Advanced Trauma Care for Nurses (ATCN) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

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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.

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!

Questions

1. Which option correctly matches the ATCN primary survey letters to their topics?

A. Airway and cervical spine protection; Breathing and ventilation; Disability; Exposure and environmental control; Full set of vital signs and family presence

B. Breathing; Circulation; Exposure; Disability; Airway

C. Circulation; Disability; Breathing; Exposure; Airway

D. Airway management; Breathing; Disability; Exposure; Full vitals

2. For an open bubbling chest wound

A. Occlusive dressing over the wound taped on three sides

B. Wet compress and pressure dressing

C. Dry gauze padding only

D. Remove all dressings to visualize wound

3. In pediatrics, bradycardia is often a sign of what?

A. Hypoxia

B. Hyperthermia

C. Hypotension

D. Arrhythmia

4. For pelvic fractures NEVER

A. Use a pelvic binder

B. Forceful manual compression and pelvic rock of the pelvis to determine instability

C. Monitor vitals

D. Obtain imaging as needed

5. What does Safe practice mean when receiving trauma patients?

A. that the patient is going to the right hospital, in the right time, for the right care

B. that the team is protected

C. that imaging decisions are optimal

D. that vital signs are normal

6. What are the components of the lethal triad in trauma resuscitation, and how should they be addressed?

- **A. Hypothermia, acidosis, coagulopathy; address with warming, balanced blood products, and rapid hemorrhage control**
- **B. Hyperthermia, alkalosis, hypercoagulability**
- **C. Hypoxia, anemia, dehydration**
- **D. Infection, inflammation, edema**

7. What is the evidence-based impact of tranexamic acid on trauma mortality when used early?

- **A. Reduces mortality due to hemorrhage when given early (within 3 hours; ideally within 1 hour)**
- **B. Increases mortality**
- **C. No effect**
- **D. Only reduces morbidity**

8. In the trauma primary survey, what does 'E' include?

- **A. full set of vital signs and family presence**
- **B. exposure and environmental control**
- **C. airway management**
- **D. disability**

9. What signs indicate a chest tube is not functioning properly, and what steps should be taken?

- **A. No drainage or persistent air leak; kinked or dislodged tube; assess system, reposition or replace, obtain imaging if needed.**
- **B. Continuous drainage; reposition and observe.**
- **C. Increased pain only; administer analgesics.**
- **D. Adequate drainage with no air; remove tube.**

10. The AMPLE mnemonic for history includes which elements?

- **A. Allergies, Medications, Past medical history, Last meal, Events leading to injury**
- **B. Airway, Mobility, Pain, Level of consciousness**
- **C. Allergies, Medications, Past medical history, Last meal, Exercise**
- **D. Allergies, Medications, Past medical history, Last event**

Answers

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

Explanations

1. Which option correctly matches the ATCN primary survey letters to their topics?

A. Airway and cervical spine protection; Breathing and ventilation; Disability; Exposure and environmental control; Full set of vital signs and family presence

B. Breathing; Circulation; Exposure; Disability; Airway

C. Circulation; Disability; Breathing; Exposure; Airway

D. Airway management; Breathing; Disability; Exposure; Full vitals

The main concept tested is the ATCN primary survey sequence and what each letter represents. In ATCN/ATLS, the primary survey proceeds in order: Airway (with cervical spine protection), Breathing and ventilation, Circulation, Disability, Exposure and environmental control, with a final step for the Full set of vital signs (often including consideration of family presence). The option identified as correct lists Airway with cervical spine protection, then Breathing and ventilation, then Disability, then Exposure and environmental control, and finally the Full set of vital signs and family presence. This aligns with the established flow: prioritize securing the airway and protecting the cervical spine, then assess and support breathing, proceed to neurologic status, control exposure and environment, and conclude with a complete vitals check and involvement of the family as appropriate. Other options misorder topics or use phrasing that shifts or omits components of the ABCDE sequence, or place vitals in a nonstandard position, which makes them less consistent with the ATCN primary survey structure.

2. For an open bubbling chest wound

A. Occlusive dressing over the wound taped on three sides

B. Wet compress and pressure dressing

C. Dry gauze padding only

D. Remove all dressings to visualize wound

The main concept is how to manage a penetrating chest wound to prevent a tension pneumothorax while sealing the wound. An occlusive dressing taped on three sides creates a flutter valve effect: it seals the chest to stop air from entering the pleural space, but the edge left untaped allows air to escape during exhalation. This minimizes air buildup in the chest without trapping air during inspiration. Wet compress with a pressure dressing wouldn't provide a proper seal; dry gauze padding alone wouldn't seal the wound; removing all dressings would expose and worsen the injury. Leave the three-sided occlusive dressing in place and monitor for signs of respiratory deterioration while arranging definitive care.

3. In pediatrics, bradycardia is often a sign of what?

A. Hypoxia

B. Hyperthermia

C. Hypotension

D. Arrhythmia

In children, a slow heart rate is most often a sign that oxygen delivery to the tissues is severely compromised. Severe hypoxemia triggers reflexes that reduce heart rate to conserve oxygen and, more importantly, signals that perfusion is falling. This makes bradycardia a critical warning cue that requires immediate airway management, ventilation, and oxygenation to restore oxygen delivery. Hyperthermia typically causes tachycardia, not bradycardia, and hypotension usually stimulates an initial tachycardic response as part of compensation. Arrhythmias can cause bradycardia, but they are less common as the primary cause in pediatrics compared with hypoxia. The key action is to rapidly correct hypoxia with proper ventilation and oxygenation, following pediatric resuscitation guidelines.

4. For pelvic fractures NEVER

A. Use a pelvic binder

B. Forceful manual compression and pelvic rock of the pelvis to determine instability

C. Monitor vitals

D. Obtain imaging as needed

Testing instability of a suspected pelvic fracture with forceful manual compression or pelvic rocking is not performed. Manual manipulation can disrupt clots, worsen hemorrhage, and cause additional tissue or vascular injury, making bleeding harder to control. The appropriate approach is to stabilize the pelvis with a binder, monitor vital signs for signs of ongoing bleeding or shock, and obtain imaging as needed (pelvic X-ray or CT) to define the fracture pattern and help guide definitive management. The other actions—early pelvic stabilization, continuous monitoring, and imaging when indicated—are key parts of ATCN care, while forceful manipulation to assess instability is avoided because it can cause harm.

5. What does Safe practice mean when receiving trauma patients?

A. that the patient is going to the right hospital, in the right time, for the right care

B. that the team is protected

C. that imaging decisions are optimal

D. that vital signs are normal

Safe practice in this context is about getting the patient to the right hospital, at the right time, to receive the right care. It emphasizes rapid, appropriate triage and transport so definitive treatments—such as surgery, hemorrhage control, or specialized imaging—are available without delay. This requires good system coordination between prehospital care and the receiving facility, with early activation of the trauma team and a smooth handoff to ensure timely interventions. While protecting the team, making optimal imaging decisions, and recognizing stable vital signs are important parts of trauma care, they are not the defining focus of safe practice when receiving patients. The priority is to route the patient to the appropriate facility quickly to receive definitive care.

6. What are the components of the lethal triad in trauma resuscitation, and how should they be addressed?

A. Hypothermia, acidosis, coagulopathy; address with warming, balanced blood products, and rapid hemorrhage control

B. Hyperthermia, alkalosis, hypercoagulability

C. Hypoxia, anemia, dehydration

D. Infection, inflammation, edema

In trauma resuscitation, the lethal triad comprises hypothermia, acidosis, and coagulopathy. These three problems feed one another: ongoing bleeding leads to poor perfusion and lactic acidosis, cold environments and cold IV fluids worsen body temperature, and coagulopathy both promotes more bleeding and worsens the cycle. The way to combat this trio is to break the cycle with three focused actions. First, prevent and treat hypothermia by warming the patient and using warmed fluids and blood products. Second, address acidosis by ensuring adequate perfusion and oxygen delivery, avoiding dilutional and excessive crystalloid resuscitation, and using blood products early to support coagulation and oxygen transport. Third, correct coagulopathy with damage-control resuscitation: rapid hemorrhage control, balanced transfusion of blood products (red cells, plasma, and platelets in a 1:1:1 approach when possible), and adjuncts like tranexamic acid when appropriate. Early coagulation testing or viscoelastic-guided therapy helps tailor treatment and prevent further bleeding. The other options describe states or problems that do not reflect the clinically critical triad driving mortality in uncontrolled hemorrhage.

7. What is the evidence-based impact of tranexamic acid on trauma mortality when used early?

A. Reduces mortality due to hemorrhage when given early (within 3 hours; ideally within 1 hour)

B. Increases mortality

C. No effect

D. Only reduces morbidity

Early tranexamic acid in trauma reduces death from bleeding when given promptly, with the greatest benefit seen when administered within the first hour and within a three-hour window overall. The antifibrinolytic action blocks plasmin formation, helping to stabilize clots and limit ongoing hemorrhage. Large trials show a real reduction in death due to bleeding after injury, and overall mortality can also be reduced without a meaningful rise in thromboembolic complications. So the strongest evidence supports a mortality benefit from hemorrhage when TXA is given early, not merely a reduction in morbidity.

8. In the trauma primary survey, what does 'E' include?

A. full set of vital signs and family presence

B. exposure and environmental control

C. airway management

D. disability

Exposure and Environmental Control is what the E stands for in the trauma primary survey. After you've secured the airway, assessed breathing, and begun circulation, you fully expose the patient to inspect for injuries that aren't visible under their clothes. At the same time, you prioritize keeping the patient warm and preventing hypothermia—use warming blankets, warmed IV fluids, minimize heat loss, and maintain an appropriate environment. You may also need to log-roll the patient with spinal precautions to inspect the back. This step emphasizes the dual goals of thorough examination and temperature maintenance, rather than assessing neurologic status (which is the Disability step) or handling airway and vital signs (which occur in the earlier steps or as ongoing monitoring).

9. What signs indicate a chest tube is not functioning properly, and what steps should be taken?

A. No drainage or persistent air leak; kinked or dislodged tube; assess system, reposition or replace, obtain imaging if needed.

B. Continuous drainage; reposition and observe.

C. Increased pain only; administer analgesics.

D. Adequate drainage with no air; remove tube.

A chest tube is not functioning properly when drainage stops or becomes inconsistent and when there isn't a seal for air to escape, which often shows up as a persistent air leak, and when the tube itself is kinked or dislodged. These signs mean the pleural space isn't adequately being drained and the lung can't re-expand as intended. To address it, systematically inspect the entire drainage system: check all connections for leaks or disconnections, make sure the tubing isn't kinked or clamped, and verify suction (if used) is active. If you find a kink or the tube is partially or fully dislodged, reposition or replace the chest tube and obtain imaging to confirm proper placement and lung re-expansion. If the tube is dislodged, cover the site with a sterile occlusive dressing taped on three sides to allow air to escape while preventing entry, and notify the team. Then continue to monitor the patient closely and recheck the drainage system and imaging as needed.

10. The AMPLE mnemonic for history includes which elements?

A. Allergies, Medications, Past medical history, Last meal, Events leading to injury

B. Airway, Mobility, Pain, Level of consciousness

C. Allergies, Medications, Past medical history, Last meal, Exercise

D. Allergies, Medications, Past medical history, Last event

In trauma history, AMPLE is a quick, focused set of questions that guide decisions by capturing factors that directly affect management. Allergies helps prevent adverse reactions to medications; Medications identify drugs that can alter treatment, such as anticoagulants or other high-risk agents; Past medical history signals chronic conditions that may change care decisions or risk; Last meal (or last oral intake) informs aspiration risk and anesthesia planning; Events leading to the injury captures the mechanism and any factors like intoxication or impairment that shape the expected injuries and interventions. This combination provides essential, immediately actionable information for the resuscitation team. Other options mix in elements that describe current physiologic status rather than history, or substitute terms that aren't part of the AMPLE mnemonic (for example, using Exercise instead of Events leading to the injury, or focusing on airway/mobility/pain/level of consciousness, which are not history items). The standard AMPLE set is Allergies, Medications, Past medical history, Last meal, and Events leading to the injury.

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!