TRAUMA NURSE CORE COURSE (TNCC) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://traumanursecorecourse.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. What is a common sign of a flail chest injury?

A. Paradoxical movement of the chest wall

B. Intense pain in the lower abdomen

C. Loss of consciousness

D. Inability to breathe deeply

2. What is the primary assessment tool used in trauma nursing?

A. The Comprehensive Assessment

B. The Secondary Survey

C. The Primary Survey

D. The Triage Assessment

3. For a patient in respiratory distress after a fire, what rate should fluid resuscitation start at?

A. 1000 mL/hr

B. 500 mL/hr

C. 250 mL/hr

D. 125 mL/hr

4. What should be the immediate next step for an unresponsive trauma patient after unsuccessful intubation?

A. Ventilate with a BVM

B. Prepare for cricothyroidotomy

C. Administer reversal medications

D. Contact anesthesia for assistance

5. Which assessment finding is indicative of a tension pneumothorax?

A. Tracheal deviation away from the affected side

B. Decreased breath sounds on the affected side

C. Chest wall expansion on the affected side

D. Cyanosis of the lips

SAMPLE

6. What is the most common cause of preventable death in trauma patients?

A. Hemorrhage

B. Pneumothorax

C. Cardiac arrest

D. Infection

7. What is the potential risk of administering sedatives to a trauma patient?

A. Increased alertness and clarity of thought

B. Impaired respiratory function and decreased consciousness levels

C. Allergic reactions and skin rashes

D. Delayed recovery time from injuries

8. What is the next step after airway management in a trauma patient?

A. Assessing circulation and blood pressure

B. Assessing breathing and ventilation

C. Conducting a secondary assessment

D. Administering pain relief

9. What immediate intervention should be performed for a patient with suspected spinal injury?

A. Assess airway and apply a cervical collar

B. Administer IV fluids immediately

C. Provide pain medication

D. Check for current medications

10. When is the use of a tourniquet indicated?

A. For minor cuts and abrasions

B. In life-threatening extremity hemorrhage unresponsive to direct pressure

C. During routine wound cleaning

D. For elevated blood pressure management

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is a common sign of a flail chest injury?

A. Paradoxical movement of the chest wall

B. Intense pain in the lower abdomen

C. Loss of consciousness

D. Inability to breathe deeply

A common sign of a flail chest injury is paradoxical movement of the chest wall. This occurs when a segment of the rib cage becomes detached from the rest of the thoracic wall due to multiple adjacent rib fractures. When a person breathes in, the affected segment of the chest wall moves inward instead of outward, and conversely, it moves outward when the person exhales. This abnormal movement can compromise the ability to ventilate effectively, leading to respiratory distress and potentially significant hypoxia if not addressed promptly. Recognizing this sign is crucial for trauma nurses, as it indicates severe thoracic injury and necessitates immediate intervention, such as providing supplemental oxygen or preparing for possible surgical intervention to stabilize the chest wall. Understanding the mechanics of flail chest helps in prioritizing treatment and anticipating potential complications that can arise from this type of injury.

2. What is the primary assessment tool used in trauma nursing?

A. The Comprehensive Assessment

B. The Secondary Survey

C. The Primary Survey

D. The Triage Assessment

The primary assessment tool used in trauma nursing is the Primary Survey. This method is fundamental in the initial evaluation of trauma patients, allowing healthcare providers to systematically assess and address life-threatening conditions. The Primary Survey follows the ABCDE approach: Airway, Breathing, Circulation, Disability, and Exposure. This structured approach ensures that critical elements of the patient's condition are evaluated quickly and efficiently. The focus is on identifying and managing immediate threats to life, such as an obstructed airway, inadequate breathing, or compromised circulation. During this assessment, interventions can be carried out simultaneously as findings are uncovered. For example, if a patient presents with an open airway obstruction, immediate measures can be taken to secure the airway while continuing the assessment of other areas. This prioritization of care is vital in trauma situations, where swift recognition and management of life-threatening injuries significantly impact patient outcomes. The other assessment tools mentioned—Comprehensive Assessment, Secondary Survey, and Triage Assessment—play roles in a more detailed evaluation process or in determining the priority of treatment among multiple patients but do not serve as the primary initial assessment in the context of trauma nursing. Therefore, while they are important in the continuum of comprehensive care, they do not replace the critical and immediate focus that the

SAMPLE

3. For a patient in respiratory distress after a fire, what rate should fluid resuscitation start at?

A. 1000 mL/hr

B. 500 mL/hr

C. 250 mL/hr

D. 125 mL/hr

In the context of a patient in respiratory distress after a fire, fluid resuscitation is crucial, particularly if there are concerns about smoke inhalation or burn injuries. The appropriate rate for initiating fluid resuscitation in such a scenario often considers the overall condition of the patient, the extent of any burns, and the potential for fluid shifts in the setting of respiratory compromise. Starting fluid resuscitation at a rate of 500 mL/hr is generally considered appropriate in many acute settings, especially for patients who are stabilized and require ongoing reassessment. This rate allows for adequate volume replacement while also enabling the healthcare team to monitor the patient's response, adjust fluid administration based on vital signs, and assess for any signs of fluid overload. Given that the patient has experienced a traumatic event, the importance of careful monitoring cannot be overstated. A rate of 500 mL/hr strikes a balance between being sufficiently aggressive to prevent dehydration and maintaining safety for the patient in respiratory distress. It allows clinicians to maintain vigilance regarding the patient's hemodynamic status and adjust as clinically indicated. Establishing an appropriate fluid resuscitation rate is a vital component of managing trauma patients effectively, especially those with potential smoke inhalation where fluid management can significantly affect outcomes.

4. What should be the immediate next step for an unresponsive trauma patient after unsuccessful intubation?

A. Ventilate with a BVM

B. Prepare for cricothyroidotomy

C. Administer reversal medications

D. Contact anesthesia for assistance

For an unresponsive trauma patient after unsuccessful intubation, the most appropriate immediate next step is to ventilate with a bag-valve-mask (BVM). This technique allows for the provision of positive pressure ventilation to the patient despite the unsuccessful attempt at securing the airway with intubation. The use of BVM is a critical intervention that aims to ensure adequate oxygenation and ventilation when the patient is unable to breathe on their own or when intubation fails. Utilizing bag-valve-mask ventilation helps to maintain oxygenation and prevent hypoxia while further airway management options are considered. It is crucial to ensure that the mask is properly sealed to provide effective ventilation and that supplemental oxygen is provided, if available. This step is foundational in emergency care because it stabilizes the patient's respiratory status while the healthcare team prepares for alternative airway management strategies. In circumstances where intubation fails, rapidly transitioning to a method that can deliver adequate ventilation is imperative to avoid further compromise to the patient's oxygenation and overall status. This intervention supports the fundamental principle of maintaining airway patency and providing sufficient respiratory support in critical care situations.

SAMPLE

5. Which assessment finding is indicative of a tension pneumothorax?

A. Tracheal deviation away from the affected side

B. Decreased breath sounds on the affected side

C. Chest wall expansion on the affected side

D. Cyanosis of the lips

A tension pneumothorax occurs when air becomes trapped in the pleural cavity and creates increasing pressure that collapses the lung on the affected side and pushes the mediastinum (which includes the trachea, heart, and major blood vessels) toward the opposite side. The presence of tracheal deviation away from the affected side is a key clinical finding because the pressure from the pneumothorax causes a shift of the mediastinum. When the trachea deviates away from the pneumothorax, it indicates significant mediastinal shift due to the pressure imbalance, which is a hallmark of this condition. Recognizing this physical sign is crucial for clinicians, as it emphasizes the urgency in managing the tension pneumothorax appropriately, typically through needle decompression followed by chest tube placement. Other findings, while relevant in assessing respiratory distress or compromised airway, do not specifically indicate a tension pneumothorax in the same definitive manner. For instance, while decreased breath sounds on the affected side and cyanosis may occur, they are not exclusive indicators of a tension pneumothorax. Chest wall expansion on the affected side would not typically be seen in this scenario, as the lung is usually collapsed due to the pressure and therefore

6. What is the most common cause of preventable death in trauma patients?

A. Hemorrhage

B. Pneumothorax

C. Cardiac arrest

D. Infection

Hemorrhage is recognized as the most common cause of preventable death in trauma patients due to its immediate and life-threatening nature. When a patient experiences trauma, particularly in severe cases such as blunt or penetrating injuries, significant blood loss can occur rapidly. This can lead to hypovolemic shock and multi-organ failure if not promptly addressed. Timely intervention to control bleeding, such as through surgical procedures, advanced trauma life support protocols, or the administration of fluids and blood products, is crucial for patient survival. The statistics underscore the impact of hemorrhage, indicating that many trauma-related fatalities are linked to uncontrolled bleeding, especially within the first hour following injury—often referred to as the "golden hour" of trauma care. In comparison, while conditions like pneumothorax, cardiac arrest, and infection also contribute to mortality in trauma patients, they generally do not present the same immediate threat as hemorrhage. Pneumothorax can certainly be life-threatening, but it is often manageable if detected and treated swiftly. Cardiac arrest in trauma victims can occur due to various factors, including hemorrhagic shock and complications, but it is often a result of untreated severe internal bleeding or inadequate resuscitation efforts. Infection, while a significant concern following

SAMPLE

7. What is the potential risk of administering sedatives to a trauma patient?

A. Increased alertness and clarity of thought

B. Impaired respiratory function and decreased consciousness levels

C. Allergic reactions and skin rashes

D. Delayed recovery time from injuries

Administering sedatives to a trauma patient can lead to impaired respiratory function and decreased levels of consciousness. This is particularly concerning in trauma patients, who may already have compromised airway and breathing status due to their injuries. Sedatives work by depressing the central nervous system, which can further decrease respiratory drive and lead to hypoventilation or respiratory failure, especially in patients with head injuries or other conditions affecting their level of consciousness. Maintaining adequate respiratory function and vigilance in trauma patients is crucial for ensuring their safety and facilitating necessary interventions. Addressing the risk of impaired consciousness is also essential, as decreased levels of consciousness can impede the patient's ability to protect their airway and respond to discomfort or changes in their condition, further complicating their treatment and recovery.

8. What is the next step after airway management in a trauma patient?

A. Assessing circulation and blood pressure

B. Assessing breathing and ventilation

C. Conducting a secondary assessment

D. Administering pain relief

After ensuring airway management in a trauma patient, the next step focuses on assessing breathing and ventilation. This step is critical because, while the airway must be secure for effective ventilation, it is essential to recognize how well the patient is breathing once the airway is established. Assessing breathing involves checking for adequate respiratory effort, lung sounds, and observing for any signs of respiratory distress. It is crucial to ensure that oxygen is getting into the lungs and that carbon dioxide can be effectively exhaled. In a trauma scenario, a patient may have various injuries that can compromise respiration, such as pneumothorax or pulmonary contusions. Therefore, evaluating the effectiveness of breathing and ensuring adequate ventilation must follow airway management to identify any life-threatening conditions quickly. Following assessments of breathing and ventilation, other assessments like circulation, conducting a secondary assessment, or administering pain relief can occur, but they come afterwards in the trauma assessment sequence to ensure that the most critical aspects of airway and breathing are prioritized first. This order aligns with the ABCDE approach (Airway, Breathing, Circulation, Disability, Exposure) commonly used in trauma care, emphasizing the immediate need to establish and confirm adequate breathing after securing an airway.

SAMPLE

9. What immediate intervention should be performed for a patient with suspected spinal injury?

A. Assess airway and apply a cervical collar

B. Administer IV fluids immediately

C. Provide pain medication

D. Check for current medications

In the context of a suspected spinal injury, the immediate intervention should prioritize spinal protection and airway management. Applying a cervical collar is essential to immobilize the cervical spine and prevent further injury, as any movement of the spine can exacerbate damage to the spinal cord and surrounding structures. Assessing the airway is imperative, given that a compromised airway can lead to rapid deterioration in a patient's condition. The application of a cervical collar stabilizes the patient's neck and maintains alignment of the cervical spine, which is crucial for preventing neurologic deficits that can occur with further movement. This dual focus on airway safety and spinal immobilization makes it a critical priority in the immediate management of suspected spinal injuries. Other interventions, such as administering IV fluids or providing pain medication, can be important in later stages or if warranted by the patient's condition, but they do not address the immediate need to secure the airway and stabilize the spine. Checking for current medications, while potentially relevant for ongoing management, does not contribute to the urgent need for spinal and airway protection in the initial assessment and treatment phase.

10. When is the use of a tourniquet indicated?

A. For minor cuts and abrasions

B. In life-threatening extremity hemorrhage unresponsive to direct pressure

C. During routine wound cleaning

D. For elevated blood pressure management

The use of a tourniquet is specifically indicated in cases of life-threatening extremity hemorrhage that does not respond to direct pressure. This situation typically arises in trauma scenarios where severe bleeding poses an immediate risk to the patient's life. Direct pressure may be effective for managing minor or moderate bleeding, but when that fails and the bleeding is profuse, the application of a tourniquet becomes necessary. Tourniquets work by compressing the blood vessels to the extremity, effectively stopping blood flow to prevent further blood loss and allowing time for advanced medical interventions. It's crucial to apply the tourniquet correctly, ensuring it is placed a few inches above the bleeding site and not over any joints, to maximize its effectiveness. In contrast, the other situations outlined are not appropriate for tourniquet use. For minor cuts and abrasions, direct pressure and basic wound care are sufficient. Wound cleaning procedures do not require the application of a tourniquet, as they typically do not involve significant bleeding. Additionally, elevated blood pressure management does not pertain to bleeding control and therefore does not warrant the use of a tourniquet.

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://traumanursecorecourse.examzify.com

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

SAMPLE