



<div> <b>BOARD OF CERTIFICATION FOR EMERGENCY NURSING</b> <i>Excellence. Achievement. Impact.</i></div>		Total items
<b>Trauma Certified Registered Nurse (TCRN®)</b> <b>Examination Content Outline</b>		
<b>1. Clinical Practice: Head and Neck</b>		<b>31</b>
<b>A. Neurologic trauma</b>		
1. Traumatic brain injuries		
2. Spinal cord injuries		
3. Secondary injury prevention		
<b>B. Maxillofacial and neck trauma</b>		
1. Facial fractures		
2. Ocular trauma		
3. Neck trauma		
<b>2. Clinical Practice: Trunk and Pelvis</b>		<b>38</b>
<b>A. Thoracic trauma</b>		
1. Chest wall injuries		
2. Pulmonary injuries		
3. Cardiac injuries		
4. Great vessel injuries		
<b>B. Abdominal trauma</b>		
1. Hollow organ injuries		
2. Solid organ injuries		
3. Diaphragmatic injuries		
4. Retroperitoneal injuries		
<b>C. Pelvic and Genitourinary trauma</b>		
1. Fracture patterns		
2. Vascular injuries		
3. Bladder and urethral injuries		
<b>3. Clinical Practice: Musculoskeletal and Wound</b>		<b>13</b>
<b>A. Vertebral injuries</b>		
<b>B. Extremity injuries</b>		
1. Compartment syndrome		
2. Amputations		
3. Extremity fractures		
4. Soft-tissue injuries		
5. Dislocations		
<b>4. Special Populations</b>		<b>22</b>
<b>A. Geriatric</b>		
<b>B. Pediatric</b>		
<b>C. Pregnant patients</b>		
<b>D. Burn patients</b>		
1. Chemical burns (any body part, including the eye)		
2. Electrical burns		
3. Thermal burns		
4. Inhalation injuries		

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<b>E. Bariatric</b> <b>F. Victims of violence</b>	
<ol style="list-style-type: none"> <li>1. Intimate partner violence</li> <li>2. Child abuse</li> <li>3. Elder abuse</li> <li>4. Human trafficking</li> <li>5. Evidence collection and preservation</li> <li>6. Chain of custody</li> <li>7. Patients with intentional self-inflicted injuries</li> </ol>	
<b>G. Comorbidities and pre-existing conditions</b> <b>H. Substance use disorder</b>	
<b>5. Continuum of Care for Trauma</b>	<b>36</b>
<b>A. Resuscitation</b>	
<ol style="list-style-type: none"> <li>1. Primary survey</li> <li>2. Secondary survey</li> <li>3. Blood administration/massive transfusion</li> <li>4. Coagulant therapy</li> <li>5. Damage control</li> <li>6. Trauma diamond of death</li> <li>7. Pre-intubation optimization (e.g., apneic oxygenation, medications)</li> </ol>	
<b>B. Shock</b>	
<ol style="list-style-type: none"> <li>1. Hypovolemic</li> <li>2. Obstructive (e.g., tamponade, tension pneumothorax)</li> <li>3. Distributive (e.g., neurogenic, septic)</li> <li>4. Cardiogenic</li> </ol>	
<b>C. Acute care</b>	
<ol style="list-style-type: none"> <li>1. Reassessment</li> <li>2. Consequences of resuscitation (e.g., TRALI, TACO)</li> <li>3. Tertiary exam</li> </ol>	
<b>D. Complications and hospital events</b>	
<ol style="list-style-type: none"> <li>1. Disease states (e.g., ARDS, AKI, stroke/CVA)</li> <li>2. Infections (e.g., CLABSI, CAUTI, VAP, surgical site infection, sepsis)</li> <li>3. Delirium, falls and withdrawal</li> </ol>	
<b>E. Psychosocial issues related to trauma (e.g., trauma-informed care)</b>	
<b>F. Rehabilitation and multi-disciplinary care (PT, OT, Speech, Dietary)</b>	
<b>G. End-of-life</b>	
<ol style="list-style-type: none"> <li>1. Organ/tissue donation</li> <li>2. Advanced directives</li> <li>3. Family presence</li> <li>4. Palliative care</li> <li>5. Brain death</li> </ol>	
<b>H. Injury prevention</b>	
<b>I. Pre-hospital care</b>	

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<b>J. Patient transfer</b> <ol style="list-style-type: none"> <li>Intrafacility (within a facility, across departments)</li> <li>Interfacility (from one facility to another)</li> </ol>	
<b>K. Discharge planning</b> <ol style="list-style-type: none"> <li>Patient/Family education</li> <li>Complications or barriers</li> <li>Home readiness (e.g., safety concerns, transition of care)</li> </ol>	
<b>6. Professional Practice</b>	<b>10</b>
<b>A. Disaster management</b> <ol style="list-style-type: none"> <li>Triage (e.g., MCI, Disaster Planning/Emergency Preparedness)</li> <li>Decontamination</li> </ol>	
<b>B. Trauma quality improvement</b> <ol style="list-style-type: none"> <li>Performance improvement               <ol style="list-style-type: none"> <li>Over and under triage</li> <li>Missed injuries/delay in diagnosis</li> <li>Mortality/morbidity reviews</li> </ol> </li> <li>Trauma registry (e.g., data collection)</li> <li>Outcomes follow-up and feedback (e.g., referring facilities, EMS)</li> <li>Evidence-based practice (e.g., best practice guidelines)</li> <li>Debriefing/team support</li> </ol>	
<b>C. Patient safety</b> <ol style="list-style-type: none"> <li>Patient handoff (e.g., SBAR)</li> <li>Event reporting</li> </ol>	
<b>D. Regulations and standards</b> <ol style="list-style-type: none"> <li>HIPAA/privacy</li> <li>EMTALA</li> <li>Workplace violence</li> <li>Designation/verification (e.g., trauma center/trauma systems)               <ol style="list-style-type: none"> <li>Injury prevention</li> <li>Community outreach</li> </ol> </li> </ol>	
<b>Overall Total</b>	<b>150</b>

## Testable Tasks

### 1. Assessment

- A. Establish mechanism of injury
- B. Assess, intervene and stabilize patients with immediate life-threatening conditions
- C. Assess pain
- D. Assess for adverse drug and blood reactions
- E. Obtain complete patient history
- F. Obtain a complete physical evaluation
- G. Use Glasgow Coma Scale to evaluate patient status
- H. Assist with diagnostic testing such as X-Ray, CT scan and POCUS (point of care ultra sound)
- I. Calculate burn surface area
- J. Hemodynamic monitoring

### 2. Analysis

- A. Provide appropriate response to diagnostic test results (laboratory and/or radiological)
- B. Prepare equipment that might be needed by the team
- C. Identify the need for diagnostic tests
- D. Determine the plan of care
- E. Identify desired patient outcomes
- F. Determine the need to transfer to a higher level of care
- G. Determine the need for emotional or psychosocial support
- H. Hemodynamic monitoring

### 3. Implementation

- A. Incorporate age-specific needs for patient population served
- B. Respond with decisiveness and clarity to unexpected events
- C. Demonstrate knowledge of pharmacology
- D. Assist with, perform or manage the following procedures:
  - 1. Airway management
  - 2. Surgical airway
  - 3. End-tidal CO<sub>2</sub>
  - 4. Chest decompression
    - a. Needle decompression
    - b. Finger thoracostomy
    - c. Tube thoracostomy
  - 5. Hemodynamic monitoring devices (e.g., arterial line, SCV02)
  - 6. Central line insertion
  - 7. Intraosseous needles
  - 8. Volume resuscitation and bleeding control
    - a. Burn fluid resuscitation
    - b. Hypertonic solution
    - c. Permissive hypotension
    - d. Massive transfusion protocol (MTP)
    - e. Autologous blood recovery system
    - f. Whole blood and component therapy
    - g. Hypocalcemia
    - h. Tranexamic acid (TXA)
    - i. Factor replacement
    - j. Thromboelastography (TEG) and rotational thromboelastometry (ROTEM)
  - 9. Tourniquets
  - 10. Pelvic stabilizer
  - 11. Pericardiocentesis

12. Bedside open thoracotomy
13. Resuscitative endovascular balloon occlusion of the aorta (REBOA)
14. Compartment syndrome monitoring devices
  - a. Abdominal
  - b. Extremity
15. Temperature control devices (e.g., warming and cooling)
16. Immobilization devices
17. ICP monitoring devices
18. Dialysis such as CRRT (continuous renal replacement therapy), SLED (Sustained Low efficiency dialysis), intermittent HD (hemodialysis).
19. ECMO (Extracorporeal membrane oxygenation)
- E. Manage patients' pain and sedation by providing
  1. pharmacologic interventions
  2. non-pharmacologic interventions
- F. Provide complex wound management
  1. Open abdomen
  2. Amputations and mangled extremity
  3. Open fractures
  4. Burn and road rash
  5. Degloving, avulsion, lacerations

#### **4. Evaluation**

- A. Evaluate patient response to interventions
- B. Monitor patient status, interpret, and report findings to the team
- C. Adapt the plan of care as indicated

#### **5. Continuum of Care**

- A. Ensure proper level of care for injured patients
- B. Facilitate patient reentry and rehabilitation
- C. Coordinate and participate in the multidisciplinary plan of care
- D. Involve patient and family in care, teaching, discharge planning and provide access to community resources
- E. Recognize need for social/protective service consults
- F. Provide trauma patients and their families with psychosocial support
- G. Screen for mental health disorders and substance use and misuse
- H. Assess for comorbidities and complications and implement prevention strategies

#### **6. Professional Issues**

- A. Monitor, implement, and evaluate for opportunities for improvement related to:
  1. patient outcomes
  2. trauma programs
  3. trauma systems
- B. Understand and participate in maintaining-the performance improvement programs
- C. Collect, analyze, and use data for the purpose of:
  1. improving patient outcomes
  2. benchmarking
  3. decreasing incidence of trauma
- D. Research
- E. Adhere to regulatory requirements related to trauma center verification/designation
- F. Participate in and promote continuing competency
- G. Act as an advocate (e.g., for patients, families, and colleagues) related to ethical, legal, cultural, and psychosocial issues