

Trauma Nurse Core Course (TNCC) 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. Which assessment tool is used to determine the severity of a traumatic brain injury?**
 - A. Ranchos Los Amigos Scale**
 - B. Modified Rankin Scale**
 - C. Glasgow Coma Scale**
 - D. Trauma Injury Severity Score**
- 2. In the case of a young male with severe lower abdominal pain and scrotal ecchymosis, which order should the nurse question?**
 - A. Fast exam**
 - B. CT scan**
 - C. Straight cath for urine sample**
 - D. Ice and elevation of the scrotum**
- 3. When is it appropriate to remove the cervical collar from a patient post-MVC?**
 - A. After a physical examination with no radiologic abnormalities**
 - B. After physician evaluation with no neurologic abnormalities**
 - C. After palpation of the spine with no point tenderness**
 - D. After physical examination without neck pain on movement**
- 4. For a patient in respiratory distress after a fire, what rate should fluid resuscitation start at?**
 - A. 1000 mL/hr**
 - B. 500 mL/hr**
 - C. 250 mL/hr**
 - D. 125 mL/hr**
- 5. Which of the following is a common complication of traumatic brain injury?**
 - A. Pulmonary embolism**
 - B. Hypotension**
 - C. Seizures**
 - D. Rhabdomyolysis**

- 6. What is a crucial consideration during the transport of trauma patients?**
- A. Minimizing movement of the spine to avoid further injury**
 - B. Maximizing patient comfort and reassurance**
 - C. Administering pain medication prior to transport**
 - D. Performing a complete physical assessment before leaving**
- 7. After a car accident, what negative FAST exam result can a nurse anticipate in a patient with multiple trauma?**
- A. Diagnostic peritoneal lavage**
 - B. Serial FAST exams**
 - C. Abdominal and pelvic CT scans**
 - D. Serial abdominal assessments**
- 8. Why is hypothermia a concern in trauma patients?**
- A. It leads to increased blood pressure**
 - B. It can complicate coagulopathy and affect outcomes**
 - C. It has no significant effect on trauma patients**
 - D. It promotes rapid healing of wounds**
- 9. A 35-year-old male presents with facial trauma and a tear-drop shaped left pupil. What type of injury is suspected?**
- A. Oculomotor nerve palsy**
 - B. Globe rupture**
 - C. Uncal herniation**
 - D. Retinal detachment**
- 10. How important is it to communicate with a trauma patient about their injuries?**
- A. It's not important if they are unconscious**
 - B. Essential for their emotional support and understanding**
 - C. Only required for legal reasons**
 - D. Only if the patient requests it**

Answers

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

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Explanations

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1. Which assessment tool is used to determine the severity of a traumatic brain injury?

- A. Ranchos Los Amigos Scale**
- B. Modified Rankin Scale**
- C. Glasgow Coma Scale**
- D. Trauma Injury Severity Score**

The Glasgow Coma Scale (GCS) is specifically designed to assess a patient's level of consciousness following a traumatic brain injury (TBI) and thus determine the severity of the injury. The scale evaluates three aspects of a patient's responsiveness: eye opening, verbal response, and motor response. Each category is scored, yielding a total score that ranges from 3 to 15, where lower scores indicate more severe impairment of consciousness. The GCS is widely utilized in clinical settings because it provides a quick and standardized way to gauge a patient's neurological status, enabling healthcare providers to monitor changes over time and make crucial decisions regarding management and treatment. Effective communication about a patient's condition among medical teams relies heavily on the standardized nature of the GCS score. While other assessment tools can measure different aspects of health and recovery, such as the Ranchos Los Amigos Scale (focused on cognitive recovery), the Modified Rankin Scale (used to measure disability), and the Trauma Injury Severity Score (which assesses overall trauma severity including multiple injuries), none are dedicated to specifically assessing the level of consciousness and neurological function in the context of TBI like the GCS.

2. In the case of a young male with severe lower abdominal pain and scrotal ecchymosis, which order should the nurse question?

- A. Fast exam**
- B. CT scan**
- C. Straight cath for urine sample**
- D. Ice and elevation of the scrotum**

A young male with severe lower abdominal pain and scrotal ecchymosis suggests a potential acute condition such as testicular torsion or an inguinal hernia, both of which require immediate evaluation. In this context, obtaining a urine sample through straight catheterization may not be the most appropriate initial intervention. Questioning the order for straight catheterization is justified because, in the presence of testicular torsion, it's critical to avoid unnecessary manipulation of the urethra or bladder, which could exacerbate the condition or lead to further complications. Instead, non-invasive imaging or focused examinations should take precedence to diagnose the underlying issue rapidly. In contrast, performing a FAST (Focused Assessment with Sonography for Trauma) exam is appropriate, as it can help assess for any internal bleeding or other complications. A CT scan can provide detailed imaging to rule out conditions like testicular torsion or other intra-abdominal issues, while ice and elevation of the scrotum can help alleviate swelling and manage pain, both of which are important supportive measures.

3. When is it appropriate to remove the cervical collar from a patient post-MVC?

- A. After a physical examination with no radiologic abnormalities**
- B. After physician evaluation with no neurologic abnormalities**
- C. After palpation of the spine with no point tenderness**
- D. After physical examination without neck pain on movement**

The most appropriate time to remove the cervical collar from a patient post-motor vehicle collision (MVC) involves the comprehensive assessment of the patient's condition, particularly focusing on the absence of significant injuries. Removing the cervical collar should ideally occur once a thorough physical examination has been conducted and reveals no radiologic abnormalities. Radiologic imaging, such as X-rays or CT scans, is critical in confirming that there are no fractures, dislocations, or other structural injuries to the cervical spine. This is essential because even the slightest undetected injury can lead to serious complications if the collar is removed prematurely. If the imaging confirms that the cervical spine is intact and there are no abnormalities, it is safe to remove the collar, allowing for patient comfort and facilitating further evaluation and treatment. While other options refer to neurologic evaluations, palpation, or neck movement without pain, they do not encompass the same level of thorough risk assessment that imaging results provide. Thus, relying solely on these assessments may not guarantee that the cervical spine is free from injury. Therefore, conducting a physical examination that includes imaging with no abnormalities is the most reliable indicator for collar removal.

4. For a patient in respiratory distress after a fire, what rate should fluid resuscitation start at?

- A. 1000 mL/hr**
- B. 500 mL/hr**
- C. 250 mL/hr**
- D. 125 mL/hr**

In the context of a patient in respiratory distress after a fire, fluid resuscitation is crucial, particularly if there are concerns about smoke inhalation or burn injuries. The appropriate rate for initiating fluid resuscitation in such a scenario often considers the overall condition of the patient, the extent of any burns, and the potential for fluid shifts in the setting of respiratory compromise. Starting fluid resuscitation at a rate of 500 mL/hr is generally considered appropriate in many acute settings, especially for patients who are stabilized and require ongoing reassessment. This rate allows for adequate volume replacement while also enabling the healthcare team to monitor the patient's response, adjust fluid administration based on vital signs, and assess for any signs of fluid overload. Given that the patient has experienced a traumatic event, the importance of careful monitoring cannot be overstated. A rate of 500 mL/hr strikes a balance between being sufficiently aggressive to prevent dehydration and maintaining safety for the patient in respiratory distress. It allows clinicians to maintain vigilance regarding the patient's hemodynamic status and adjust as clinically indicated. Establishing an appropriate fluid resuscitation rate is a vital component of managing trauma patients effectively, especially those with potential smoke inhalation where fluid management can significantly affect outcomes.

5. Which of the following is a common complication of traumatic brain injury?

- A. Pulmonary embolism**
- B. Hypotension**
- C. Seizures**
- D. Rhabdomyolysis**

Seizures are a well-known complication that can arise from traumatic brain injury (TBI). The brain may be left vulnerable following trauma, leading to disruption in normal electrical activity and increasing the likelihood of seizure activity. Post-traumatic seizures can occur immediately after the injury or can develop days to weeks later as a consequence of the traumatic event. This association is particularly notable in cases of significant brain injury where structural changes may provoke seizures. Understanding the context of TBI complications is essential. While pulmonary embolism, hypotension, and rhabdomyolysis can also occur in trauma patients, they are not directly linked to the brain injury itself. Pulmonary embolism typically relates to prolonged immobility or clotting disorders, hypotension may arise from shock or hemorrhage, and rhabdomyolysis is more commonly associated with muscle injury rather than brain trauma. Thus, recognizing seizures as a direct complication of TBI underscores the need for vigilant neurological monitoring in trauma care settings.

6. What is a crucial consideration during the transport of trauma patients?

- A. Minimizing movement of the spine to avoid further injury**
- B. Maximizing patient comfort and reassurance**
- C. Administering pain medication prior to transport**
- D. Performing a complete physical assessment before leaving**

A crucial consideration during the transport of trauma patients is minimizing movement of the spine to avoid further injury. This principle is fundamental in trauma care as spinal injuries can lead to significant and potentially permanent damage if the spine is improperly mobilized during transport. Ensuring spinal immobilization, typically using a backboard or a cervical collar, helps in stabilizing the patient and reducing the risk of exacerbating any existing spinal cord injuries. In trauma situations, patients may have sustained injuries hidden from immediate visibility, including fractures or instability in the vertebral column. Therefore, maintaining spinal alignment during transport is essential to protect the patient's neurological function and prevent complications. This focus on spinal motion restriction aligns with the broader goal of trauma care, which is to stabilize the patient and facilitate safe and effective transfer to definitive treatment settings. Other considerations, while important, do not carry the same immediate criticality in the context of spinal injury risk. For example, maximizing patient comfort and reassurance is significant for overall care but is secondary to ensuring the safety of the spine. Similarly, while administering pain medication and performing a complete physical assessment are beneficial practices, they must not compromise the principle of minimal movement of the spine during transport. Therefore, the priority remains on preventing any additional injury, particularly to the

7. After a car accident, what negative FAST exam result can a nurse anticipate in a patient with multiple trauma?

- A. Diagnostic peritoneal lavage**
- B. Serial FAST exams**
- C. Abdominal and pelvic CT scans**
- D. Serial abdominal assessments**

In a patient with multiple trauma following a car accident, a negative FAST (Focused Assessment with Sonography for Trauma) exam result indicates that there are no immediate signs of significant intra-abdominal bleeding detected via ultrasound. However, the choice regarding diagnostic peritoneal lavage is pertinent because, despite a negative FAST, the patient's clinical status may warrant further exploration, especially if they exhibit ongoing signs of shock or deteriorating vital signs. Diagnostic peritoneal lavage can be indicated in this scenario as it is a more invasive procedure used to determine if there is intra-abdominal injury that may not have been captured by the FAST exam. This technique involves introducing fluid into the abdominal cavity and analyzing it for blood, which can confirm or rule out significant intraperitoneal hemorrhage. This option aligns with the complex nature of trauma assessment, as reliance solely on a negative FAST may overlook significant injuries. The context of multiple trauma suggests a high risk for internal injuries that may not be evident without further diagnostic measures. Therefore, a nurse needs to be aware that additional methods like peritoneal lavage might be necessary even if the initial FAST suggests no immediate concerns.

8. Why is hypothermia a concern in trauma patients?

- A. It leads to increased blood pressure**
- B. It can complicate coagulopathy and affect outcomes**
- C. It has no significant effect on trauma patients**
- D. It promotes rapid healing of wounds**

Hypothermia is a significant concern in trauma patients primarily because it can complicate coagulopathy and adversely affect outcomes. When a patient experiences hypothermia, their body temperature drops, which can lead to impaired clotting functions. Decreased body temperature can reduce the effectiveness of coagulation factors and platelets, making it more difficult for the body to form clots. This is particularly critical in trauma situations where bleeding may already be a major concern. The loss of temperature regulation can hasten the progression of trauma-associated coagulopathy, increasing the risk for hemorrhage and negatively impacting the patient's prognosis. In severe cases, this can culminate in a lethal triad of coagulopathy, acidosis, and hypothermia, which can lead to poorer outcomes and increased mortality rates. Therefore, maintaining normothermia is essential in the management of trauma patients to ensure optimal coagulation and overall recovery. Options that suggest increased blood pressure, no significant effects, or rapid healing are not aligned with the recognized implications of hypothermia in trauma care and do not reflect the critical nature of managing a patient's body temperature in these situations.

9. A 35-year-old male presents with facial trauma and a tear-drop shaped left pupil. What type of injury is suspected?

A. Oculomotor nerve palsy

B. Globe rupture

C. Uncal herniation

D. Retinal detachment

In cases of facial trauma where a tear-drop shaped pupil is observed, the most likely concern is globe rupture. This characteristic pupil shape is often referred to as a "teardrop pupil" and indicates potential damage to the eye's structures, specifically the globe, which is the eyeball itself. When there is an injury that causes globe rupture, there's usually associated loss of intraocular contents, resulting in the abnormal shape of the pupil. Globe rupture can happen due to blunt trauma or penetrating objects that exert force on the eye, leading to its compromise. The teardrop shape occurs primarily due to the displacement of the iris as a result of the injury, typically in conjunction with other signs of ocular trauma, such as the presence of vitreous hemorrhage or hyphema. Recognizing a tear-drop pupil is crucial in assessing ocular trauma, as it often necessitates urgent intervention to preserve vision and manage complications. It is vital for trauma nurses and healthcare providers to quickly identify this sign and take appropriate action to evaluate and treat the injury, which underscores the severity of the situation.

10. How important is it to communicate with a trauma patient about their injuries?

A. It's not important if they are unconscious

B. Essential for their emotional support and understanding

C. Only required for legal reasons

D. Only if the patient requests it

Communicating with a trauma patient about their injuries is essential for several reasons, particularly for emotional support and understanding. When patients are informed about their condition, it helps them feel more in control of their situation, alleviating feelings of anxiety and fear that often accompany trauma. Even if a patient is unconscious, providing clear communication to their family and loved ones can help them process the situation and give them an opportunity to offer support. Moreover, communicating details about injuries can aid in the patient's understanding of their care plan. This involvement is crucial in facilitating a cooperative patient-provider relationship, which can lead to better overall outcomes. Understanding their current condition and treatment helps foster trust and can greatly enhance the therapeutic alliance, encouraging the patient to participate actively in their recovery. Additionally, being transparent about injuries and treatment options aligns with ethical standards in healthcare, promoting informed consent when the patient is capable of participating in decision-making. This conversation can also contribute to diminishing feelings of helplessness, providing a sense of reassurance in what is likely a disorienting experience. While legal considerations and patient requests might play a role in communication strategies, the primary focus should consistently be on the emotional well-being of the patient and their need for information.

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!