

TRAUMA CERTIFIED REGISTERED NURSE (TCRN) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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 of the following statements regarding pulmonary contusion is false?**
 - A. Radiographic signs are visible almost immediately after the injury
 - B. Usually presents with hypoxemia
 - C. Can take several weeks to resolve
 - D. The treatment is supportive oxygen therapy
- 2. Which ethical principle does NOT apply to advanced directives?**
 - A. Autonomy
 - B. Justice
 - C. Beneficence
 - D. Veracity
- 3. Advanced directives are primarily associated with which ethical principle?**
 - A. Justice
 - B. Autonomy
 - C. Veracity
 - D. Beneficence
- 4. What symptom is commonly associated with a mandibular fracture?**
 - A. Diplopia
 - B. Trismus
 - C. Periorbital bruising
 - D. Clear nasal drainage
- 5. A 3-year-old child is suspected to have a subluxation of the arm after being pulled up vertically. What is this condition commonly known as?**
 - A. Nursemaid's elbow
 - B. Rotator cuff injury
 - C. Elbow dislocation
 - D. Fractured humerus

- 6. Which lead should the trauma nurse monitor during a pericardiocentesis to assess for potential myocardial contact?**
- A. Lead II
 - B. Lead V
 - C. Lead III
 - D. Lead aVR
- 7. Why should a patient with a head injury avoid the valsalva maneuver?**
- A. Prevention of hemorrhoids
 - B. Possibility of causing decrease in ICP
 - C. Possibility of causing increased ICP
 - D. Prevention of tinnitus
- 8. Where does a subdural hematoma accumulate blood?**
- A. Above the dura mater
 - B. Between the dura mater and arachnoid mater
 - C. Below the pia mater
 - D. In the cerebellum
- 9. During cardiopulmonary resuscitation, how is exhalation achieved?**
- A. The pressure of cardiac compressions
 - B. Bilateral chest wall pressure after each delivered breath
 - C. Normal relaxation of the chest
 - D. Upward sub-xiphoid pressure applied every 2-4 minutes during CPR
- 10. What is a late sign of retroperitoneal bleeding?**
- A. Abdominal pain
 - B. Flank bruising
 - C. Diminished breath sounds
 - D. Hematuria

Answers

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

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Explanations

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1. Which of the following statements regarding pulmonary contusion is false?

- A. Radiographic signs are visible almost immediately after the injury**
- B. Usually presents with hypoxemia
- C. Can take several weeks to resolve
- D. The treatment is supportive oxygen therapy

Pulmonary contusion is a lung injury resulting from blunt trauma, leading to bruising of lung tissue. Radiographic signs of pulmonary contusion, such as opacity indicating fluid and blood accumulation in the lung interstitium, are not typically visible immediately after the injury. Instead, these changes often take time to develop, usually presenting hours after the initial impact. This delayed appearance of radiographic findings is one reason why close monitoring and follow-up imaging may be necessary after a suspected pulmonary contusion. The statement that pulmonary contusion usually presents with hypoxemia is accurate because the injury can impair gas exchange, leading to reduced oxygen levels in the blood. It can also indeed take several weeks for pulmonary contusion to fully resolve, as lung tissue undergoes healing processes and may remain vulnerable for an extended period. Supportive oxygen therapy is often a key component of treatment, ensuring that patients receive adequate oxygenation while minimizing further lung injury. Thus, A is the only option that misrepresents the typical clinical characteristics of pulmonary contusion.

2. Which ethical principle does NOT apply to advanced directives?

- A. Autonomy
- B. Justice
- C. Beneficence**
- D. Veracity

Advanced directives are primarily grounded in the ethical principle of autonomy, which emphasizes an individual's right to make informed decisions about their own medical care. This principle allows patients to express their preferences regarding treatments or interventions when they are no longer able to communicate these wishes. Justice relates to fairness in healthcare and the distribution of resources, which is not specifically relevant to the personal decision-making aspect of advanced directives. Beneficence focuses on actions that promote the well-being of patients and involves providing care that benefits them, which does not directly relate to the concept of advance directives. Lastly, veracity emphasizes truth-telling and honesty in physician-patient relationships, but does not directly govern the decision-making process behind advanced directives. Because advanced directives are centered on an individual's right to define their own care preferences, the principle of beneficence is less applicable in this context.

3. Advanced directives are primarily associated with which ethical principle?

- A. Justice
- B. Autonomy**
- C. Veracity
- D. Beneficence

The correct answer is autonomy. Advanced directives are legal documents that allow individuals to express their preferences regarding medical treatment in the event that they are unable to communicate their wishes. This concept directly ties into the principle of autonomy, which emphasizes the right of individuals to make informed decisions about their own lives and medical care. By allowing patients to outline their desires for end-of-life care and other medical interventions, advanced directives empower individuals to maintain control over their treatment options, thus respecting their personal values and choices. This aligns with the ethical obligation to promote respect for individuals as capable of making their own decisions. In contrast, the other ethical principles mentioned—justice, veracity, and beneficence—do not primarily relate to the function of advanced directives. Justice refers to fairness and equality in the distribution of resources and care; veracity is concerned with truthfulness and honesty in communication; and beneficence focuses on acting in the best interest of the patient to promote good outcomes. While these principles are also important in healthcare contexts, they do not specifically address the core purpose of advanced directives, which is fundamentally about respecting patient autonomy.

4. What symptom is commonly associated with a mandibular fracture?

- A. Diplopia
- B. Trismus**
- C. Periorbital bruising
- D. Clear nasal drainage

Trismus, or limited jaw opening, is a symptom commonly associated with a mandibular fracture. This occurs due to significant trauma to the jaw area that can lead to muscle spasms or damage to the surrounding structures, including ligaments and muscles involved in jaw movement. When the mandibular bone is fractured, the associated trauma often causes pain and spasm, making it difficult for the patient to open their mouth normally. Other symptoms, while they may be present in various types of head and facial injuries, are not specifically indicative of a mandibular fracture. For instance, diplopia refers to double vision and is more commonly linked to orbital or cranial injuries rather than mandible issues. Periorbital bruising can occur in cases of facial trauma but is not exclusive to mandibular fractures. Clear nasal drainage may suggest a skull base fracture involving the ethmoid bone or sinuses, but it is not associated with mandibular fractures. Thus, trismus is the characteristic symptom that helps in identifying this specific type of fracture.

5. A 3-year-old child is suspected to have a subluxation of the arm after being pulled up vertically. What is this condition commonly known as?

A. Nursemaid's elbow

B. Rotator cuff injury

C. Elbow dislocation

D. Fractured humerus

The condition described, suspected in a 3-year-old child after being pulled up vertically, is commonly known as Nursemaid's elbow. This injury occurs when the radius slips out of its normal position in relation to the ulna, typically as a result of a sudden pull on the arm. It is particularly prevalent in young children due to their physiological characteristics, such as the laxity of their ligaments and the developmental stage of their joints. In this scenario, the mechanism of injury is consistent with common situations that lead to Nursemaid's elbow, such as being yanked or pulled by the arm. This injury does not typically require surgery and can often be treated effectively through a reduction maneuver performed by a healthcare professional, thereby restoring normal anatomy and function without long-term consequences. The other conditions listed are not consistent with the mechanism of injury or the patient's age. For instance, a rotator cuff injury generally occurs in older individuals or athletes due to overuse or trauma and involves specific tendon damage around the shoulder. Elbow dislocation would involve more severe trauma and typically presents with significant deformity and pain. A fractured humerus would result from more significant or direct trauma and would present with additional signs such as swelling, bruising, or inability to use

6. Which lead should the trauma nurse monitor during a pericardiocentesis to assess for potential myocardial contact?

A. Lead II

B. Lead V

C. Lead III

D. Lead aVR

Monitoring the heart's electrical activity during a pericardiocentesis is crucial for identifying potential myocardial contact, which can indicate complications such as cardiac penetration or injury. Lead V, specifically, is positioned over the left anterior chest, providing a direct view of the electrical activity of the heart's anterior wall and the pericardium. This positioning allows for better detection of changes in ST segments or arrhythmias that may arise from any trauma caused by the needle during the procedure. Lead II is valuable for monitoring the overall rhythm and identifying atrial activity, while Lead III and Lead aVR have their specific uses but do not give as direct a view of the anterior aspects of the heart where the procedure takes place. In this context, Lead V's proximity to the site and its ability to detect direct effects on the heart makes it the most appropriate choice for monitoring during a pericardiocentesis.

7. Why should a patient with a head injury avoid the Valsalva maneuver?

- A. Prevention of hemorrhoids
- B. Possibility of causing decrease in ICP
- C. Possibility of causing increased ICP**
- D. Prevention of tinnitus

A patient with a head injury should avoid the Valsalva maneuver primarily due to the possibility of causing increased intracranial pressure (ICP). The Valsalva maneuver involves a person forcibly exhaling against a closed airway, which can lead to a significant increase in intrathoracic pressure. This action can impede venous return from the brain to the heart, leading to a rise in ICP. In the context of a head injury, elevated ICP can exacerbate potential brain swelling or bleeding, increasing the risk of secondary brain injury. This is particularly important in traumatic brain injury cases, where even small increases in pressure can have serious consequences, such as reduced cerebral perfusion and possible herniation. The other options, while they may relate to various health concerns, do not directly address the critical issue of ICP in patients with head injuries. For instance, prevention of hemorrhoids and tinnitus are unrelated to the urgent considerations in managing ICP after a head injury. Hence, focusing on preventing increased ICP is vital in this scenario.

8. Where does a subdural hematoma accumulate blood?

- A. Above the dura mater
- B. Between the dura mater and arachnoid mater**
- C. Below the pia mater
- D. In the cerebellum

A subdural hematoma occurs between the dura mater and the arachnoid mater, which is the space that separates these two layers of the meninges surrounding the brain. In this region, venous blood accumulates typically as a result of tearing of the bridging veins, which can happen due to trauma or other factors that cause movement of the brain within the skull. Recognizing the location is crucial for understanding the pathology and potential implications of a subdural hematoma. Blood accumulating in this space can exert pressure on the brain, leading to various neurological symptoms and complications. The understanding of this specific anatomic location is vital for diagnosis, treatment planning, and anticipating possible outcomes for patients with head injuries.

9. During cardiopulmonary resuscitation, how is exhalation achieved?

- A. The pressure of cardiac compressions
- B. Bilateral chest wall pressure after each delivered breath
- C. Normal relaxation of the chest**
- D. Upward sub-xiphoid pressure applied every 2-4 minutes during CPR

Exhalation during cardiopulmonary resuscitation (CPR) is primarily achieved through the normal relaxation of the chest. When chest compressions are performed, they create a negative pressure in the thoracic cavity during the release phase. This negative pressure encourages air to be expelled from the lungs as the chest recoils back to its natural position after compressions are released. In contrast, the other options do not appropriately describe the mechanism of exhalation during CPR. For instance, while the pressure from cardiac compressions contributes to airflow dynamics, it is not the primary mechanism for exhalation. Exhalation relies more on the natural elasticity of the lung tissue and the thoracic cavity's structural mechanics, rather than an active phase during compressions. Bilateral chest wall pressure or upward sub-xiphoid pressure may assist in certain situations but do not represent the standard process facilitating exhalation in CPR.

10. What is a late sign of retroperitoneal bleeding?

- A. Abdominal pain
- B. Flank bruising**
- C. Diminished breath sounds
- D. Hematuria

Flank bruising is recognized as a late sign of retroperitoneal bleeding due to its manifestation as a result of significant blood accumulation in the retroperitoneal space. As blood leaks into the retroperitoneum, it can lead to the breakdown of blood vessels and tissues, resulting in bruising that may become visible on the skin over time, specifically in the flank area. This bruising indicates that a considerable volume of blood has already escaped into the retroperitoneal space, making it a notable indicator of advanced bleeding. The other signs mentioned, such as abdominal pain, diminished breath sounds, and hematuria, can occur earlier in the course of retroperitoneal bleeding and might not indicate as severe a progression of the condition as flank bruising. Abdominal pain is often one of the initial responses to intra-abdominal processes, while diminished breath sounds may suggest related respiratory complications rather than specifically pointing to retroperitoneal bleeding. Hematuria, or blood in the urine, can also be an early manifestation but does not necessarily indicate the severity of bleeding in the retroperitoneal space as directly as flank bruising does.

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!

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