

Trauma Nursing Core Course (TNCC) 9th Edition Provider 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

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- 1. What is a common physiological response to a traumatic brain injury?**
 - A. Hypertension**
 - B. Bradycardia**
 - C. Increased intracranial pressure**
 - D. Hyperventilation**
- 2. What is the first step in managing a patient who is suspected to have a spinal cord injury?**
 - A. Administer corticosteroids**
 - B. Stabilize the spine**
 - C. Assess for abdominal injuries**
 - D. Initiate IV fluids**
- 3. After a pedestrian is thrown by a car and shows a decrease in their Glasgow Coma Scale from 13 to 9, what is the priority nursing intervention?**
 - A. Perform a head-to-toe assessment**
 - B. Notify the provider of the change**
 - C. Administer pain medication**
 - D. Initiate IV fluids**
- 4. What is a key indicator of internal bleeding in trauma patients?**
 - A. Sudden onset of fever**
 - B. Pain and swelling in the abdomen**
 - C. Visible bruising on the skin**
 - D. Increased heart rate and low blood pressure**
- 5. In managing a patient who was shot multiple times and shows signs of shock, which strategy should the nurse anticipate?**
 - A. Fluid restriction**
 - B. Massive transfusion**
 - C. Immediate surgery**
 - D. Administer IV analgesics**

6. What is the best practice for managing suspected spinal injuries in trauma patients?

- A. Immediate surgery for stabilization**
- B. Manual stabilization of the head and neck**
- C. Encouraging movement for assessment**
- D. Application of heat packs**

7. What does the "ABCDE" approach to airway management include?

- A. Assessment of airway patency, ensuring adequate breathing, controlling circulation, examining disability, and exposing the patient**
- B. Assessment of blood type, ensuring optimal hydration, controlling pain, examining consciousness, and documenting**
- C. Airway control, checking pulse, breathing support, caring for open wounds, and evaluating neurologic status**
- D. Airway management, frequent reassessment, pain relief, wound care, and patient education**

8. A 5-year-old child presents with bruises and burns in various stages of healing. What is the priority nursing intervention?

- A. Document the injuries**
- B. Report suspicion of maltreatment according to local regulations**
- C. Ensure the child receives immediate medical care**
- D. Contact the child's parents for history**

9. What finding raises suspicion of a complete spinal cord injury in a trauma patient?

- A. Urinary incontinence**
- B. Weak motor function**
- C. Intact reflexes**
- D. Upper extremity strength**

10. In a case of uncontrolled bleeding from a wound to the right upper extremity, what is the priority intervention?

- A. Apply direct pressure to the wound**
- B. Apply a tourniquet above the injury**
- C. Notify the surgical team**
- D. Elevate the limb**

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Answers

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

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Explanations

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1. What is a common physiological response to a traumatic brain injury?

- A. Hypertension**
- B. Bradycardia**
- C. Increased intracranial pressure**
- D. Hyperventilation**

In the context of a traumatic brain injury (TBI), increased intracranial pressure (ICP) is a common physiological response. TBIs can lead to swelling of the brain, bleeding, or other complications that cause a rise in the volume of contents within the cranial cavity, subsequently increasing the pressure exerted on the brain. This can compromise cerebral blood flow, leading to further neurological damage and potentially life-threatening situations. Monitoring and managing ICP is crucial in the care of patients with TBIs, as elevated levels can lead to herniation and other serious complications. Recognizing increased ICP is vital for appropriate management of TBI patients and often involves interventions such as elevating the head of the bed, administering diuretics, or considering surgical options to relieve pressure. Understanding this response helps nursing professionals recognize signs of deterioration in patients with head injuries and respond effectively.

2. What is the first step in managing a patient who is suspected to have a spinal cord injury?

- A. Administer corticosteroids**
- B. Stabilize the spine**
- C. Assess for abdominal injuries**
- D. Initiate IV fluids**

The first step in managing a patient suspected of having a spinal cord injury is to stabilize the spine. This is crucial because improper movement can exacerbate the injury and lead to further neurological damage. When a spinal cord injury is suspected, it is essential to maintain spinal alignment and prevent any additional strain on the spinal structures. This typically involves using manual stabilization techniques or applying a cervical collar and other supportive devices. By ensuring the spine is stabilized, healthcare providers can minimize the risk of worsening the injury while additional assessments and interventions are performed. It is a fundamental tool in the initial management that helps in preserving neurological function and is a key principle of trauma care. In trauma situations, prioritizing spinal stability is critical and forms the basis for subsequent evaluations and treatments.

3. After a pedestrian is thrown by a car and shows a decrease in their Glasgow Coma Scale from 13 to 9, what is the priority nursing intervention?

- A. Perform a head-to-toe assessment**
- B. Notify the provider of the change**
- C. Administer pain medication**
- D. Initiate IV fluids**

When a patient's Glasgow Coma Scale (GCS) score decreases from 13 to 9, this signifies a potential progression in neurological impairment, which can be indicative of a serious injury such as a traumatic brain injury. The GCS is a critical tool in assessing a patient's level of consciousness and neurological status, and a drop in score suggests that the patient may be deteriorating. The priority nursing intervention in this scenario is to notify the provider of the change in the patient's condition. This prompt communication is essential because a significant decrease in GCS can necessitate immediate evaluation and intervention by a healthcare provider. The provider may need to adjust the patient's care plan or initiate further diagnostic imaging, such as a CT scan, to assess for intracranial bleeding or other complications. Early notification can be critical in managing potential life-threatening situations. While other interventions like performing a head-to-toe assessment and administering IV fluids are important aspects of trauma management, they are not the immediate priority when there is a concerning change in neurological status. Administering pain medication is typically not appropriate without determining the patient's neurological status and overall condition, as it could further complicate assessment and management if the patient is at risk for changes in their level of consciousness.

4. What is a key indicator of internal bleeding in trauma patients?

- A. Sudden onset of fever**
- B. Pain and swelling in the abdomen**
- C. Visible bruising on the skin**
- D. Increased heart rate and low blood pressure**

The key indicator of internal bleeding in trauma patients is the combination of increased heart rate and low blood pressure. This particular combination signifies a physiological response to significant blood loss and hypovolemia. When internal bleeding occurs, the body attempts to compensate for the reduced circulating blood volume by increasing the heart rate to maintain adequate tissue perfusion. Concurrently, the drop in blood pressure reflects the decreased volume of blood available to circulate, highlighting a critical condition that requires immediate attention. In trauma situations, monitoring vital signs is crucial, as changes in heart rate and blood pressure can indicate shock, which often results from internal bleeding. This physiological response can occur even before external signs, such as visible bruising or pain, become apparent, making it an essential indicator for healthcare providers assessing trauma patients. Additionally, the presence of pain and swelling in the abdomen could suggest internal injuries, but it does not have the same urgency as the vital sign changes, which indicate cardiovascular compromise. Visible bruising may also indicate bleeding, but it is more external and not as reliable for diagnosing internal bleeding on its own. Thus, the assessment of increased heart rate and low blood pressure provides critical information for early identification and intervention in trauma patients suspected of internal bleeding.

5. In managing a patient who was shot multiple times and shows signs of shock, which strategy should the nurse anticipate?

- A. Fluid restriction**
- B. Massive transfusion**
- C. Immediate surgery**
- D. Administer IV analgesics**

In the case of a patient who has sustained multiple gunshot wounds and is exhibiting signs of shock, the anticipated strategy is to initiate massive transfusion. This approach is crucial because patients experiencing hemorrhagic shock due to traumatic injuries often lose a significant volume of blood, leading to a critical need for rapid volume replacement to restore hemodynamic stability. Massive transfusion protocols aim to quickly replace lost blood components, particularly red blood cells, fresh frozen plasma, and platelets. The goal is to address coagulopathy and maintain adequate perfusion to vital organs. Rapid administration of these blood products can significantly improve survival rates in trauma patients who are in shock. Fluid restriction is not appropriate in this scenario, as the primary concern is to replenish lost blood volume. While immediate surgery may be necessary for definitive management of hemorrhagic sources, the stabilization of the patient's hemodynamic status takes precedence, and this is often facilitated through the process of massive transfusion. Administering IV analgesics could be part of overall comfort management, but it does not directly address the immediate life-threatening condition of shock resulting from severe blood loss. Thus, massive transfusion is the most critical and appropriate intervention in this situation.

6. What is the best practice for managing suspected spinal injuries in trauma patients?

- A. Immediate surgery for stabilization**
- B. Manual stabilization of the head and neck**
- C. Encouraging movement for assessment**
- D. Application of heat packs**

Manual stabilization of the head and neck is essential in managing suspected spinal injuries in trauma patients. This practice is important because it helps prevent further injury to the spinal cord and surrounding structures. By maintaining alignment and minimizing any movement of the head and neck, healthcare providers reduce the risk of exacerbating a potential spinal cord injury, which could lead to increased morbidity. In trauma situations, where spinal injuries may not be immediately visible, rapid assessment and intervention are critical. Manual stabilization can be achieved by having trained personnel hold the head and neck in a neutral position until further evaluation and imaging can be performed. This ensures that if there is indeed an injury, it is less likely to worsen due to unnecessary movement. Other interventions listed lack the immediate protective benefits against further injury. For example, while immediate surgery may be necessary later in some cases, it is not a first-line action due to the potential instability involved in transporting a patient without proper neck stabilization. Encouraging movement could lead to significant harm if a spinal injury is present, as it may provoke spinal cord damage or worsen the injury. The application of heat packs is inappropriate, as increased blood flow and warmth could lead to complications if there are underlying injuries, particularly involving fractures or hemorrhages. Emphasizing manual stabilization

7. What does the "ABCDE" approach to airway management include?

- A. Assessment of airway patency, ensuring adequate breathing, controlling circulation, examining disability, and exposing the patient**
- B. Assessment of blood type, ensuring optimal hydration, controlling pain, examining consciousness, and documenting**
- C. Airway control, checking pulse, breathing support, caring for open wounds, and evaluating neurologic status**
- D. Airway management, frequent reassessment, pain relief, wound care, and patient education**

The "ABCDE" approach to airway management is a systematic and efficient method used in trauma care to assess and provide immediate intervention for patients. It is designed to prioritize and address critical aspects of patient management in emergency situations. The first component, airway patency, involves assessing whether the airway is open and unobstructed. This is crucial because without a clear airway, the patient cannot breathe effectively, jeopardizing oxygenation. Next, ensuring adequate breathing involves evaluating the patient's respiration, including the effectiveness and rate of breathing. The third element, controlling circulation, focuses on managing blood flow and recognizing any signs of shock, which can arise from significant blood loss or trauma. Examining disability involves a quick assessment of the patient's neurological status, determining their level of consciousness and identifying any potential head or spinal injuries that could affect their overall condition. Finally, exposing the patient is essential to fully assess their injuries, while also being mindful of their privacy and warmth. This structured approach helps guide trauma nurses and other healthcare providers in prioritizing interventions based on the patient's immediate needs, ultimately improving outcomes in critically injured patients.

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8. A 5-year-old child presents with bruises and burns in various stages of healing. What is the priority nursing intervention?

- A. Document the injuries**
- B. Report suspicion of maltreatment according to local regulations**
- C. Ensure the child receives immediate medical care**
- D. Contact the child's parents for history**

The priority nursing intervention in this scenario is to report the suspicion of maltreatment according to local regulations. When a child presents with suspicious injuries, such as bruises and burns in various stages of healing, it is critical to ensure the child's safety and well-being. Reporting is a mandated action for healthcare providers when there is reasonable suspicion of abuse or neglect. By reporting the concern, the nurse activates the appropriate protective measures and allows trained professionals, such as child protective services, to investigate and intervene if necessary. This step is crucial for protecting the child from potential further harm and ensuring they receive the appropriate support and care. The child's immediate safety must be prioritized above other considerations, which is why reporting suspected maltreatment is the correct action. While documenting the injuries is important, it serves as a part of the overall assessment rather than being the immediate priority. Ensuring the child receives medical care is also vital, but if maltreatment is suspected, addressing the safety concern takes precedence. Contacting the child's parents for history could provide useful information; however, it may also compromise the investigation or the child's safety, particularly if the parents are involved in the suspected maltreatment. Thus, reporting the suspicion aligns with protective protocols and prioritizes the child's health and safety.

9. What finding raises suspicion of a complete spinal cord injury in a trauma patient?

- A. Urinary incontinence**
- B. Weak motor function**
- C. Intact reflexes**
- D. Upper extremity strength**

Urinary incontinence is a significant finding that raises suspicion of a complete spinal cord injury. In the case of a complete spinal cord injury, there is a total disruption of neural pathways below the level of injury, which can lead to a loss of voluntary control over bladder function. This results in urinary incontinence, as the affected individual cannot control when urine is released. Additionally, the loss of sensation and motor control below the injury level is characteristic of a complete injury, further supporting this finding as a critical indicator of such a condition. In contrast, weak motor function can be present in cases of incomplete spinal cord injuries, where some movement is preserved. Intact reflexes may also occur in patients with incomplete injuries, indicating that reflex arcs are still functioning even if voluntary motor control is lost. Upper extremity strength can be maintained due to the involvement of different nerve pathways that may not be compromised in the same manner as lower faculties, so it does not necessarily indicate a complete injury. Therefore, the presence of urinary incontinence is the most indicative finding for a complete spinal cord injury.

10. In a case of uncontrolled bleeding from a wound to the right upper extremity, what is the priority intervention?

- A. Apply direct pressure to the wound**
- B. Apply a tourniquet above the injury**
- C. Notify the surgical team**
- D. Elevate the limb**

In the context of uncontrolled bleeding from a wound, applying direct pressure to the wound is crucial for several reasons. Direct pressure acts as an immediate response to control bleeding by compressing the blood vessels and helping to create a clot at the site of injury. This intervention is often the first step in managing traumatic bleeding and is vital in stabilizing the patient before any further actions are taken. While a tourniquet can be an effective method for controlling severe hemorrhaging, it is typically reserved for cases where direct pressure has failed, or when the injury is particularly severe and life-threatening. Direct pressure has proven to be effective in many situations and is less invasive initially than applying a tourniquet. Notifying the surgical team and elevating the limb can be important steps in the overall management plan of the patient, but they should follow immediate bleeding control measures like direct pressure. Elevation alone can sometimes be insufficient in stopping severe bleeding, and the surgical team's involvement is typically not the leading priority in the moment of a bleeding emergency; immediate control of the bleeding takes precedence. Thus, applying direct pressure is recognized as the initial and paramount intervention in cases of uncontrolled bleeding, making it the most appropriate choice in this scenario.

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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://tncc9theprovider.examzify.com>

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

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