

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

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. Fat emboli typically do not present with which of the following findings?**
 - A. Bradycardia
 - B. Fever
 - C. Desaturation
 - D. Petechiae

- 2. A child has an isolated closed femur fracture. His hematocrit drops 8 points. What is the best course of action?**
 - A. A child with a closed femur fracture typically drops 8 points, so do nothing
 - B. A child with a closed femur fracture typically drops 4 points, so search for other sources
 - C. Blood loss in long bone and pelvic fractures is proportionately less in children, so do nothing
 - D. None of the above

- 3. How often should a patient receive meningococcal and pneumococcal vaccines after a splenectomy?**
 - A. Every year
 - B. Every 3 years
 - C. Every 5 years
 - D. Only once

- 4. What mechanism of injury is more likely to cause damage to the tracheobronchial area?**
 - A. Blunt trauma
 - B. Penetrating trauma
 - C. Thermal injury
 - D. Drowning

- 5. Which condition is most increased in patients with ventricular tachycardia (VT)?**
 - A. Myocardial infarction (MI)
 - B. Pulmonary embolism (PE)
 - C. Sudden death
 - D. COPD

- 6. If fascial compartment pressures measure 35mm Hg, what does this indicate?**
- A. Normal compartment pressure
 - B. Significantly elevated pressure requiring intervention
 - C. Mildly elevated pressure that requires monitoring
 - D. Pressure that is safe and requires no action
- 7. Which of the following is a primary action of morphine?**
- A. Analgesia
 - B. Gastroparesis
 - C. Itching
 - D. All of the above
- 8. A patient presents with symptoms of petechiae and reduced consciousness with suspected strangulation. What symptom would support this suspicion?**
- A. Gingival bleeding
 - B. Facial droop
 - C. Clear fluid draining from the ears
 - D. Diplopia
- 9. What might a significant elevation in serum BUN and creatinine in a traumatically injured patient indicate?**
- A. Underfeeding the patient
 - B. Overfeeding the patient
 - C. Normal recovery process
 - D. Fluid overload
- 10. Bilateral flank bruising in a patient is indicative of which condition?**
- A. Intraperitoneal bleeding
 - B. Retroperitoneal bleeding
 - C. Pneumothorax
 - D. Thoracic aortic injury

Answers

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

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Explanations

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1. Fat emboli typically do not present with which of the following findings?

- A. Bradycardia**
- B. Fever
- C. Desaturation
- D. Petechiae

Fat embolism syndrome (FES) often presents with a range of clinical findings that help in recognizing this condition. When considering the characteristics associated with fat emboli, bradycardia is not a commonly observed symptom. In contrast, fever, desaturation, and petechiae are more classic manifestations of fat embolism. Fever can result from the inflammatory response triggered by fat globules circulating within the bloodstream. Desaturation, or decreased oxygen saturation, occurs as these fat globules can impair gas exchange in the lungs. Petechiae, small red or purple spots on the skin, are also a significant sign of fat embolism, typically appearing around the neck, conjunctiva, or axilla. Thus, the absence of bradycardia among the common findings in fat embolism syndrome supports the understanding that while various symptoms can arise, bradycardia is not typically associated with this condition.

2. A child has an isolated closed femur fracture. His hematocrit drops 8 points. What is the best course of action?

- A. A child with a closed femur fracture typically drops 8 points, so do nothing
- B. A child with a closed femur fracture typically drops 4 points, so search for other sources**
- C. Blood loss in long bone and pelvic fractures is proportionately less in children, so do nothing
- D. None of the above

In the case of an isolated closed femur fracture in a child with an 8-point drop in hematocrit, it is prudent to suspect that there may be additional sources of bleeding or other complications that need to be addressed. A drop in hematocrit, particularly one as significant as 8 points, can indicate considerable blood loss and the potential for hypovolemia, even in a scenario typically associated with less significant losses in children. When managing pediatric patients, it's vital to recognize that their physiological responses to trauma and blood loss can differ from adults. While it is true that in cases of closed long bone fractures, the expected drop in hematocrit might not be as dramatic as it appears, an 8-point drop suggests that the child's condition warrants further investigation to rule out concurrent injuries or internal bleeding that may not be immediately apparent. Thus, the best course of action is to search for other sources of bleeding to ensure the child's safety and stability. Assessing for other injuries, particularly in the context of trauma, is crucial as children may sustain multiple injuries that could contribute to significant blood loss. Monitoring vital signs and considerations for volume resuscitation may also become necessary depending on the clinical context. This proactive approach in evaluating the child's condition aligns

3. How often should a patient receive meningococcal and pneumococcal vaccines after a splenectomy?

- A. Every year
- B. Every 3 years
- C. Every 5 years**
- D. Only once

*Following a splenectomy, patients are at an increased risk for infections, particularly from encapsulated organisms like *Neisseria meningitidis* and *Streptococcus pneumoniae*. The current guidelines for vaccination recommend that patients receive the meningococcal and pneumococcal vaccines, with the pneumococcal vaccine typically given every 5 years thereafter to maintain adequate immunity. This is crucial because individuals without a spleen are more susceptible to infections, and maintaining a robust immune response through periodic vaccination is essential for their health. The choice indicating that these vaccines should only be given once does not take into account the need for booster doses to ensure continued protection, which is crucial for sustaining protective immunity against these pathogens. Therefore, patients should adhere to a 5-year interval for pneumococcal vaccinations and maintain vigilance regarding their vaccination schedule to mitigate the risk of serious infections post-splenectomy.*

4. What mechanism of injury is more likely to cause damage to the tracheobronchial area?

- A. Blunt trauma
- B. Penetrating trauma**
- C. Thermal injury
- D. Drowning

Penetrating trauma is associated with a higher likelihood of causing damage to the tracheobronchial area due to its direct impact on the structures involved. This type of trauma involves an object that pierces through the skin and underlying tissues, potentially cutting through the layers that protect the trachea and bronchi. When a sharp object penetrates the chest wall, it can create lacerations or tears in the tracheobronchial tree, leading to serious complications like pneumothorax, hemothorax, or tracheobronchial rupture. In contrast, blunt trauma can also damage the tracheobronchial area, but it typically does so indirectly. Forces from blunt trauma can lead to contusions, fractures of surrounding structures, or pressure injuries, which may not be as direct as those caused by penetrating mechanisms. Thermal injury primarily affects the mucosal lining and surrounding tissues due to heat exposure, and drowning results in hypoxia and pulmonary complications, but it does not involve a direct traumatic injury to the tracheobronchial structures in the same way. Thus, penetrating trauma is the mechanism that poses the greatest risk for immediate and direct injury to the tracheobronchial area.

5. Which condition is most increased in patients with ventricular tachycardia (VT)?

- A. Myocardial infarction (MI)
- B. Pulmonary embolism (PE)
- C. Sudden death**
- D. COPD

Ventricular tachycardia (VT) is a rapid heart rhythm that originates in the ventricles and can lead to severe hemodynamic instability. The most pressing and dangerous complication associated with VT is the risk of sudden cardiac death. This occurs because VT can degenerate into ventricular fibrillation, a chaotic and ineffective heartbeat that can lead to a lack of blood flow and loss of consciousness. When patients experience prolonged episodes of VT, especially if they have underlying heart disease, the risk of sudden death increases significantly. Patients with a history of myocardial infarction are particularly vulnerable to VT due to scarred heart tissue, which can disrupt normal electrical conduction. While myocardial infarction is a significant underlying factor for the development of VT, it is the immediate danger of sudden death during episodes of this arrhythmia that is most relevant and hazardous. Other conditions like pulmonary embolism and chronic obstructive pulmonary disease (COPD) may contribute to cardiovascular complications but are not directly linked to the increased risk inherent in the arrhythmia itself. Sudden death as a result of VT is recognized in clinical practice and literature as a major concern for those afflicted with this rhythm disturbance.

6. If fascial compartment pressures measure 35mm Hg, what does this indicate?

- A. Normal compartment pressure
- B. Significantly elevated pressure requiring intervention**
- C. Mildly elevated pressure that requires monitoring
- D. Pressure that is safe and requires no action

When fascial compartment pressures reach 35 mm Hg, it signifies significantly elevated pressure within that compartment. This level of pressure is above the normal range, which is typically between 0 to 10 mm Hg. Elevated compartment pressures can lead to a clinical condition known as compartment syndrome, where increased pressure compromises blood flow to the muscles and nerves within the compartment. In this context, a pressure of 35 mm Hg suggests that the tissue perfusion may be significantly impaired, and immediate intervention is often necessary to prevent irreversible damage. Standard practice usually dictates that surgical intervention, such as fasciotomy, may be required when pressures exceed 30 mm Hg in order to alleviate the pressure and restore normal circulation. Monitoring alone, as implied in the other options, would not be adequate since waiting could result in permanent damage. Therefore, the indication of a reading at this level necessitates prompt medical attention to prevent further complications.

7. Which of the following is a primary action of morphine?

- A. Analgesia
- B. Gastroparesis
- C. Itching
- D. All of the above**

Morphine is an opioid medication that is primarily used for pain relief, making analgesia its primary action. It interacts with opioid receptors in the brain and spinal cord, reducing the perception of pain and altering the emotional response to discomfort. While analgesia is the main therapeutic effect of morphine, it can also lead to other effects such as gastroparesis, which is a condition characterized by delayed gastric emptying. Opioids like morphine can reduce gastrointestinal motility and cause constipation, which relates to gastroparesis. Furthermore, morphine can cause itching, a side effect that results from the release of histamine. This histamine release can lead to pruritus, which is an itching sensation experienced by some patients after administration. In this context, although analgesia is the primary action of morphine, the presence of other effects such as gastroparesis and itching supports a broader understanding of the medication's impact. Thus, indicating that all options can be associated with morphine makes the comprehensive answer valid. Therefore, the understanding of morphine's effects encompasses both its primary action and other significant side effects.

8. A patient presents with symptoms of petechiae and reduced consciousness with suspected strangulation. What symptom would support this suspicion?

- A. Gingival bleeding
- B. Facial droop**
- C. Clear fluid draining from the ears
- D. Diplopia

The suspicion of strangulation in a patient presenting with petechiae and reduced consciousness can be supported by the presence of facial droop. This is an indication of potential neurological compromise, which may occur as a result of decreased blood flow, hypoxia, or pressure on the cranial structures during strangulation. Facial droop suggests that the motor pathways in the brain or the nerves controlling facial muscles may be affected, indicating a serious underlying issue often seen in cases of asphyxia or traumatic injury. While the other symptoms listed can be associated with various conditions, they do not specifically align with the suspicion of strangulation as closely as facial droop does. Gingival bleeding might indicate coagulopathy or trauma to the oral cavity but lacks the direct connection to neck compression. Clear fluid draining from the ears suggests a possible basal skull fracture, which, while serious, does not directly support the suspicion of strangulation. Diplopia could indicate neurological dysfunction but is less specific; it may arise from numerous conditions including cranial nerve injuries that are not limited to strangulation. Thus, facial droop provides a more pertinent symptom aligning with suspicions of strangulation-related brain injury or vascular compromise.

9. What might a significant elevation in serum BUN and creatinine in a traumatically injured patient indicate?

- A. Underfeeding the patient
- B. Overfeeding the patient**
- C. Normal recovery process
- D. Fluid overload

A significant elevation in serum BUN (Blood Urea Nitrogen) and creatinine levels in a traumatically injured patient typically indicates impaired renal function. This impairment can occur due to several factors, one of which includes overfeeding, particularly with excessive protein intake. When a patient is overfed, especially in the acute setting of trauma, the kidneys may struggle to excrete the by-products of protein metabolism, leading to elevated levels of BUN and creatinine. In the context of trauma, whether due to direct injury, stress response, or altered hemodynamics, the kidneys can become compromised. Overfeeding can exacerbate this situation by increasing the workload on the kidneys and potentially leading to acute kidney injury. Other options do not accurately reflect the physiological implications of elevated BUN and creatinine. Underfeeding would generally lead to different metabolic responses, and normal recovery processes would not result in such significant elevations in these markers. Fluid overload might elevate BUN due to dilutional effects but would not necessarily increase creatinine in the absence of kidney dysfunction. Thus, the correct interpretation in this context is that significant elevations are indeed suggestive of overfeeding and its consequences on renal function.

10. Bilateral flank bruising in a patient is indicative of which condition?

- A. Intraperitoneal bleeding
- B. Retroperitoneal bleeding**
- C. Pneumothorax
- D. Thoracic aortic injury

Bilateral flank bruising is a classic indicator of retroperitoneal bleeding. This condition occurs when blood accumulates in the retroperitoneal space, which is located behind the peritoneum (the lining of the abdominal cavity). The bruising happens because the retroperitoneal area is supplied by blood vessels that, when ruptured or torn, can lead to bleeding that tracks down to the flanks. The bruising may take time to develop and become evident, but the presence of bilateral flank bruising is strongly associated with significant trauma or injuries that affect the organs located in the retroperitoneal area, such as the kidneys, aorta, or lumbar veins. In contrast, intraperitoneal bleeding typically does not lead to bilateral flank bruising but rather presents with signs like abdominal distension or rigidity. Conditions like pneumothorax or thoracic aortic injury involve different injury mechanisms where bruising would not appear in the flank specifically. Thus, the presence of bilateral flank bruising is most accurately associated with retroperitoneal bleeding.

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:

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

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