

Trauma Nurse Core Course (TNCC) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. For an elderly patient with a hematoma and symptoms after a fall, what is the most likely cause?**
 - A. Epidural hematoma**
 - B. Diffuse axonal injury**
 - C. Post-concussive syndrome**
 - D. Subdural hematoma**
- 2. What is considered a severe head injury based on GCS scoring?**
 - A. A GCS score of 10 or more**
 - B. A GCS score of 9 or less**
 - C. A GCS score of 12 or less**
 - D. A GCS score of 8 or less**
- 3. What should the nurse monitor continuously during the care of a trauma patient?**
 - A. Patient's dietary intake and preferences**
 - B. Patient's vital signs and neurological status**
 - C. Patient's family involvement in care decisions**
 - D. Patient's previous medical history and medications**
- 4. How often should a trauma patient's vital signs be checked after major intervention?**
 - A. Every hour**
 - B. Every 30 minutes**
 - C. Every 15 minutes**
 - D. Every 10 minutes**
- 5. What vital sign changes are typically expected in hypovolemic shock?**
 - A. Increased heart rate and increased blood pressure**
 - B. Decreased heart rate and decreased blood pressure**
 - C. Increased heart rate and decreased blood pressure**
 - D. Decreased heart rate and increased blood pressure**

- 6. What is "neurogenic shock"?**
- A. Shock that occurs due to spinal cord injury leading to loss of sympathetic tone**
 - B. Shock resulting from severe blood loss and hypovolemia**
 - C. Shock caused by infection and sepsis**
 - D. Shock due to allergic reactions and anaphylaxis**
- 7. What does increased use of accessory muscles in a patient indicate?**
- A. Improvement in respiratory function**
 - B. Potential respiratory distress**
 - C. Effective circulation**
 - D. Neurological stability**
- 8. What are two primary goals of pre-hospital trauma care?**
- A. Patient comfort and detailed assessment**
 - B. Stabilization of the patient and rapid transportation**
 - C. Pain management and psychological support**
 - D. Family notification and coordination with hospitals**
- 9. In a male patient with hip pain after a fall, which finding is most reassuring?**
- A. A normal prostate exam**
 - B. Absence of abdominal distension**
 - C. A normal FAST exam**
 - D. Pelvic stability**
- 10. What does a thorough initial assessment help to identify in trauma care?**
- A. Possible allergies and medication history**
 - B. Immediate life-threatening injuries and overall patient stability**
 - C. Patient's social background and support system**
 - D. Physical fitness level and dietary habits**

Answers

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

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Explanations

1. For an elderly patient with a hematoma and symptoms after a fall, what is the most likely cause?

- A. Epidural hematoma**
- B. Diffuse axonal injury**
- C. Post-concussive syndrome**
- D. Subdural hematoma**

In the context of an elderly patient who has sustained a fall and presents with a hematoma along with neurological symptoms, the most likely cause is a subdural hematoma. This type of hematoma commonly occurs in older adults due to the greater susceptibility of the brain to movement within the skull as the brain shrinks with age, coupled with the fragility of bridging veins. A fall can easily cause these veins to tear, resulting in bleeding between the brain's surface and the dura mater. Subdural hematomas often develop slowly and can manifest with symptoms such as confusion, headache, or changes in consciousness, making them a pertinent consideration in elderly patients after trauma. The age factor and the typical clinical presentation align with this diagnosis. In contrast, other types of hematomas or conditions may not commonly present in this manner or might require different mechanisms or circumstances to be likely.

2. What is considered a severe head injury based on GCS scoring?

- A. A GCS score of 10 or more**
- B. A GCS score of 9 or less**
- C. A GCS score of 12 or less**
- D. A GCS score of 8 or less**

In the context of assessing head injuries, the Glasgow Coma Scale (GCS) is a critical tool used to quantify the level of consciousness and neurological functioning of a patient. A GCS score is determined by evaluating three components: eye-opening response, verbal response, and motor response. A score of 8 or less is classified as a severe head injury. This threshold indicates significant impairment in consciousness, which often implies that the patient's ability to respond to stimuli is markedly diminished. A score of 8 or less suggests a critical state where the patient may be unable to protect their airway or respond appropriately, necessitating immediate medical intervention. Scores higher than 8 indicate a better level of consciousness, with scores of 9 or more reflecting a moderate head injury or less severe conditions. Therefore, when evaluating a patient with a potential head injury, a GCS score of 8 or less serves as a key indicator for assessing the severity and urgency of the situation, guiding treatment decisions such as the need for airway protection and further neuroassessment.

3. What should the nurse monitor continuously during the care of a trauma patient?

- A. Patient's dietary intake and preferences**
- B. Patient's vital signs and neurological status**
- C. Patient's family involvement in care decisions**
- D. Patient's previous medical history and medications**

In the care of a trauma patient, continuous monitoring of vital signs and neurological status is essential because these indicators provide critical information about the patient's current condition and response to treatment. Vital signs, including heart rate, blood pressure, respiratory rate, and temperature, can signal changes in the patient's physiological state, indicating either stabilization or deterioration. Likewise, neurological status provides insights into brain function and can reveal the presence of potential complications, such as increased intracranial pressure or changes due to traumatic brain injury. By closely monitoring these parameters, the healthcare team can make timely interventions and adjustments to the treatment plan as needed, ensuring that the patient receives optimal care in a rapidly changing environment. This vigilance is vital in trauma care, where every moment counts in the prevention of further injury or complications.

4. How often should a trauma patient's vital signs be checked after major intervention?

- A. Every hour**
- B. Every 30 minutes**
- C. Every 15 minutes**
- D. Every 10 minutes**

Monitoring a trauma patient's vital signs after a major intervention is critical for identifying any potential complications or changes in their condition. Checking vital signs every 15 minutes is an established standard in trauma care, particularly following significant interventions such as surgery or life-saving procedures. This frequency allows healthcare providers to quickly detect and respond to changes that could indicate deterioration, such as signs of shock, bleeding, or adverse reactions to treatments. Frequent monitoring at this interval ensures that any concerning trends in vital signs—like elevated heart rate, decreased blood pressure, or altered respiratory patterns—are noticed promptly, allowing for immediate reassessment and intervention if necessary. Following a more extended interval, such as every 30 minutes or every hour, may lead to delayed recognition of critical changes in the patient's status, potentially compromising their recovery. In the context of trauma nursing, the emphasis on timely and frequent assessment directly correlates with improving patient outcomes and maintaining safety in the immediate post-intervention phase.

5. What vital sign changes are typically expected in hypovolemic shock?

- A. Increased heart rate and increased blood pressure**
- B. Decreased heart rate and decreased blood pressure**
- C. Increased heart rate and decreased blood pressure**
- D. Decreased heart rate and increased blood pressure**

In hypovolemic shock, the body experiences a significant loss of blood volume, leading to a drop in blood pressure. In an attempt to compensate for this decreased perfusion and maintain adequate blood flow to vital organs, the heart rate typically increases. This compensatory mechanism is a critical response to maintain cardiac output despite the reduced volume circulating through the cardiovascular system. The combination of increased heart rate and decreased blood pressure reflects the body's efforts to counteract the effects of hypovolemia. In a state of shock, particularly hypovolemic shock, the body prioritizes perfusion to essential organs, such as the heart and brain. Thus, monitoring these vital signs is crucial for assessing the severity of shock and guiding intervention strategies. This physiological response is characterized by a marked elevation in heart rate as the body tries to maintain circulation, alongside a drop in blood pressure, which signifies inadequate blood volume. Understanding these vital sign changes is essential for trauma nurses in identifying and managing hypovolemic shock effectively.

6. What is "neurogenic shock"?

- A. Shock that occurs due to spinal cord injury leading to loss of sympathetic tone**
- B. Shock resulting from severe blood loss and hypovolemia**
- C. Shock caused by infection and sepsis**
- D. Shock due to allergic reactions and anaphylaxis**

Neurogenic shock specifically refers to a type of distributive shock that occurs as a result of a spinal cord injury, particularly injuries that affect the sympathetic nervous system. In neurogenic shock, there is a loss of sympathetic tone, which leads to vasodilation and a significant drop in systemic vascular resistance. This loss of vascular tone results in decreased blood pressure and inadequate perfusion to vital organs, despite the possible presence of normal or elevated blood volume. The condition typically arises following an injury at or above the T6 vertebra, which can disrupt the autonomic pathways responsible for maintaining vascular tone. As a result, patients may present with bradycardia (slow heart rate) along with hypotension (low blood pressure), as the body is unable to maintain the normal responses that would otherwise counteract the effects of gravity on blood circulation. Recognizing neurogenic shock is important as it requires different management strategies compared to other types of shock, such as hypovolemic or septic shock, which are typically characterized by different underlying mechanisms. Understanding this distinction allows for timely and appropriate treatment to stabilize the patient and address the specific physiological challenges they face.

7. What does increased use of accessory muscles in a patient indicate?

- A. Improvement in respiratory function**
- B. Potential respiratory distress**
- C. Effective circulation**
- D. Neurological stability**

Increased use of accessory muscles during breathing is an important clinical indicator of potential respiratory distress. Accessory muscles are those muscles engaged during breathing that are not typically used in normal, relaxed respiration. When a patient begins to engage these muscles, it often signifies that their usual respiratory effort is insufficient to maintain adequate ventilation and gas exchange. In the context of respiratory compromise, the body recruits accessory muscles to compensate for inadequate airflow or exchange due to issues like obstruction, restrictive lung disease, or severe asthma exacerbations. This heightened effort can suggest that the patient is struggling to breathe, and immediate medical assessment and intervention may be necessary to prevent further deterioration. By recognizing the increased use of accessory muscles as a sign of potential respiratory distress, healthcare providers can initiate appropriate interventions, monitor the patient's condition, and implement treatments such as supplemental oxygen, bronchodilators, or other supportive measures to address the underlying issue. Understanding this physiological response is crucial for effective management in trauma or critical care scenarios.

8. What are two primary goals of pre-hospital trauma care?

- A. Patient comfort and detailed assessment**
- B. Stabilization of the patient and rapid transportation**
- C. Pain management and psychological support**
- D. Family notification and coordination with hospitals**

The two primary goals of pre-hospital trauma care are stabilization of the patient and rapid transportation. Stabilization is crucial as it involves assessing and managing life-threatening conditions in order to prevent further deterioration. This may include controlling bleeding, maintaining airway patency, and ensuring effective respiration and circulation. Rapid transportation is equally vital because timely access to advanced medical care can significantly improve outcomes for trauma patients. Each moment counts in trauma situations; therefore, the quicker the patient can be transported to a facility equipped to provide definitive care, the better their chances of survival and recovery. While other options might address important aspects of trauma care, they do not encapsulate the primary goals as effectively as stabilization and rapid transportation do.

9. In a male patient with hip pain after a fall, which finding is most reassuring?

- A. A normal prostate exam**
- B. Absence of abdominal distension**
- C. A normal FAST exam**
- D. Pelvic stability**

In assessing a male patient with hip pain following a fall, determining the stability of the pelvis is crucial. Pelvic stability indicates that there are no significant fractures or injuries to the pelvic bones which could lead to complications such as hemorrhage or instability requiring surgical intervention. If the pelvis is stable, it allows for more confidence in the diagnosis and management plan, suggesting that there may not be serious underlying injuries. While the other findings—such as a normal prostate exam, absence of abdominal distension, and a normal FAST (Focused Assessment with Sonography for Trauma) exam—are also valuable, they do not provide the same level of reassurance about potential life-threatening or serious injuries as pelvic stability does. For instance, a normal FAST exam is valuable in assessing for intra-abdominal bleeding, but it may still miss some injuries. Similarly, the absence of abdominal distension might suggest that there is no acute abdominal injury at that moment, but it does not address the stability of the pelvis itself. Thus, pelvic stability stands out as the most reassuring finding, as it reflects a lower risk for significant complications stemming from a potentially unstable injury.

10. What does a thorough initial assessment help to identify in trauma care?

- A. Possible allergies and medication history**
- B. Immediate life-threatening injuries and overall patient stability**
- C. Patient's social background and support system**
- D. Physical fitness level and dietary habits**

A thorough initial assessment is crucial in trauma care as it is designed to quickly identify immediate life-threatening injuries and assess the overall stability of the patient. This step is critical because trauma situations often involve a variety of potentially severe injuries that could compromise the airway, breathing, or circulation. The primary goal in trauma care is to stabilize the patient, ensuring that any critical issues are addressed promptly to improve outcomes. By focusing on immediate life-threatening conditions, healthcare providers can prioritize interventions effectively, such as addressing pneumothorax, controlling hemorrhage, or securing the airway. This rapid assessment helps guide not only the immediate treatment efforts but also informs further diagnostic and therapeutic actions based on the patient's stability and needs. While other options, such as understanding possible allergies, medication history, or social background, are important for holistic patient care, they do not take precedence in the acute phase where survival and stabilization are the primary concerns. Additionally, assessing physical fitness and dietary habits, while relevant in some contexts, is not a priority during the initial assessment phase in trauma situations.

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://traumanursecorecourse.examzify.com>

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