

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.

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 option best describes the overall guidance about warmth described in the material?**
 - A. Do not provide warmth under any circumstances
 - B. Warmth is optional and never carries risk
 - C. Warmth may be appropriate, but burn risk must be considered
 - D. Warmth should be the first step before any assessment
- 2. Which intervention may be appropriate to maintain airway patency?**
 - A. Insert an oral or nasopharyngeal airway
 - B. Administer antibiotics
 - C. Elevate legs
 - D. Start diuretics
- 3. 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
- 4. In blunt abdominal trauma, which findings suggest hollow viscus injury?**
 - A. Delayed abdominal pain, signs of peritoneal irritation, fever, leukocytosis; free air on imaging.
 - B. Immediate colicky back pain.
 - C. Isolated left flank pain.
 - D. No fever.
- 5. In the LMNOP mnemonic, what does the 'M' stand for?**
 - A. Monitor (Cardiac, consider EKG)
 - B. Medications
 - C. Management of pain
 - D. Neuromonitoring

- 6. To assess pelvic instability, you first apply gentle pressure over the iliac crests downward and medially. If the iliac crests are stable, what should you apply pressure on next?**
- A. Symphysis Pubis
 - B. Iliac Crest
 - C. Sacrum
 - D. Ischium
- 7. After removing clothing to inspect for injuries, what is the immediate action?**
- A. Provide warmth
 - B. Document vital signs only
 - C. Administer analgesia
 - D. Apply a rigid cervical collar without assessment
- 8. Which item is an example of what to inquire about when assessing breathing efficacy?**
- A. Breath sounds
 - B. Blood type
 - C. Favorite food
 - D. Shoe size
- 9. In thoracic trauma, what is suspected with a large-volume chest hemorrhage causing instability, and how is it managed?**
- A. Massive hemothorax; immediate chest tube thoracostomy and concurrent resuscitation with blood products as needed
 - B. Simple rib fracture; analgesia and observation
 - C. Cardiac tamponade; pericardiocentesis
 - D. Tension pneumothorax; needle decompression
- 10. Which item is included under Labs in the protocol?**
- A. Pregnancy
 - B. Urinalysis
 - C. Chest imaging
 - D. Electrocardiography

Answers

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1. C
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 option best describes the overall guidance about warmth described in the material?

- A. Do not provide warmth under any circumstances
- B. Warmth is optional and never carries risk
- C. Warmth may be appropriate, but burn risk must be considered**
- D. Warmth should be the first step before any assessment

Keeping the patient warm is important in trauma care to prevent hypothermia, which can worsen bleeding, metabolic derangements, and infection. However warmth isn't applied blindly. The best guidance is that warmth may be appropriate, but burn risk must be considered. This means you provide heat in a safe, controlled way (such as dry blankets or approved warming devices) and avoid direct heat on damaged or sensitive skin, areas with open wounds, or when heat could cause burns or overheating. Also essential is ensuring warming does not delay assessment or life-saving interventions.

2. Which intervention may be appropriate to maintain airway patency?

- A. Insert an oral or nasopharyngeal airway**
- B. Administer antibiotics
- C. Elevate legs
- D. Start diuretics

Maintaining airway patency is the immediate priority in trauma care, and an airway adjunct directly supports that goal. Inserting an oral airway prop the tongue forward, preventing it from falling back and causing obstruction, which helps keep the passage open for air. A nasopharyngeal airway serves a similar purpose by providing a conduit through the upper airway; this can be useful when the patient is semi-conscious or when the mouth cannot be used, but it must be avoided if there's suspected skull base or facial trauma. The other options don't address keeping the airway open: antibiotics help prevent or treat infection, elevating the legs improves venous return and circulation, and diuretics reduce fluid but do not maintain airway patency in the acute setting.

3. 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.

4. In blunt abdominal trauma, which findings suggest hollow viscus injury?

- A. Delayed abdominal pain, signs of peritoneal irritation, fever, leukocytosis; free air on imaging.
- B. Immediate colicky back pain.
- C. Isolated left flank pain.
- D. No fever.

Hollow viscus injuries after blunt trauma often don't show up right away. The hallmark is a progression from subtle symptoms to clear signs of irritation as contents leak into the abdomen. Delayed abdominal pain with signs of peritoneal irritation reflects evolving peritonitis from a perforation or leakage. Fever and leukocytosis indicate the body's inflammatory response to contamination in the peritoneal cavity. Finding free air on imaging provides direct evidence that a hollow organ (like the bowel) has perforated. Taken together, these findings make hollow viscus injury the most likely diagnosis. Other patterns don't fit as well because they lack the combination of peritoneal irritation and evidence of perforation. Immediate back pain or isolated flank pain points away from intra-abdominal hollow organ injury, and absence of fever, while not ruling out early injuries, does not explain peritoneal signs or free air.

5. In the LMNOP mnemonic, what does the 'M' stand for?

- A. Monitor (Cardiac, consider EKG)
- B. Medications
- C. Management of pain
- D. Neuromonitoring

The main idea being tested is the importance of continuous cardiovascular monitoring during trauma resuscitation. The M in LMNOP stands for Monitor, specifically focusing on cardiac monitoring and considering an ECG to assess rhythm and electrical activity. This real-time monitoring helps detect arrhythmias, ischemia, or perfusion problems early, guiding timely interventions and ensuring the patient's heart and circulation are being tracked as the resuscitation progresses. Other options describe actions or systems that aren't the intended meaning of this M. Medications refer to drug therapy, which is handled after or alongside monitoring; neuromonitoring targets neurological status rather than cardiac rhythm; and management of pain is about comfort and analgesia, not the ongoing cardiac surveillance emphasized by this step.

6. To assess pelvic instability, you first apply gentle pressure over the iliac crests downward and medially. If the iliac crests are stable, what should you apply pressure on next?

- A. Symphysis Pubis
- B. Iliac Crest
- C. Sacrum
- D. Ischium

Pelvic stability is tested by checking the anterior and posterior elements of the pelvic ring in sequence. After confirming that the iliac crests are stable, the next step is to stress the anterior portion of the ring by applying pressure to the pubic symphysis. This targets potential diastasis or instability at the front of the pelvic ring, which would indicate an anterior pelvic injury. Pressing the sacrum or ischium isn't the next step in this sequence because they relate to other aspects of stability, and repeating pressure on the iliac crests doesn't assess the anterior ring. So, the correct next move is to apply pressure on the pubic symphysis.

7. After removing clothing to inspect for injuries, what is the immediate action?

- A. Provide warmth**
- B. Document vital signs only
- C. Administer analgesia
- D. Apply a rigid cervical collar without assessment

Providing warmth is the immediate action after you remove clothing to inspect for injuries. When the patient is exposed for assessment, they can rapidly lose heat, which can lead to hypothermia. Hypothermia worsens bleeding control, impairs coagulation, and can worsen outcomes in trauma care, so preventing heat loss takes priority right away. Use dry blankets, keep them dry, and employ warming devices or warmed IV fluids as appropriate. Once the patient is kept warm, you can proceed with the rest of the assessment and interventions (airway, breathing, circulation) and decide on analgesia or immobilization based on findings and stability.

8. Which item is an example of what to inquire about when assessing breathing efficacy?

- A. Breath sounds**
- B. Blood type
- C. Favorite food
- D. Shoe size

Breath sounds are the key clue when you're judging how well someone is ventilating. In trauma care, you assess breathing by listening to the lungs on both sides, checking for symmetry and the quality of sounds, because these sounds reveal whether air is reaching all lung areas and whether an airway is patent. Diminished or absent breath sounds can indicate a problem like a pneumothorax or airway obstruction, while adventitious sounds (crackles, wheezes, rhonchi) point to fluid, edema, bronchospasm, or secretions impeding ventilation. This information directly guides interventions such as securing the airway, suctioning, or providing supplemental oxygen. In contrast, items like blood type, favorite food, or shoe size don't provide information about respiratory status or breathing efficacy, so they're not used to assess ventilation.

9. In thoracic trauma, what is suspected with a large-volume chest hemorrhage causing instability, and how is it managed?

- A. Massive hemothorax; immediate chest tube thoracostomy and concurrent resuscitation with blood products as needed**
- B. Simple rib fracture; analgesia and observation
- C. Cardiac tamponade; pericardiocentesis
- D. Tension pneumothorax; needle decompression

A large-volume chest hemorrhage with instability signals a massive hemothorax. The priority is to rapidly relieve the intrathoracic bleeding and pressure, re-expand the lung, and restore circulating volume. The best approach is emergent chest tube thoracostomy on the affected side to drain the accumulated blood and allow the lung to re-expand, all while starting resuscitation with blood products per a massive transfusion protocol. Do not delay chest tube placement for imaging in an unstable patient, because controlling the hemorrhage and re-establishing oxygen delivery are time-critical. Monitor chest tube output closely, and if the initial drainage is vast or bleeding continues with ongoing instability, proceed with definitive surgical control as needed. Other scenarios—such as a simple rib fracture, which does not cause major intrathoracic bleeding; cardiac tamponade, which requires pericardiocentesis; or tension pneumothorax, which is treated first with needle decompression and then chest tube—do not fit the described situation and management.

10. Which item is included under Labs in the protocol?

- A. Pregnancy**
- B. Urinalysis**
- C. Chest imaging**
- D. Electrocardiography**

In the Trauma Nursing Process protocols, labs are the quick set of tests obtained to get essential physiologic information early. A pregnancy test is included here for women of childbearing potential because knowing whether the patient is pregnant directly influences urgent management decisions. It helps determine safe imaging choices (to minimize fetal exposure when possible) and guides medication selection and obstetric considerations if needed. Chest imaging belongs in the imaging category, since it refers to radiography or ultrasound findings used to diagnose injuries. Electrocardiography is a monitoring/diagnostic tool used to assess cardiac rhythm and electrical activity, not a laboratory test. Urinalysis is a laboratory test, but the protocol in this item specifically highlights pregnancy as the item categorized under Labs.

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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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