

Trauma Nursing Core Course (TNCC) 9th Edition Provider 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

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- 1. What is the initial step in managing a trauma patient with suspected internal bleeding?**
 - A. Administering prescription medications**
 - B. Immediate surgical intervention**
 - C. Monitoring vital signs**
 - D. Performing a thorough physical exam**

- 2. What is the priority nursing intervention for a patient with a lower extremity fracture complaining of severe pain and tightness in the calf?**
 - A. Administer pain medication**
 - B. Elevate the leg to the level of the heart**
 - C. Apply compression bandages**
 - D. Encourage ambulation**

- 3. In a case of penetrating chest injury, which finding is most consistent with an injury to the diaphragm?**
 - A. Absence of breath sounds on the affected side**
 - B. Bowel sounds heard in the lower left chest**
 - C. Subcutaneous emphysema**
 - D. Decreased oxygen saturation**

- 4. What is the priority intervention for a patient presenting after a 25-foot fall with paradoxical chest wall movement?**
 - A. Initiate IV fluid resuscitation**
 - B. Airway and ventilation support**
 - C. CT scan of the chest**
 - D. Analgesia for pain management**

- 5. Why is blood type matching critical in trauma care?**
 - A. To decrease recovery time**
 - B. To prevent transfusion reactions during massive blood transfusions**
 - C. To determine the need for surgical intervention**
 - D. To lower the risk of infection**

6. What physiologic change occurs during the third trimester that impacts airway management in trauma patients?

- A. Increased alveolar dead space**
- B. Decreased respiratory rate**
- C. Increased oxygen demand**
- D. Decreased tidal volume**

7. What is a key consideration when assessing abdominal trauma?

- A. Presence of bruising only**
- B. Signs of peritonitis, such as tenderness and guarding**
- C. Patient's ability to move their legs**
- D. Measurement of blood pressure**

8. Which of the following is considered a late sign of increased intracranial pressure?

- A. Headache**
- B. Decreased respiratory effort**
- C. Bradycardia**
- D. Hypertension**

9. What is the primary action to take when managing a patient with suspected spinal injury?

- A. Administer pain medication**
- B. Immobilize the spine with a cervical collar and backboard**
- C. Perform a neurological assessment**
- D. Initiate intravenous fluid resuscitation**

10. What type of injury is suspected in a 35-year-old male with facial trauma and a teardrop-shaped left pupil?

- A. Orbital fracture**
- B. Globe rupture**
- C. Corneal abrasion**
- D. Retinal detachment**

Answers

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

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Explanations

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1. What is the initial step in managing a trauma patient with suspected internal bleeding?

- A. Administering prescription medications**
- B. Immediate surgical intervention**
- C. Monitoring vital signs**
- D. Performing a thorough physical exam**

In managing a trauma patient with suspected internal bleeding, monitoring vital signs is crucial as it provides immediate insight into the patient's hemodynamic status. Vital signs, including blood pressure, heart rate, respiratory rate, and oxygen saturation, serve as vital indicators of the patient's response to potential hypovolemia due to internal bleeding. Abrupt changes in these parameters can indicate that the patient may be in shock, guiding the urgency and type of further interventions needed. By establishing a baseline of vital signs, healthcare professionals can assess for trends over time, identify any deterioration early, and determine the need for immediate interventions. This initial assessment is critical before moving on to more invasive procedures, medications, or definitive surgical options. Understanding the patient's condition through vital signs is foundational to prioritizing care effectively and ensuring timely responses to changes in clinical status.

2. What is the priority nursing intervention for a patient with a lower extremity fracture complaining of severe pain and tightness in the calf?

- A. Administer pain medication**
- B. Elevate the leg to the level of the heart**
- C. Apply compression bandages**
- D. Encourage ambulation**

In the context of a lower extremity fracture with the patient experiencing severe pain and tightness in the calf, the priority nursing intervention is to elevate the leg to the level of the heart. This intervention is crucial for several reasons. Elevating the leg helps reduce swelling and promote venous return, which can alleviate pressure in the affected area. Pain and tightness in the calf may indicate potential complications such as compartment syndrome, where increased pressure within the muscle compartments can lead to jeopardized blood flow and tissue damage. By elevating the leg, you can help mitigate these risks by improving circulation and reducing edema, potentially preventing secondary complications associated with the fracture. While administering pain medication is important for managing the patient's discomfort, it does not address the underlying issues that could lead to severe complications. Compression bandages, while helpful in some contexts, should be used cautiously in cases where swelling and tightness are present, as improper compression could exacerbate conditions like compartment syndrome. Encouraging ambulation is typically inappropriate immediately following a fracture, especially in the presence of severe pain and potential vascular concerns. In summary, elevating the leg serves as an effective initial measure to promote healing, reduce complications, and manage the symptoms associated with both the fracture and the pain the patient.

3. In a case of penetrating chest injury, which finding is most consistent with an injury to the diaphragm?

- A. Absence of breath sounds on the affected side**
- B. Bowel sounds heard in the lower left chest**
- C. Subcutaneous emphysema**
- D. Decreased oxygen saturation**

In cases of penetrating chest injury, the presence of bowel sounds in the lower left chest is a distinctive finding that indicates a possible diaphragm injury. The diaphragm separates the thoracic cavity from the abdominal cavity, and an injury that allows abdominal contents, such as bowel, to move into the thoracic cavity is referred to as a diaphragmatic rupture. This movement can lead to the abnormal appearance of bowel sounds in the chest, which would otherwise not be expected. Other findings mentioned, such as absence of breath sounds, subcutaneous emphysema, and decreased oxygen saturation, can occur with various types of chest injuries but are not specifically indicative of a diaphragm injury. Bowel sounds, on the other hand, are a direct result of the diaphragm's integrity being compromised, underscoring the significance of this finding in diagnosing diaphragmatic injuries.

4. What is the priority intervention for a patient presenting after a 25-foot fall with paradoxical chest wall movement?

- A. Initiate IV fluid resuscitation**
- B. Airway and ventilation support**
- C. CT scan of the chest**
- D. Analgesia for pain management**

In the context of a patient who has experienced a significant trauma, such as a 25-foot fall, and presents with paradoxical chest wall movement, the priority intervention is airway and ventilation support. Paradoxical chest movement often indicates that the patient may have a flail chest, which can compromise respiratory function by impairing the ability of the lungs to expand and contract effectively. This condition leads to inadequate ventilation and can result in hypoxia and respiratory failure. Airway management is critical in trauma cases to ensure that the patient is receiving adequate oxygenation. If the airway is compromised due to altered consciousness from the fall or from injury to the chest, securing the airway is paramount. Additionally, providing ventilation support, either through bag-valve-mask ventilation or intubation, if necessary, ensures that the patient can adequately breathe despite potential thoracic injuries. While fluid resuscitation is important in trauma with suspected hemorrhagic shock and imaging studies are necessary to assess internal injuries, immediate airway management takes precedence to prevent further deterioration of the patient's respiratory status. Pain management also plays a significant role in patient care; however, if the patient cannot breathe effectively due to a compromised airway or ventilation, addressing pain becomes secondary. Thus, airway and ventilation support is the priority.

5. Why is blood type matching critical in trauma care?

- A. To decrease recovery time
- B. To prevent transfusion reactions during massive blood transfusions**
- C. To determine the need for surgical intervention
- D. To lower the risk of infection

Blood type matching is crucial in trauma care primarily to prevent transfusion reactions during massive blood transfusions. When a patient requires a blood transfusion, particularly in trauma situations where rapid replacement of lost blood is necessary, ensuring compatibility between the donor and recipient blood types minimizes the risk of adverse reactions. Incompatible blood transfusions can lead to severe immunological responses, wherein the recipient's immune system attacks the transfused blood cells. This can result in hemolytic transfusion reactions, which can cause serious complications such as kidney failure, shock, and even death. By adhering to strict blood type matching protocols, healthcare providers can significantly enhance patient safety, particularly in critical settings like trauma care where the speed of treatment is vital. While other factors such as recovery time and infection risk are important considerations in patient care, they are not the primary reasons for the emphasis on blood type matching in trauma situations. Surgical interventions may be necessary based on other clinical findings rather than blood type compatibility. Thus, the focus on matching blood types primarily aims to prevent the potentially life-threatening consequences of transfusion reactions.

6. What physiologic change occurs during the third trimester that impacts airway management in trauma patients?

- A. Increased alveolar dead space
- B. Decreased respiratory rate
- C. Increased oxygen demand**
- D. Decreased tidal volume

During the third trimester of pregnancy, a notable physiologic change is the increased oxygen demand that occurs to support both the mother and the growing fetus. This heightened demand for oxygen is primarily due to the metabolic needs of the fetus and the increased workload on the mother's body, necessitating greater respiratory effort and oxygen uptake. In terms of airway management for trauma patients, this increased oxygen demand is crucial to consider. Pregnant patients require prompt identification and management of their airway to ensure adequate oxygenation. Failure to address this increased demand can lead to hypoxia, especially in the context of trauma where physiological reserves may already be compromised. Additionally, in the third trimester, anatomical changes such as diaphragm elevation and changes in lung capacity can also influence airway management strategies. Therefore, understanding the increased oxygen demand in this stage of pregnancy emphasizes the importance of careful monitoring and immediate management of the airway in trauma care.

7. What is a key consideration when assessing abdominal trauma?

- A. Presence of bruising only**
- B. Signs of peritonitis, such as tenderness and guarding**
- C. Patient's ability to move their legs**
- D. Measurement of blood pressure**

When assessing abdominal trauma, a key consideration is the presence of signs of peritonitis, which includes tenderness and guarding. These signs indicate irritation of the peritoneum, which is crucial as they may suggest underlying injuries such as organ lacerations or perforations. Tenderness refers to pain experienced upon palpation of the abdomen, while guarding is an involuntary reaction where the abdominal muscles tense and tighten to protect a painful area. Detecting these signs is vital for identifying the need for further evaluation and potential surgical intervention, as peritonitis can lead to serious complications if not addressed promptly. Other factors, such as bruising, can be important but may not provide a complete picture of the internal injuries present.

Assessing a patient's ability to move their legs could give information about neurological function or associated injuries, but it is not a direct indicator of the abdominal trauma itself. Measurement of blood pressure is essential for evaluating the overall hemodynamic status of the patient, but it does not specifically address abdominal injuries. Therefore, identifying signs of peritonitis is a crucial aspect of the assessment in cases of potential abdominal trauma.

8. Which of the following is considered a late sign of increased intracranial pressure?

- A. Headache**
- B. Decreased respiratory effort**
- C. Bradycardia**
- D. Hypertension**

Decreased respiratory effort is indeed a concerning sign that can indicate increased intracranial pressure (ICP), particularly in late stages. As ICP rises significantly, it can lead to herniation of brain tissue, which impacts the area responsible for regulating respiratory functions. Specifically, pressure on the brainstem, where vital respiratory centers are located, can result in diminished or irregular respiratory effort. This signifies a critical deterioration in the patient's neurological status and requires immediate medical intervention. Increased ICP is often associated with a progression of symptoms that may start with more subtle signs, such as headache, and can escalate to marked changes in vital signs like bradycardia and hypertension. While these are also important indicators to monitor in relation to ICP, they may present earlier in the evolution of raised pressure. Decreased respiratory effort, on the other hand, tends to arise when the condition is becoming more severe and the brain's ability to protect vital functions is compromised. Thus, it is crucial for practitioners to recognize this late sign as part of the overall assessment and to respond appropriately to prevent further complications.

9. What is the primary action to take when managing a patient with suspected spinal injury?

- A. Administer pain medication**
- B. Immobilize the spine with a cervical collar and backboard**
- C. Perform a neurological assessment**
- D. Initiate intravenous fluid resuscitation**

When managing a patient with a suspected spinal injury, the primary action is to immobilize the spine using a cervical collar and a backboard. This is essential for preventing further injury to the spinal cord and surrounding structures. Immediate immobilization helps reduce the risk of movement that could exacerbate the injury, potentially leading to severe neurological damage or paralysis. The use of a cervical collar stabilizes the cervical spine and minimizes movement of the head and neck, while a backboard provides support and maintains the alignment of the entire spine. This approach is crucial in the initial management of such injuries, ensuring that the patient is safely transported to a medical facility while minimizing the risk of further harm. Other interventions, such as pain medication and neurological assessments, may be important but are not the immediate priority. Pain management is essential in the overall care but should not take precedence over stabilization. Performing a neurological assessment is also important for determining the extent of injury but should be done after securing the patient's spine to avoid movements that could worsen the situation. Initiating intravenous fluid resuscitation may become important if there's associated hemorrhagic shock or other complications, but it does not address the fundamental need for spinal stabilization first.

10. What type of injury is suspected in a 35-year-old male with facial trauma and a teardrop-shaped left pupil?

- A. Orbital fracture**
- B. Globe rupture**
- C. Corneal abrasion**
- D. Retinal detachment**

In the context of facial trauma, a teardrop-shaped pupil is a clinical sign that raises suspicion for globe rupture. When the eye's integrity is compromised, such as in cases of blunt trauma, the contents of the eye can be exposed to external pressure or may even protrude through any openings created by the injury. The characteristic teardrop pupil results from the distortion of the iris due to the trauma and subsequent rupture of the eye wall, leading to irregularities in the shape of the pupil. In addition to recognizing the significance of the shape of the pupil, it's essential to consider the mechanism of injury typical for globe ruptures, often associated with direct impact or penetrating trauma. Immediate recognition and intervention are critical in preventing further damage and preserving vision. While other injuries such as corneal abrasions or retinal detachments can produce symptoms related to vision and ocular discomfort, they don't typically result in a teardrop pupil. An orbital fracture might present with different signs, such as diplopia or infraorbital numbness, but would not lead to the same alteration in pupil morphology as seen in globe rupture.

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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