

TNCC Trauma Nursing Process (TNP) Practice Test (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

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- 1. Which is a non-pharmacological comfort measure in the trauma protocol?**
 - A. Provide warmth**
 - B. Administer analgesic medication**
 - C. Initiate IV opioid infusion**
 - D. Administer sedatives**

- 2. Which action assesses patency of prehospital IV lines?**
 - A. Assess patency of prehospital IV lines**
 - B. Flush with saline without assessment**
 - C. Remove and reinsert**
 - D. Check only the IV site appearance**

- 3. 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**

- 4. Which action directly helps remove obstruction in the airway?**
 - A. Remove any loose teeth or foreign objects**
 - B. Administer bronchodilator**
 - C. Apply heat**
 - D. Place patient in prone**

- 5. Which of the following is a non-pharmacological comfort measure?**
 - A. Distraction**
 - B. Oral analgesics**
 - C. IV opioids**
 - D. Topical anesthetic cream**

- 6. When opening the airway with suspected cervical spine injury, which two actions are required?**
- A. Two rescuers provide manual cervical spinal stabilization and demonstrate manual jaw-thrust opening of the airway**
 - B. Tilt head back and jaw-thrust**
 - C. Clear airway with suction only**
 - D. Check oxygen saturation**
- 7. When the patient is alert and can cooperate, is it acceptable to ask the patient to open their mouth to assess the airway?**
- A. Yes**
 - B. No**
 - C. Only with consent**
 - D. It depends on the patient**
- 8. Which intervention is most foundational to manage altered circulation in an emergency?**
- A. Obtain IV or IO access (two sites)**
 - B. Apply a pelvic binder**
 - C. Tilt pregnant patient**
 - D. Draw labs**
- 9. What action is essential when managing external bleeding?**
- A. Control external hemorrhage**
 - B. Initiate chest compressions**
 - C. Apply a traction splint**
 - D. Tilt the patient**
- 10. Which of the following is a recommended reevaluation item?**
- A. Reevaluate vital signs**
 - B. Reevaluate blood pressure only**
 - C. Reevaluate imaging studies only**
 - D. Reevaluate diet**

Answers

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

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Explanations

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1. Which is a non-pharmacological comfort measure in the trauma protocol?

- A. Provide warmth**
- B. Administer analgesic medication**
- C. Initiate IV opioid infusion**
- D. Administer sedatives**

Maintaining warmth is a non-pharmacologic way to comfort a trauma patient. Keeping the patient warm helps prevent hypothermia, which can worsen bleeding, coagulopathy, and acidosis, and it reduces shivering and unnecessary metabolic stress. Simple steps like wrapping the patient in blankets, drying them, and optimizing room temperature or using external warming devices provide comfort without medications. The other options involve drugs—analgesics, IV opioids, and sedatives—so they are pharmacologic measures rather than non-pharmacologic comfort strategies.

2. Which action assesses patency of prehospital IV lines?

- A. Assess patency of prehospital IV lines**
- B. Flush with saline without assessment**
- C. Remove and reinsert**
- D. Check only the IV site appearance**

Patency means the IV line is open and able to deliver fluids or medications without blockage, kinks, or infiltration. In the prehospital setting, you verify patency by actively confirming flow, typically by checking for blood return and performing a gentle saline flush while observing for smooth, unobstructed flow and no resistance. This direct assessment ensures the line can actually function before administering any fluids or drugs. The best action is to assess patency itself because it explicitly checks that the line is functioning. Flushing with saline without assessment can hide problems like a blocked or kinked line. Removing and reinserting is unnecessary unless there's clear evidence of a failed line. Checking only the appearance of the IV site can miss issues with flow, so it's not sufficient on its own.

3. 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.

4. Which action directly helps remove obstruction in the airway?

- A. Remove any loose teeth or foreign objects**
- B. Administer bronchodilator**
- C. Apply heat**
- D. Place patient in prone**

Directly clearing an airway obstruction means physically removing what's blocking airflow. Removing any loose teeth or foreign objects from the mouth or airway is the most immediate way to restore patency and ventilation when the airway is blocked. Medications like bronchodilators target bronchial smooth muscle and are useful for bronchospasm, not a mechanical obstruction. Heat isn't relevant to removing an obstruction, and placing the patient in a prone position can worsen airway compromise. In practice, if the object is visible and can be safely removed, do so; otherwise use appropriate airway techniques and summon help to manage the obstruction.

5. Which of the following is a non-pharmacological comfort measure?

- A. Distraction**
- B. Oral analgesics**
- C. IV opioids**
- D. Topical anesthetic cream**

Non-pharmacological comfort measures are ways to ease pain or discomfort without using medications. Distraction helps by shifting the patient's attention away from the pain, engaging the brain in other tasks or conversations, which lowers the perceived intensity of pain and can reduce anxiety. In contrast, oral analgesics and IV opioids provide chemical pain relief, and topical anesthetic cream numbs the area—these are pharmacologic approaches. So, distraction is the non-pharmacological option.

6. When opening the airway with suspected cervical spine injury, which two actions are required?

- A. Two rescuers provide manual cervical spinal stabilization and demonstrate manual jaw-thrust opening of the airway**
- B. Tilt head back and jaw-thrust**
- C. Clear airway with suction only**
- D. Check oxygen saturation**

In trauma with suspected cervical spine injury, airway opening must protect the neck while ensuring the airway is open. The correct approach is to have two rescuers: one maintains manual stabilization of the cervical spine at the head, and the other using a jaw-thrust maneuver to open the airway without extending the neck. This combination keeps the spine in a neutral position while ensuring ventilation is possible. Tilting the head back would extend the cervical spine and risk further injury, so it's not appropriate when a cervical injury is suspected. Suctioning can clear debris but does not guarantee an open airway, and checking oxygen saturation is an assessment step, not the method used to open the airway.

7. When the patient is alert and can cooperate, is it acceptable to ask the patient to open their mouth to assess the airway?

- A. Yes**
- B. No**
- C. Only with consent**
- D. It depends on the patient**

When a patient is alert and able to cooperate, you can directly ask them to open their mouth to inspect the oropharynx as part of the airway assessment. This simple request lets you quickly look for signs of obstruction or problems in the mouth and throat—like the tongue falling back, swelling, loose teeth or dentures, secretions, or a visible foreign body—and helps you decide on immediate steps such as suctioning or airway maneuvers. It reflects involving the patient in the assessment and is appropriate because it requires minimal movement and can be done promptly. If there's a concern for cervical spine injury, you still perform the check with cervical precautions, avoiding any unnecessary neck movement. If the patient cannot cooperate, you would rely on other airway assessment methods instead.

8. Which intervention is most foundational to manage altered circulation in an emergency?

- A. Obtain IV or IO access (two sites)**
- B. Apply a pelvic binder**
- C. Tilt pregnant patient**
- D. Draw labs**

Securing access to the circulation is the foundation of emergency resuscitation because it creates the essential pathway to deliver fluids, blood products, and medications, and to obtain labs that guide ongoing treatment. Two large-bore IVs (or an intraosseous route if IV access is delayed) allow rapid, high-volume resuscitation and give redundancy if one line fails. Without established access, you can't start problem-directed resuscitation or administer life-saving therapies promptly. The other steps have important roles in specific situations—pelvic binding controls bleeding from a pelvic fracture, tilting a pregnant patient may help venous return in certain obstetric hypotension, and drawing labs informs diagnosis and management—but none of these directly provide the means to rapidly correct circulation like obtaining IV or IO access.

9. What action is essential when managing external bleeding?

- A. Control external hemorrhage**
- B. Initiate chest compressions**
- C. Apply a traction splint**
- D. Tilt the patient**

The essential action is to stop the external bleeding first. Controlling hemorrhage quickly is the single most critical step in trauma care because, without stopping blood loss, the body cannot maintain perfusion to vital organs. The primary method is to apply direct pressure to the wound with a clean dressing and keep pressure on it until bleeding slows or stops. Direct pressure helps form a clot and physically compresses vessels to reduce flow. If the dressing becomes soaked, do not remove it; add more dressings and continue applying pressure. If bleeding persists, you can elevate the injured limb (if this won't cause further harm or hide a spinal injury) and continue applying firm pressure. For severe, life-threatening bleeding from a limb, a tourniquet may be required as a last resort; place it proximal to the wound, secure it, and note the time so clinicians know how long it's been in place. Throughout, keep the patient warm and monitor for signs of shock while arranging further care. Other actions don't address external bleeding directly: chest compressions are used for cardiac arrest, a traction splint is for certain fractures, and tilting the patient isn't a primary intervention for stopping external hemorrhage.

10. Which of the following is a recommended reevaluation item?

- A. Reevaluate vital signs**
- B. Reevaluate blood pressure only**
- C. Reevaluate imaging studies only**
- D. Reevaluate diet**

In trauma care, reevaluation hinges on monitoring how the patient is actually doing after any intervention, and vital signs provide the quickest, most comprehensive snapshot of stability or deterioration. Regularly rechecking heart rate, blood pressure, respiratory rate, oxygen saturation, temperature, and mental status lets you detect evolving problems early and decide whether to adjust airway, breathing, and circulation measures. Limiting reevaluation to blood pressure alone can miss other evolving issues like hypoxia or altered mental status. Imaging studies are helpful, but they are static pictures that may not reflect rapid changes after care is started. Diet isn't part of the immediate reassessment in acute trauma care.

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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