

Trauma Certified Registered Nurse (TCRN) 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. What is a common response to trauma that does NOT indicate a state of crisis?**
 - A. Anger**
 - B. Denial**
 - C. Fear**
 - D. Intense grief**
- 2. For a patient with suspected tracheobronchial injury, what immediate action should be taken?**
 - A. Perform intubation**
 - B. Initiate chest tube placement**
 - C. Prepare for diagnostic imaging**
 - D. Secure airway protection**
- 3. Which one of the following oculomotor muscles is not innervated by the third cranial nerve?**
 - A. Medial rectus**
 - B. Lateral rectus**
 - C. Inferior oblique**
 - D. Superior rectus**
- 4. A patient is found unconscious after a fire in his bedroom. What is the first aspect of treatment?**
 - A. Tetanus toxoid**
 - B. Cover the wound**
 - C. Airway**
 - D. Obtain blood work**
- 5. What is a relative contraindication to providing enteral feedings to a traumatically injured patient?**
 - A. High-dose vasopressors**
 - B. Body mass index above 30 kg/m²**
 - C. Blood sugar fluctuations**
 - D. Coagulopathies**

- 6. What is the consequence of having an elevated INR in trauma patients?**
- A. Increased risk of tissue regeneration**
 - B. Enhanced clotting ability**
 - C. Delayed clotting and significant blood loss**
 - D. Greater likelihood of surgical success**
- 7. Who is primarily responsible for helping patients improve perceptual deficits following a traumatic brain injury?**
- A. Physical therapist**
 - B. Occupational therapist**
 - C. Speech pathologist**
 - D. Rehabilitation nurse**
- 8. Which of the following statements regarding open chest wounds is false?**
- A. A chest tube may be inserted**
 - B. The wound can be closed with adhesive gauze**
 - C. There may be a mediastinal shift to the ipsilateral aspect of the wound**
 - D. Open chest wounds may be used to treat empyema**
- 9. After a house fire, what is the most important aspect of clinical evaluation?**
- A. Depth of burn**
 - B. Surface area of burn**
 - C. Inhalation injury**
 - D. Fluid status**
- 10. Bruising behind the ear is consistent with a fracture of which bone?**
- A. Maxillary bone**
 - B. Mandibular bone**
 - C. Occipital bone**
 - D. Zygomatic bone**

Answers

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

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Explanations

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1. What is a common response to trauma that does NOT indicate a state of crisis?

- A. Anger**
- B. Denial**
- C. Fear**
- D. Intense grief**

A common response to trauma that does not indicate a state of crisis is anger. While anger can certainly be a characteristic reaction to traumatic experiences, it is often a part of the normal emotional processing that individuals undergo in the aftermath of trauma. This response can manifest as frustration or irritability, reflecting deeper feelings of hurt or helplessness. In contrast, denial, fear, and intense grief are typically more reactive states indicating that an individual may be overwhelmed by their experiences. Denial may halt the acknowledgment of trauma, fear can signify a perceived threat to safety, and intense grief often represents profound sorrow, which might interfere with daily functioning. Therefore, while anger is a valid response to trauma, it does not necessarily suggest that the individual is in a crisis state like the other options do.

2. For a patient with suspected tracheobronchial injury, what immediate action should be taken?

- A. Perform intubation**
- B. Initiate chest tube placement**
- C. Prepare for diagnostic imaging**
- D. Secure airway protection**

In the case of suspected tracheobronchial injury, the most critical immediate action is to secure airway protection. This is vital because such an injury can significantly compromise the patient's ability to breathe and might lead to severe respiratory distress or failure. Securing airway protection ensures that the airway is maintained and protected, allowing for proper ventilation and oxygenation while additional measures are planned or implemented. Immediate airway protection can often involve intubation, which could be considered if the patient's airway is compromised. However, the primary focus should be on ensuring that the airways are stable before any further invasive procedures or evaluations, such as imaging, are performed. Given this context, while intubation may be necessary, simply performing it without considering the exact needs of the airway and overall stabilization can lead to complications. Chest tube placement would typically be indicated for pleural effusion or pneumothorax rather than for direct airway management, and diagnostic imaging, while important for confirming the injury, would not address the immediate need for airway protection. Thus, securing airway protection is the most appropriate and immediate course of action in this situation.

3. Which one of the following oculomotor muscles is not innervated by the third cranial nerve?

- A. Medial rectus**
- B. Lateral rectus**
- C. Inferior oblique**
- D. Superior rectus**

The lateral rectus muscle is primarily innervated by the abducens nerve, which is the sixth cranial nerve. This muscle is responsible for abducting the eye, or moving it laterally. In contrast, the medial rectus, inferior oblique, and superior rectus muscles are all innervated by the oculomotor nerve, which is the third cranial nerve. Understanding the specific roles of these muscles and their associated nerves is crucial in the study of ocular physiology and neurology, especially in recognizing how nerve damage can lead to specific eye movement disorders.

4. A patient is found unconscious after a fire in his bedroom. What is the first aspect of treatment?

- A. Tetanus toxoid**
- B. Cover the wound**
- C. Airway**
- D. Obtain blood work**

In cases of unconsciousness following a fire, the immediate priority is to ensure that the patient's airway is clear and secure. When a person is unconscious, they may lose the ability to maintain their own airway due to compromised neurological function or potential swelling from inhalation injuries. The risk of respiratory distress or complete airway obstruction significantly increases in such situations. Checking and securing the airway allows for proper oxygenation and ventilation, which are vital in preventing further neurological damage and addressing any complications that may arise from smoke inhalation or burns. Once the airway is established, additional treatments, such as administering oxygen or addressing wounds, can be effectively planned and carried out. Other treatment considerations, although important, take a lower priority in the acute phase for an unconscious patient. Tetanus toxoid administration is guided by immunization history and might be necessary later depending on the nature of the injuries, while covering wounds is also vital but secondary to airway management. Blood work can provide valuable information but is not crucial until the airway and breathing are stabilized.

5. What is a relative contraindication to providing enteral feedings to a traumatically injured patient?

- A. High-dose vasopressors**
- B. Body mass index above 30 kg/m²**
- C. Blood sugar fluctuations**
- D. Coagulopathies**

High-dose vasopressors are considered a relative contraindication to providing enteral feedings in a traumatically injured patient due to their effects on gastrointestinal perfusion. Enteral feedings rely on adequate blood flow to the gastrointestinal tract for absorption and motility. High-dose vasopressors can lead to reduced blood flow to the gut, increasing the risk of ischemia, bowel necrosis, and other complications. While elevated body mass index, blood sugar fluctuations, and coagulopathies can influence the overall management of a trauma patient, they do not have the same immediate, critical impact on the functionality of the gastrointestinal system as high-dose vasopressors do. This makes high-dose vasopressors a more significant concern regarding the timing and safety of initiating enteral nutrition.

6. What is the consequence of having an elevated INR in trauma patients?

- A. Increased risk of tissue regeneration**
- B. Enhanced clotting ability**
- C. Delayed clotting and significant blood loss**
- D. Greater likelihood of surgical success**

An elevated international normalized ratio (INR) in trauma patients indicates a decreased ability of the blood to clot. When the INR is elevated, it reflects anticoagulation and can lead to prolonged bleeding times. This is particularly concerning in trauma situations where the risk of hemorrhage is already high. As a result, the increased INR signifies a heightened risk of delayed clotting, which can result in significant blood loss during and after traumatic events. In trauma care, maintaining appropriate clotting mechanisms is crucial for patient survival and recovery. An elevated INR can complicate management, requiring interventions to reverse anticoagulation and support hemostasis. Therefore, understanding the implications of INR levels helps inform treatment decisions to minimize the risk of severe hemorrhage in these patients.

7. Who is primarily responsible for helping patients improve perceptual deficits following a traumatic brain injury?

- A. Physical therapist**
- B. Occupational therapist**
- C. Speech pathologist**
- D. Rehabilitation nurse**

The primary responsibility for helping patients improve perceptual deficits following a traumatic brain injury typically falls to the speech pathologist. These professionals specialize in assessing and treating communication and swallowing disorders, which often include perceptual deficits that can arise from neurological injuries. They provide targeted interventions to address the cognitive-communication components associated with perceptual issues, such as processing visual information, understanding spatial relationships, and improving overall cognitive functioning necessary for effective communication. While other professionals may play essential roles in the rehabilitation process—such as physical therapists focusing on mobility and coordination, occupational therapists assisting with daily living skills and functional independence, and rehabilitation nurses providing comprehensive care and support—speech pathologists are specifically trained to address the cognitive-communicative aspects of perceptual deficits in patients recovering from traumatic brain injuries.

8. Which of the following statements regarding open chest wounds is false?

- A. A chest tube may be inserted**
- B. The wound can be closed with adhesive gauze**
- C. There may be a mediastinal shift to the ipsilateral aspect of the wound**
- D. Open chest wounds may be used to treat empyema**

The assertion that there may be a mediastinal shift to the ipsilateral aspect of the wound is incorrect. In the case of an open chest wound, particularly if it leads to a significant pneumothorax, the air entering the pleural space can cause a mediastinal shift toward the opposite side (contralateral aspect) of the wound. This shift occurs because the pressure in the chest cavity on the injured side becomes lower than on the healthy side, causing the mediastinum to move away from the side of the open wound. Therefore, this statement is false. On the other hand, the other statements are accurate regarding open chest wounds. The insertion of a chest tube can be a critical intervention to drain air or fluid and help re-establish negative pressure in the thoracic cavity. Additionally, an open wound can indeed be temporarily covered with adhesive gauze to help prevent further air entry. Finally, while it is less common to treat empyema with an open chest wound directly, surgical interventions sometimes can be necessary to address complications, which may involve techniques that create an opening. Understanding these concepts is essential for managing trauma patients effectively.

9. After a house fire, what is the most important aspect of clinical evaluation?

- A. Depth of burn**
- B. Surface area of burn**
- C. Inhalation injury**
- D. Fluid status**

The most important aspect of clinical evaluation after a house fire is inhalation injury. House fires typically produce smoke, toxic gases, and a combination of thermal and chemical injuries that can severely affect the respiratory system. Inhalation injury can lead to significant complications such as airway obstruction, acute respiratory distress syndrome (ARDS), and respiratory failure, which can be life-threatening if not identified and managed promptly. Evaluating for inhalation injury includes closely monitoring the patient for signs of respiratory distress, altered mental status, or any changes in pulmonary function. Early recognition of inhalation injuries allows for timely intervention, such as securing the airway and providing oxygen therapy or mechanical ventilation, if necessary. While depth of burn, surface area of burn, and fluid status are important considerations in managing burn injuries, the potential for immediate respiratory compromise due to inhalation injury can take precedence in a post-fire scenario. This highlights the cardiovascular and systemic implications that can arise from airway injury, making it a critical component of the clinical assessment after incidents involving fires.

10. Bruising behind the ear is consistent with a fracture of which bone?

- A. Maxillary bone**
- B. Mandibular bone**
- C. Occipital bone**
- D. Zygomatic bone**

Bruising behind the ear is indicative of a fracture in the occipital bone, often associated with a specific phenomenon known as "Battle's sign." This type of bruising occurs as a result of blood pooling in the tissues, a clinical sign that indicates potential trauma to the base of the skull. The occipital bone is located at the back of the skull, and fractures in this area can lead to extravasation of blood, which becomes visible as bruising behind the ear. This finding is crucial for clinicians, as it can signal more extensive head injuries, including those that might affect the brain or cranial nerves. The other bones listed, such as the maxillary, mandibular, and zygomatic, do not typically present with bruising behind the ear when fractured. Each of these bones is located in the facial structure, and their fractures would present with different signs, primarily in the facial region rather than at the posterior aspect of the head where the occipital bone is found. Understanding the anatomy and the signs associated with specific fractures is essential for accurate assessment in 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://tcrn.examzify.com>

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