

Trauma Certified Registered Nurse Detailed Content Outline



of Items

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I.	Clir	nical Practice: Head and Neck	29
	A. B.	Neurologic trauma 1. Traumatic brain injuries 2. Spinal injuries Maxillofacial and neck trauma 1. Facial fractures 2. Ocular trauma 3. Neck trauma	
II.		nical Practice: Trunk	36
	A. B. C. D.	Thoracic trauma 1. Chest wall injuries 2. Pulmonary injuries 3. Cardiac injuries 4. Great vessel injuries Abdominal trauma 1. Hollow organ injuries 2. Solid organ injuries 3. Diaphragmatic injuries 4. Retroperitoneal injuries Genitourinary trauma Obstetrical trauma (pregnant patients)	
III.		nical Practice: Extremity and Wound	25
	A. B.	Musculoskeletal trauma 1. Vertebral injuries 2. Pelvic injuries 3. Compartment syndrome 4. Amputations 5. Extremity fractures 6. Soft-tissue injuries Surface and burn trauma 1. Chemical burns 2. Electrical burns 3. Thermal burns 4. Inhalation injuries	
IV.		nical Practice: Special Considerations	22
	A. B.	 Hypovolemic Obstructive (e.g., tamponade, tension pneumothorax) Distributive (e.g., neurogenic, septic) Cardiogenic 	



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V. (Continuum	of Care	for Trauma

21

- A. Injury prevention
- B. Pre-hospital care
- C. Patient safety (e.g., fall prevention)
- D. Patient transfer
 - 1. Intrafacility (within a facility, across departments)
 - 2. Interfacility (from one facility to another)
- E. Forensic issues
 - 1. Evidence collection
 - 2. Chain of custody
- F. End-of-life issues
 - 1. Organ/tissue donation
 - 2. Advanced directives
 - 3. Family presence
 - 4. Palliative care
- G. Rehabilitation (discharge planning)

VI. Professional Issues

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- A. Trauma quality management
 - 1. Performance improvement
 - 2. Outcomes follow-up and feedback (e.g., referring facilities, EMS)
 - 3. Evidence-based practice
 - 4. Research
 - 5. Mortality/morbidity reviews
- B. Staff safety (e.g., standard precautions, workplace violence)
- C. Disaster management (i.e., preparedness, mitigation, response, and recovery)
- D. Critical incident stress management
- E. Regulations and standards
 - 1. HIPAA
 - 2. EMTALA
 - 3. Designation/verification (e.g., trauma center/trauma systems)
- F. Education and outreach for interprofessional trauma teams, and the public
- G. Trauma registry (e.g., data collection)
- H. Ethical issues

Total Scored Items

150

For Categories I through IV, items will also be classified according to Nursing Process, distributed approximately as follows:

18% Assessment 31% Analysis 31% Implementation 20% Evaluation For Categories V and VI, items will also be classified according to the Cognitive Level expected to be used by candidates, distributed approximately as follows:

21% Recall 61% Application 18% Analysis Examination forms will include unscored pretest items (n=25), candidates will be allowed three hours of testing time.

Testable Tasks

I. Assessment

- 1. Establish mechanism of injury
- 2. Assess, intervene and stabilize patients with immediate life-threatening conditions
- 3. Assess pain
- 4. Assess for adverse drug and blood reactions
- 5. Obtain complete patient history
- 6. Obtain a complete physical evaluation
- 7. Use Glascow Coma Scale to evaluate patient status
- 8. Assist with Focused Abdominal Sonography for Trauma (FAST) examination
- 9. Calculate burn surface area
- 10. Assessment not otherwise specified

II. Analysis

- 1. Provide appropriate response to diagnostic test results
- 2. Prepare equipment that might be needed by the team
- 3. Identify the need for diagnostic tests
- 4. Determine the plan of care
- 5. Identify desired patient outcomes
- 6. Determine the need to transfer to a higher level of care
- 7. Determine the need for emotional or psychosocial support
- 8. Analysis not otherwise specified

III. Implementation

- 1. Incorporate age-specific needs for patient population served
- 2. Respond with decisiveness and clarity to unexpected events
- 3. Demonstrate knowledge of pharmacology
- 4. Assist with or perform the following procedures:
 - a. Chest tube insertion
 - b. Arterial line insertion
 - c. Central line insertion
 - d. Compartment syndrome monitoring devices
 - i. Abdominal
 - ii. Extremity
 - e. Doppler
 - f. End-tidal CO2
 - g. Temperature control devices (e.g., warming and cooling)
 - h. Pelvic stabilizer
 - i. Immobilization devices
 - j. Tourniquets
 - k. Surgical airway insertion
 - I. Intraosseous needles
 - m. ICP monitoring devices
 - n. Infusers:
 - i. Autotransfusion
 - ii. Fluid
 - iii. Blood and blood products
 - o. Needle decompression

- p. Fluid resuscitation
 - i. Burn fluid resuscitation
 - ii. Hypertonic solution
 - iii. Permissive hypotension
 - iv. Massive transfusion protocol (MTP)
- q. Pericardiocentesis
- r. Bedside open thoracotomy
- 5. Manage patients who have had the following procedures
 - a. Chest tube
 - b. Arterial lines
 - c. Central lines
 - d. Compartment syndrome monitoring devices:
 - i. Abdominal
 - ii. Extremity
 - e. End-tidal CO2
 - f. Temperature control devices (e.g., warming and cooling)
 - g. Pelvic stabilizer
 - h. Immobilization devices
 - i. Tourniquets
 - j. Surgical airway
 - k. Intraosseous needles
 - I. ICP monitoring devices
 - m. Infusers:
 - i. Fluid
 - ii. Blood and blood products
 - n. Needle decompression
 - o. Fluid resuscitation:
 - i. Burn fluid resuscitation
 - ii. Hypertonic solution
 - iii. Permissive hypotension
 - iv. Massive transfusion protocol (MTP)
 - p. Pericardiocentesis
- 6. Manage patients' pain relief by providing
 - a. pharmacologic interventions
 - b. non-pharmacologic interventions
- 7. Manage patient sedation and analgesia
- 8. Manage tension pneumothorax
- 9. Manage burn resuscitation
- 10. Manage Increased abdominal pressure
- 11. Provide complex wound management (e.g., ostomies, drains, wound VAC, open abdomen)
- 12. Implementation not otherwise specified

IV. Evaluation

- 1. Evaluate patients' response to interventions
- 2. Monitor patient status and report findings to the team
- 3. Adapt the plan of care as indicated
- 4. Evaluation not otherwise specified

V. Continuum of Care

- 1. Monitor or evaluate for opportunities for program or system improvement
- 2. Ensure proper placement of patients
- 3. Restore patient to optimal health
- 4. Collect, analyze, and use data:
 - a. to improve patient outcomes
 - b. for benchmarking
 - c. to decrease incidence of trauma
- 5. Coordinate the multidisciplinary plan of care
- 6. Continuum of Care not otherwise specified

VI. Professional Issues

- 1. Adhere to regulatory requirements related to:
 - a. Infectious diseases
 - b. Hazardous materials
 - c. Verification/designation
 - d. Confidentiality
- 2. Follow standards of practice
- 3. Involve family in:
 - a. Patient care
 - b. Teaching/discharging planning
- 4. Recognize need for social/protective service consults
- 5. Provide information to patient and family regarding community resources
- 6. Address language and cultural barriers
- 7. Participate in and promote lifelong learning related to new developments and clinical advances
- 8. Act as an advocate (e.g., for patients, families, and colleagues) related to ethical, legal, and psychosocial issues
- 9. Provide trauma patients and their families with psychosocial support
- 10. Assess methods continuously to improve patient outcomes
- 11. Assist in maintaining the performance improvement programs
- 12. Participate in multi-disciplinary rounds
- 13. Professional Issues not otherwise specified