



TCRN Trauma Nurse Practice 202

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Practice Questions

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1. Which of the following patients are at the lowest risk for complications after a compound fracture?

- A. Patients with poor nutritional status
- B. Patients with compromised immune systems
- C. Patients who are taking corticosteroids
- D. Patients with a history of diabetes

2. Which of the following is not a factor that increases the risk of infection in a burn wound?

- A. Prolonged hospitalization
- B. The presence of superficial burns
- C. The presence of eschar
- D. Poor nutritional status of the patient

3. Which of the following statements is accurate regarding patients with electrical burns?

- A. Electrical burns do not affect the cardiac system
- B. Electrical burns can cause internal injuries without significant external damage
- C. Electrical burns always produce significant external burns
- D. Electrical burns only affect the skin and not internal organs

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4. A patient is brought to the ER with a segmental fracture of the right femur. What type of force is most likely to cause this type of fracture?

- A. Axial compression
- B. Shear
- C. Torsion
- D. Bending



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5. An elderly patient presents with a severe tibial fracture following a motor vehicle collision. For how many days after the injury should the trauma nurse remain vigilant for signs of developing compartment syndrome?

- A. 3 days
- B. 12 hours
- C. 24 hours
- D. 1 week

6. A 52-year-old male construction worker fell from a height and was pinned under heavy machinery for an extended period, sustaining a crush injury to his right arm. Upon examination, the right arm has extensive soft tissue damage and compromised circulation. What is the most likely necessary treatment for this type of injury?

- A. Only skin grafts on the injured areas
- B. Both muscle and skin grafts over the injured areas
- C. This injury is fatal; only comfort care measures are needed
- D. Amputation of the extremity

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7. Which of the following conditions is least likely to contribute to secondary cervical spine injury?

- A. Ischemia
- B. Edema
- C. Hypothermia
- D. Hypotension

8. A 30-year-old male construction worker falls from a height of 10 feet while working on scaffolding. He lands directly on his feet. Based on the mechanism of injury, which of the following vertebrae is most likely to be injured?

- A. S4
- B. T2
- C. C4
- D. L1



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9. What is the most critical initial step in the management of a patient with a neck stab wound?

- A. Control of bleeding
- B. Preventing infection
- C. Assessment of neurological deficits
- D. Airway management

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10. A nurse is evaluating a 25-year-old male who was elbowed in the throat during a basketball game. Which of the following findings one hour after the injury is not consistent with a minor throat trauma?

- A. Mild hoarseness
- B. Slight pain swallowing
- C. Minor bruising
- D. Difficulty breathing

11. Damage to the cribriform plate would most likely be expected with which of the following fractures?

- A. Le Fort III
- B. Mandibular fracture
- C. Le Fort II
- D. Le Fort I

12. An unconscious patient arrives at the emergency department following a severe head injury that resulted in a basal skull fracture. What clinical signs should the trauma nurse assess for to confirm this diagnosis?

- A. Battle's sign, Raccoon eyes, CSF rhinorrhea, CSF otorrhea
- B. Ipsilateral pupil dilation, decreased level of consciousness, babinski sign
- C. Contraindications of dizziness, balance issues, nausea
- D. Facial muscle weakness, high blood pressure, ringing in ears

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13. Which of the following statements is not true regarding the administration of hypertonic saline in patients with traumatic brain injury?

- A. Hypertonic saline requires careful monitoring of serum sodium and osmolality levels
- B. Hypertonic saline can cause vein irritation if administered peripherally
- C. The mechanism of beneficial action for hypertonic saline is well understood
- D. Hypertonic saline should be given through a central line whenever possible

14. When managing a pediatric trauma patient, it is essential to recognize normal physiological differences compared to adults. Which of the following respiratory parameters is least affected by age in children?

- A. Tidal volume
- B. Respiratory rate
- C. Oxygen saturation
- D. Lung compliance

15. A geriatric patient with head trauma has a normal initial CT scan. Which of the following interventions is best for this patient?

- A. Monitor the patient in the hospital and get an order for an MRI
- B. Discharge the patient with instructions to return if symptoms worsen
- C. Perform a repeat CT scan in 24 hours
- D. Transfer the patient to a long-term care facility

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16. A 29-year-old male with a history of epilepsy is brought to the emergency department after experiencing a severe head trauma in a bicycle accident without wearing a helmet. Which of the following is a consideration for this patient?

- A. The benefits of wearing a helmet are negligible for epileptic patients
- B. Seizure management is not affected by head trauma
- C. The risk of seizure activity may increase due to head trauma
- D. Head trauma in epileptic patients does not increase the risk of seizures

17. An elderly patient presents with signs of physical abuse. The trauma nurse understands that which of the following is true for elderly patients?

- A. Elderly patients are less likely to be abused due to their age.
- B. Elderly patients are only at risk for financial abuse.
- C. Abuse of elderly patients is extremely rare and unlikely to be encountered in clinical practice.
- D. Elderly patients are at higher risk for abuse by caregivers.



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18. Which laboratory value should be monitored closely in a patient with severe crush injuries to anticipate complications?

- A. Blood Urea Nitrogen (BUN)
- B. Myoglobin
- C. Creatine Kinase
- D. Lactate

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19. A patient recovering from a spinal cord injury (SCI) is able to independently perform daily activities and return to their previous level of employment. How would this patient be described using the ASIA Impairment Scale?

- A. ASIA B
- B. ASIA C
- C. ASIA E
- D. ASIA A

20. Which of the following conditions is least likely to be a common complication in pediatric patients who experience a traumatic injury?

- A. Deep vein thrombosis (DVT)
- B. Internal bleeding
- C. Fractures
- D. Traumatic brain injury (TBI)

21. In a mass casualty incident, which age group is most likely to have the highest mortality rate?

- A. 15 years old to 25 years old
- B. 25 years old to 45 years old
- C. 45 years old to 65 years old
- D. 75 years old to 85 years old

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22. During which phase of trauma care is the patient's ability to manage chronic pain most assessed?

- A. Rehabilitation phase
- B. Reintegration phase
- C. Critical care phase
- D. Resuscitation phase

23. Which of the following is not recommended at the bedside of a patient with a chest tube?

- A. An occlusive dressing
- B. A bottle of sterile water
- C. A manual resuscitator bag with a face mask
- D. A pair of chest tube clamps

24. A patient falls from a 40-foot ladder and lands directly on their buttocks. What type of spine injury is likely to occur?

- A. Hyperextension injury
- B. This will not cause a spine injury
- C. Axial loading injury
- D. Rotational injury

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25. The nurse is assessing a trauma patient for the development of abdominal compartment syndrome. At what intra-abdominal pressure is medical intervention typically indicated to prevent this condition?

- A. 12 mm Hg
- B. 20 mm Hg
- C. 2 mm Hg
- D. 7 mm Hg

26. Which of the following findings is most indicative of severe abdominal trauma?

- A. Rebound tenderness
- B. Periumbilical ecchymosis (Cullen's sign)
- C. Absent bowel sounds
- D. Hematuria



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27. What is the correct formula to calculate the estimated bladder pressure (EBP) using intraperitoneal pressure (IPP) and abdominal wall compliance (AWC)?

- A. $\frac{IPP + (2 \times AWC)}{3}$
- B. $\frac{2 \times IPP + AWC}{3}$
- C. $2 \times \frac{IPP + AWC}{3}$
- D. $\frac{3 \times IPP + AWC}{2}$

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28. Which of the following findings is most unlikely in a patient with a ruptured spleen?

- A. Left upper quadrant pain
- B. Hypotension
- C. Referred pain to the left shoulder (Kehr's sign)
- D. Muffled heart sounds

29. A trauma nurse is assisting a patient who is an expectant mother and has just experienced a miscarriage. The patient's spouse requests that a religious ritual be performed for the lost fetus. The nurse understands that contacting a clergy to perform this ritual will help to alleviate which of the following forms of psychological stress injury?

- A. Fatigue injury
- B. Moral injury
- C. Grief injury
- D. Trauma injury

30. A trauma nurse observes a colleague documenting a patient's vital signs inaccurately in an extremely busy emergency department. Which ethical principle should prompt the trauma nurse to address this documentation error?

- A. Justice
- B. Veracity
- C. Autonomy
- D. Beneficence



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Answer Key & Explanations

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1. D — Patients with a history of diabetes

Answer: Patients with a history of diabetes Several factors increase a patient's risk of complications after a compound fracture. These include poor nutritional status, a compromised immune system, and taking medications like corticosteroids. Patients with diabetes may face challenges in healing but are at the lowest risk compared to those with the other conditions described.

2. B — The presence of superficial burns

Answer: The presence of superficial burns Superficial burns, while painful, generally do not significantly increase the risk of infection. They affect only the outermost layer of skin and typically heal without complications. The presence of eschar can create an environment conducive to bacterial growth. Poor nutritional status of the patient and prolonged hospitalization also increases the risk of infection developing.

3. B — Electrical burns can cause internal injuries without significant external damage

Answer: Electrical burns can cause internal injuries without significant external damage Electrical burns can lead to significant internal injuries such as muscle damage, nerve damage, and organ injuries without obvious external signs on the skin. It is crucial to monitor patients with electrical burns for potential cardiac arrhythmias and other internal complications.

4. A — Axial compression

Answer: Axial compression Axial compression forces are applied along the axis of the bone, often resulting in segmental fractures when the bone is compressed internally. Shear forces involve sliding actions that occur in parallel planes, causing different fracture patterns. Torsion forces involve twisting, potentially leading to spiral fractures. Bending forces refer to an application that causes compression on one side and tension on the other, producing transverse or oblique fractures.

5. A — 3 days

Answer: 3 days The risk of compartment syndrome is highest within the first 72 hours (3 days) following the injury due to the potential for swelling and increased pressure within the muscle compartments. After this period, the likelihood of compartment syndrome decreases significantly.

6. D — Amputation of the extremity

Answer: Amputation of the extremity Crush injuries that lead to extensive soft tissue damage, compromised circulation, and potential nerve involvement often necessitate amputation due to the severity of the damage and limited efficacy of grafts in such cases. While amputation might be necessary, it is not likely to be fatal if treated with amputation, as opposed to attempting skin and/or muscle grafts, which are generally ineffective for extensive crush injuries.

7. C — Hypothermia

Answer: Hypothermia Secondary injuries to the cervical spine can occur after an initial trauma and can exacerbate the primary injury. Hypotension, ischemia, and edema can all contribute to secondary cervical spine injury. Hypothermia, however, is less likely to contribute and may even have a protective effect.



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**8. D — L1**

Answer: L1 Vertical compression injuries often occur in individuals who land on their feet from significant heights. The impact force travels upward through the legs and pelvis, frequently causing fractures in the lumbar vertebrae due to the axial load. L1 is the most commonly affected vertebra in such scenarios. L1 is part of the upper lumbar spine, which is susceptible to injury due to the vertical compression forces.

9. D — Airway management

Answer: Airway management In cases of neck trauma, particularly with a stab wound, the most critical initial step is to ensure the airway is secure and not compromised, as airway obstruction is a life-threatening condition. While controlling bleeding is crucial, it follows after airway management. Infection prevention is important for long-term care but not immediately life-threatening. Assessing neurological deficits is also essential but secondary to ensuring airway patency.

10. D — Difficulty breathing

Answer: Difficulty breathing Difficulty breathing is not expected with minor throat trauma and could indicate a more severe injury such as airway obstruction or a significant laryngeal injury. Mild hoarseness, slight pain swallowing, and minor bruising are common findings with minor throat trauma.

11. C — Le Fort II

Answer: Le Fort II A Le Fort II fracture is a pyramidal fracture that extends from the nasal bone through the infraorbital rims, lacrimal bones, and can reach the cribriform plate. This fracture pattern leads to proximity with the cribriform plate. A Le Fort I fracture, also known as a horizontal maxillary fracture, does not involve the cribriform plate. A Le Fort III fracture, a craniofacial disjunction, extends higher and involves the orbital walls and zygomatic arches, but not primarily the cribriform plate. A mandibular fracture is related to the lower jaw and does not affect the cribriform plate.

12. A — Battle's sign, Raccoon eyes, CSF rhinorrhea, CSF otorrhea

Answer: Battle's sign, Raccoon eyes, CSF rhinorrhea, CSF otorrhea Basal skull fractures often result in certain hallmark signs due to the anatomical location of the injury. Battle's sign refers to bruising behind the ears, while Raccoon eyes indicate bruising around the eyes. Cerebrospinal fluid (CSF) rhinorrhea and CSF otorrhea are indicative of CSF leakage from the nose and ears, respectively.

13. C — The mechanism of beneficial action for hypertonic saline is well understood

Answer: The mechanism of beneficial action for hypertonic saline is well understood The mechanism of action for hypertonic saline is not completely understood, similar to mannitol. Current understanding suggests that hypertonic saline reduces intracranial pressure by creating an osmotic gradient that draws water out of brain cells and into the bloodstream. Hypertonic saline solutions must be administered with care to avoid complications. They should ideally be given through a central line because peripheral administration can cause vein irritation or infiltration. It is crucial to monitor serum sodium and osmolality levels when administering hypertonic saline to prevent hyponatremia and other electrolyte imbalances.

14. A — Tidal volume

Answer: Tidal volume Tidal volume generally remains stable across different ages in children when adjusted for body size. Respiratory rate varies significantly with age, being higher in younger children and decreasing as they grow older. Oxygen saturation is an important indicator that should be consistently high but can be influenced by various conditions, including age-related respiratory efficiency. Lung compliance can also change with age due to developmental and anatomical changes in the lungs.



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15. A — Monitor the patient in the hospital and get an order for an MRI

Answer: Monitor the patient in the hospital and get an order for an MRI Head injuries in geriatric patients can sometimes present with subtle or delayed symptoms, and a normal CT scan initially does not rule out significant injuries. An MRI can provide more detailed imaging to identify potential complications such as hemorrhage or brain lesions that may not be visible on a CT scan. Hospital monitoring allows for immediate intervention if the patient's condition deteriorates.

16. C — The risk of seizure activity may increase due to head trauma

Answer: The risk of seizure activity may increase due to head trauma Head trauma can act as a precipitating factor for seizures in patients with a history of epilepsy. The mechanical force on the brain during trauma can disrupt neuronal functions, potentially increasing the frequency and severity of seizures. Wearing a helmet significantly reduces the risk of head injury and consequently the risk of triggering seizure activity in epileptics.

17. D — Elderly patients are at higher risk for abuse by caregivers.

Answer: Elderly patients are at higher risk for abuse by caregivers. Statistics show that elderly patients have a higher likelihood of suffering from abuse, particularly by their caregivers. Abuse can be physical, emotional, or financial. It is crucial for healthcare professionals to be aware of these risks and to take appropriate measures to safeguard elderly patients.

18. C — Creatine Kinase

Answer: Creatine Kinase Severe crush injuries can lead to rhabdomyolysis, where muscle breakdown products such as creatine kinase are released into the bloodstream. Elevated levels of creatine kinase can indicate muscle damage and potential kidney injury. Lactate, BUN, and myoglobin are also relevant but not as critical initially as creatine kinase in assessing the extent of muscle damage in these patients.

19. C — ASIA E

Answer: ASIA E The ASIA Impairment Scale is used to classify the severity of spinal cord injuries. The scale ranges from A to E: A - Complete: No motor or sensory function is preserved in the sacral segments S4-S5. B - Incomplete: Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5. C - Incomplete: Motor function is preserved below the neurological level, and more than half of key muscles below the neurological level have a muscle grade less than 3. D - Incomplete: Motor function is preserved below the neurological level, and at least half of key muscles below the neurological level have a muscle grade of 3 or more. E - Normal: Motor and sensory functions are normal. Therefore, a patient who can independently perform daily activities and return to their previous level of employment would be classified as ASIA E.

20. A — Deep vein thrombosis (DVT)

Answer: Deep vein thrombosis (DVT) Deep vein thrombosis (DVT) is uncommon in pediatric patients who suffer from traumatic injuries. DVT typically occurs in the adult population or children with specific risk factors (e.g., congenital thrombophilia). In contrast, complications such as internal bleeding, fractures, and traumatic brain injury (TBI) are more prevalent in pediatric trauma cases.

21. D — 75 years old to 85 years old

Answer: 75 years old to 85 years old. Older adults tend to have higher mortality rates in mass casualty incidents due to factors such as pre-existing health conditions and frailty, making it harder for them to survive severe injuries.



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**22. B — Reintegration phase**

Answer: Reintegration phase There are four main phases of trauma care. These include: 1. Resuscitation phase: Immediate stabilization after trauma. 2. Critical care and intermediate care phase: Full medical stabilization is the focus. 3. Rehabilitation phase: The patient regains as much normal function as possible. 4. Reintegration phase: The patient resumes post-trauma life. Chronic pain will be addressed in the rehab phase, but the patient's ability to manage it independently becomes crucial during the reintegration phase, as they learn to live with and adapt to their long-term condition.

23. C — A manual resuscitator bag with a face mask

Answer: A manual resuscitator bag with a face mask A manual resuscitator bag with a face mask is typically kept at the bedside of a patient with a tracheostomy tube but not for a patient with a chest tube. For a patient with a chest tube, it is recommended to keep a pair of chest tube clamps, an occlusive dressing, and a bottle of sterile water at the bedside.

24. C — Axial loading injury

Answer: Axial loading injury Impact absorbed by the buttocks will be transferred up the spine, which can cause an axial loading injury. This type of injury is due to energy being applied along the axis of the spine. Rotational injury occurs when one end of the spine is twisted relative to the other end, and hyperextension injury is caused when the head is thrown back too far.

25. B — 20 mm Hg

Answer: 20 mm Hg Medical intervention is typically indicated when intra-abdominal pressure reaches 20 mm Hg to prevent abdominal compartment syndrome. Intra-abdominal pressures in the range of 2 to 7 mm Hg are considered normal, while pressures of 12 mm Hg indicate the onset of intra-abdominal hypertension.

26. B — Periumbilical ecchymosis (Cullen's sign)

Answer: Periumbilical ecchymosis (Cullen's sign) Cullen's sign is characterized by periumbilical ecchymosis, which typically indicates retroperitoneal or intra-abdominal bleeding due to high-force trauma. While absent bowel sounds can be related to abdominal trauma, they are nonspecific. Hematuria may be present with trauma but does not specifically indicate the severity, and rebound tenderness indicates peritoneal irritation but is not as specific as Cullen's sign for severe injury.

27. A — $\frac{IPP + (2 \times AWC)}{3}$

Answer: $\frac{IPP + (2 \times AWC)}{3}$ The correct calculation for EBP is $\frac{IPP + (2 \times AWC)}{3}$. EBP estimation takes into account the intraperitoneal pressure and the compliance of the abdominal wall, and provides a better estimate of the actual bladder pressure.

28. D — Muffled heart sounds

Answer: Muffled heart sounds Muffled heart sounds are commonly associated with cardiac tamponade, not with a ruptured spleen. Findings consistent with a ruptured spleen include left upper quadrant pain, hypotension, and referred pain to the left shoulder (Kehr's sign).

29. B — Moral injury

Answer: Moral injury Moral injury is caused by inner conflict due to behaviors or witnessing behaviors that violate moral values. The patient's spouse may experience moral injury if the religious ritual is not performed. Grief injury is caused by the loss of cherished people, things, or parts of one's self. Grief injury is likely to occur due to the loss of the fetus, regardless of whether the religious ritual is performed or not. Fatigue injury describes a psychological stress injury caused by the accumulation of stress over time without sufficient rest



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and recovery. Trauma injury is caused by the experience of death, provoking terror, horror, or helplessness.

30. B — Veracity

Answer: Veracity The principle of veracity involves truth-telling and honesty. The trauma nurse should correct the documentation error to ensure that the patient's medical records are accurate and truthful. Autonomy refers to allowing individuals to make their own decisions. Beneficence involves doing good and promoting the well-being of others. Justice involves treating others fairly and equitably.



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