TNCC SKILLS DEMONSTRATION 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.

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 role is described as coordinating the arrival of the family?

A. Nurse manager

B. Family presence liaison

C. Social worker

D. Charge nurse

2. Which set constitutes reevaluation adjuncts?

A. Cervical Spine CT scan or x-ray; Chest x-ray or CT scan; Abdominal CT scan; Pelvic x-ray; Revised trauma score; Clean and dress wounds; Tetanus shot.

B. Cervical Spine CT scan; Chest X-ray; Brain MRI; Pelvic ultrasound; Vital signs.

C. Only vital signs are reassessed.

D. No adjuncts listed.

3. A trauma patient has E=2, V=4, M=5. What is the Glasgow Coma Scale score?

A. 9

B. 11

C. 10

D. 12

4. What is the recommended policy regarding family presence during resuscitation?

A. Family presence should be minimized and kept outside the room.

B. Family presence should be facilitated with a liaison.

C. Family members should be actively involved in medical decisions.

D. Family presence is discouraged unless no staff are available.

5. Which scenario best indicates the need for assisted ventilation with a bag-valve-mask (BVM)?

A. The patient has inadequate breathing or is apneic.

B. The patient is breathing adequately and tolerating effort.

C. The patient is spontaneously breathing with normal rate.

D. The patient requires long-term ventilation via tracheostomy.

6. What indicates there are no foreign objects noted in the airway?

A. Foreign objects are observed

B. No foreign objects can be determined

C. The airway is clear of secretions

D. No foreign objects are noted

7. According to warming guidance, how many warming methods should be identified?

A. Two

B. Three

C. One

D. Four

8. What observation suggests airway obstruction when the jaw thrust is released?

A. Gurgling is heard when jaw thrust is released

B. Stridor is heard when jaw thrust is released

C. No snoring is heard when jaw thrust is released

D. Snoring is heard when jaw thrust is released

9. What is the appropriate procedure for assessing posterior surfaces?

A. Photograph posterior surfaces

B. Inspect and palpate posterior surfaces

C. Remove gloves and proceed

D. Apply a tourniquet

10. Which option represents a nonpharmacologic comfort measure that was identified?

A. Administer IV morphine.

B. Initiating IV fluid therapy.

C. Applying ice to swollen areas.

D. Administer intramuscular ketamine.

Answers

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

Explanations

1. Which role is described as coordinating the arrival of the family?

A. Nurse manager

B. Family presence liaison

C. Social worker

D. Charge nurse

Coordinating the arrival of the family is about providing a welcoming, organized entry for relatives and ensuring they receive timely, accurate updates while care is happening. The family presence liaison is the role dedicated to this task: greeting family members, confirming who is present, escorting them to a waiting area, and coordinating with the care team to relay information in a compassionate, appropriate way. This role acts as a bridge between the medical team and the family, helping to maintain privacy and reduce distress during the stressful trauma encounter. Other roles exist to manage staffing, workflow, or psychosocial support, but they are not specifically focused on arranging and facilitating family arrival and presence.

2. Which set constitutes reevaluation adjuncts?

A. Cervical Spine CT scan or x-ray; Chest x-ray or CT scan; Abdominal CT scan; Pelvic x-ray; Revised trauma score; Clean and dress wounds; Tetanus shot.

B. Cervical Spine CT scan; Chest X-ray; Brain MRI; Pelvic ultrasound; Vital signs.

C. Only vital signs are reassessed.

D. No adjuncts listed.

Reevaluation adjuncts are the extra actions taken during the repeat assessment to uncover injuries that may have been missed and to guide ongoing care. They include imaging across regions (to look for hidden injuries), a trauma severity score to quantify injury burden, and steps that address wounds and tetanus status as part of rechecking and updating the patient's condition. The set that fits this idea includes cervical spine imaging (CT or X-ray), chest imaging (X-ray or CT), abdominal imaging (CT), pelvic imaging (X-ray), a revised trauma score to help gauge severity, wound care actions (clean and dress wounds), and tetanus prophylaxis. These items represent additional reevaluation steps that complement vital signs and the primary/secondary survey. Other options mix in elements that aren't standard reevaluation adjuncts (for example, brain MRI is not a typical immediate reevaluation adjunct due to practicality, and focusing only on vital signs omits the broader recalibration and imaging done during reevaluation).

3. A trauma patient has E=2, V=4, M=5. What is the Glasgow Coma Scale score?

A. 9

B. 11

C. 10

D. 12

Glasgow Coma Scale scores come from adding three separate responses: eye opening, verbal, and motor. In this case, eye opening to pain is 2, verbal response is 4 (confused conversation), and motor response is 5 (localizes pain). Add them: 2 + 4 + 5 = 11. The scale runs from 3 to 15, with higher numbers indicating better neurologic function. An 11 sits in the moderate range, used to monitor neurologic status in trauma patients over time.

4. What is the recommended policy regarding family presence during resuscitation?

A. Family presence should be minimized and kept outside the room.

B. Family presence should be facilitated with a liaison.

C. Family members should be actively involved in medical decisions.

D. Family presence is discouraged unless no staff are available.

Allowing family presence during resuscitation with a designated liaison best supports both the patient and the family. A trained liaison accompanies the family to the bedside, explains ongoing steps, coordinates updates, and helps protect the family from being overwhelmed by the procedure. This approach keeps the care team focused on resuscitation while ensuring the family feels informed, supported, and less isolated during a stressful moment. It also helps prevent misinterpretation of actions and reduces anxiety for family members after the event. Minimizing presence outside the room removes essential support and information for families. Expecting family members to actively participate in medical decisions during active resuscitation isn't appropriate, as critical decisions are typically made by clinicians or legally authorized surrogates, not by family members witnessing the procedure. Presence should be offered and supported with a liaison rather than discouraged or contingent on staff availability.

5. Which scenario best indicates the need for assisted ventilation with a bag-valve-mask (BVM)?

A. The patient has inadequate breathing or is apneic.

B. The patient is breathing adequately and tolerating effort.

C. The patient is spontaneously breathing with normal rate.

D. The patient requires long-term ventilation via tracheostomy.

Bag-valve-mask ventilation is indicated when a patient cannot provide adequate ventilation on their own—either they are not breathing at all (apneic) or their breaths are insufficient to maintain gas exchange. In that scenario, squeezing the bag delivers breaths that create positive pressure, helping oxygen move into the lungs and carbon dioxide be expelled while you secure the airway or prepare a more definitive airway. If a patient is breathing adequately and tolerating the effort, there's no need for assisted ventilation with a BVM. Remember, BVM is for short-term support; long-term ventilation requires a ventilator via an airway such as an endotracheal tube or tracheostomy. Maintain a proper seal, monitor chest rise, and avoid overventilation, which can cause gastric distension and other problems.

6. What indicates there are no foreign objects noted in the airway?

A. Foreign objects are observed

B. No foreign objects can be determined

C. The airway is clear of secretions

D. No foreign objects are noted

Accurate airway assessment hinges on clearly documenting whether foreign objects are present. The best phrasing is "no foreign objects are noted" because it directly states that, on examination, nothing resembling a foreign object was found. It is unambiguous and appropriate for record-keeping. Saying "foreign objects are observed" would imply presence; "no foreign objects can be determined" introduces uncertainty and lacks a definite finding; "the airway is clear of secretions" addresses secretions rather than foreign bodies. So the phrase that communicates a definite absence of foreign material in the airway is the correct choice.

7. According to warming guidance, how many warming methods should be identified?

A. Two

B. Three

C. One

D. Four

The main idea is to begin warming by identifying one primary method to implement right away. In warming guidance for this setting, choosing a single, clear method allows rapid action and reduces delays in care during a high-stress resuscitation. You apply that one method first (for example, initiating passive warming with blankets), and then you can add additional warming measures as needed based on the patient's response. Focusing on one method at the outset keeps the plan simple and actionable, which is crucial when time is critical. Choosing multiple methods initially would add complexity and could slow things down, which is why the guidance emphasizes identifying one warming method to start.

8. What observation suggests airway obstruction when the jaw thrust is released?

A. Gurgling is heard when jaw thrust is released

B. Stridor is heard when jaw thrust is released

C. No snoring is heard when jaw thrust is released

D. Snoring is heard when jaw thrust is released

When assessing airway patency after releasing the jaw thrust, listen for signs of partial airway collapse. Snoring occurs when soft tissues in the oropharynx vibrate as air passes, indicating that the airway is becoming obstructed once the forward jaw position is removed. This makes snoring the best indicator of airway obstruction in this scenario. Gurgling points to secretions in the airway rather than simple tissue collapse, stridor suggests a higher, more acute obstruction at the larynx or trachea, and no snoring would imply the airway is clear. So hearing snoring when the jaw thrust is released signals partial airway obstruction from soft-tissue collapse.

9. What is the appropriate procedure for assessing posterior surfaces?

A. Photograph posterior surfaces

B. Inspect and palpate posterior surfaces

C. Remove gloves and proceed

D. Apply a tourniquet

Assessing posterior surfaces requires a careful combination of inspection and palpation. Visually examine the back for wounds, contusions, deformities, or signs of trauma, then palpate along the spine and surrounding tissue to identify tenderness, step-offs, crepitus, or instability. This approach is recommended because injuries to the posterior chest, back, or spine can be missed if you only look at the front, and palpation helps reveal problems not visible to the eye while keeping spinal precautions in place (often with a log roll to expose the back safely). Documentation through photographs isn't part of the immediate assessment, removing gloves between steps violates infection control, and a tourniquet is used for controlling limb hemorrhage, not for evaluating the back.

10. Which option represents a nonpharmacologic comfort measure that was identified?

A. Administer IV morphine.

B. Initiating IV fluid therapy.

C. Applying ice to swollen areas.

D. Administer intramuscular ketamine.

Nonpharmacologic comfort measures relieve pain without medications. Applying ice to swollen areas fits this, because cold therapy provides local numbness and reduces swelling without giving drugs. The other options involve medications or direct medical therapy—administering morphine or ketamine provides pharmacologic pain relief, and initiating IV fluids is a medical intervention not primarily used as a comfort measure for pain.

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://tnccskillsdemo.examzify.com

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