a monitoring method?

A. External catheter

B. Indwelling catheter for all patients

C. Weighing diapers in pediatrics and adults

D. Urinalysis without measuring output

Monitoring urinary output should be done with a method that gives accurate data while minimizing infection risk. An external catheter (condom catheter) provides a noninvasive way to collect and measure urine output, making it suitable for many patients without placing a catheter inside the bladder. This approach reduces the risk of catheter-associated infection compared with an indwelling catheter and still yields reliable output data. Weighing diapers can estimate urine output when a catheter isn't used, but it's less precise and more labor-intensive, which is why it's less ideal as the standard monitoring method. Urinalysis without measuring output does not quantify how much urine is produced, so it isn't a method for monitoring volume. Placing an indwelling catheter for all patients would unnecessarily raise infection risk and isn't appropriate solely for monitoring.

5. Which of the following is included in labs to assess compatibility in trauma care?

A. Blood cross/type and screen

B. Urinalysis

C. Chest X-ray

D. ECG

In trauma care, safely preparing for transfusion hinges on compatibility testing. The labs that assess compatibility are the blood type and screen along with a crossmatch. The type and screen identifies the patient's ABO/Rh type and checks for antibodies that could cause a reaction, while the crossmatch tests the patient's plasma against donor red cells to confirm compatibility before giving blood. This testing directly guides which donor units can be transfused without causing a reaction, which is essential in emergency hemorrhage. Urinalysis, chest X-ray, and ECG provide important clinical information but do not address transfusion compatibility.

6. Indications for chest tube insertion in trauma include:

A. For stable patients with no distress.

B. Suspected pneumothorax or hemothorax with respiratory distress or hemodynamic instability; confirm with imaging if possible.

C. Only after CT confirmation.

D. For suspected pleural effusion only.

The key idea is that a chest tube is used to treat injuries in the chest when there is air or blood in the pleural space causing breathing trouble or poor blood flow. In trauma, you place a chest tube for a suspected pneumothorax or hemothorax when the patient has respiratory distress or hemodynamic instability. If the patient is unstable, you don't wait for a CT scan—you proceed with decompression and drainage, then confirm with imaging if it won't delay care. CT confirmation isn't required before placing the tube. Pleural effusion alone isn't the primary acute indication for chest tube, and stable patients without distress don't typically need one.

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7. In the secondary survey, the mnemonic DCAP-BTLS stands for which set of injury findings?

A. Deformities, Contusions, Abrasions, Penetrations, Burns, Tenderness, Lacerations, Edema.

B. Deformities, Contusions, Abrasions, Penetrations, Burns, Tenderness, Lacerations, Swelling.

C. Deformities, Contusions, Bruises, Penetrations, Burns, Tenderness, Lacerations, Swelling.

D. Deformities, Contusions, Abrasions, Penetrations, Burns, Tenderness, Lesions, Swelling.

In the secondary survey you use DCAP-BTLS as a quick, systematic checklist to document injuries on the skin and soft tissues. Deformities suggest fractures or dislocations; Contusions are bruises; Abrasions are superficial scrapes; Penetrations include stab or gunshot wounds; Burns are tissue damage from heat or chemicals; Tenderness is pain on palpation indicating underlying injury; Lacerations are tears in tissue; Swelling signals inflammation or bleeding into tissues. The listed set matches this standard mnemonic exactly, whereas the other options change terms (edema, bruises, or lesions) that don't align with the accepted wording. This mnemonic helps ensure you don't overlook injury findings during the secondary survey.

8. If intubated, you must assess which two things?

A. Assess ETT position by noting the number at the teeth or gums; Assess how the ETT is secured

B. Assess heart rate and blood pressure

C. Check blood sugar

D. Assess vision

When a patient is intubated, the priority is to ensure the airway tool is correctly placed and will stay put. The two things to assess are where the endotracheal tube sits inside the airway and how securely it is fastened. Checking the depth at the teeth or gums helps you track tube position and detect any migration if the patient is moved or repositioned. Assessing securement ensures the tube won't dislodge during suctioning, coughing, or transport. In addition to these checks, you would confirm placement with methods like capnography and auscultation, but the essential focus for this item is confirming proper location and securement to maintain a patent airway.

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9. Which item is described as a means to obtain pertinent history in trauma care?

A. Medical records/documents

B. Prehospital report

C. SAMPLE

D. All of the above

Understanding pertinent history in trauma care comes from pulling information from multiple sources, because the patient may be unable to communicate and early decisions rely on accurate context. Medical records and documents offer the patient's baseline health, chronic conditions, current medications, allergies, prior surgeries, and recent interventions that can influence treatment choices. The prehospital report adds crucial scene information: mechanism of injury, time events occurred, initial vitals, treatments given, and observations from EMS, which help anticipate potential injuries before a full hospital assessment. The SAMPLE approach provides a quick, structured way to gather key details—Signs and symptoms, Allergies, Medications, Past medical history, Last oral intake, and Events leading to the injury—when rapid information is needed or patient communication is limited. By integrating all three sources, you build a more complete and accurate history, which guides timely and appropriate management.

10. A pelvic binder should be avoided in which scenario?

A. Stable pelvic fracture.

B. Unstable pelvic fracture.

C. Pelvic fracture with hypotension.

D. Pelvic fracture with open wound.

Pelvic binders are used to stabilize an unstable pelvic ring and help control bleeding. If the pelvis is stable, there's no active hemorrhage or pelvic instability to address with compression, so applying a binder isn't beneficial and can cause harm. The binder can lead to skin and soft tissue injury from prolonged pressure, obscure physical findings, and complicate imaging and reassessment. In a stable pelvic fracture, the focus is on ongoing assessment, treating other injuries, and proceeding with standard diagnostic workup rather than using a binder.

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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://tncctnp.examzify.com

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

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