

## TCRN Sample Questions

The following 10 sample questions are presented to demonstrate the format used on the TCRN exam and how questions reflect the nursing process. These sample questions are not intended to reflect the difficulty of the actual questions on the TCRN exam. The preferred response is indicated in boldface type.

1. The nurse is caring for a patient who was thrown from a horse and has a decreased level of consciousness, decorticate posturing and hyperthermia. These findings are consistent with

- A. **diffuse axonal injury**
- B. subdural hematoma.
- C. Epidural hematoma.
- D. Intracerebral hematoma.

2. A patient who has a chest tube continues to have decreased breath sounds on the affected side and asymmetrical chest wall movement with each breath. The nurse notes a large amount of bubbling in the water seal chamber and subcutaneous air from the neck to the abdomen. The nurse should suspect

- A. pneumothorax progressing to a tension pneumothorax.
- B. multiple rib fractures and a flail chest.
- C. hollow organ injury.
- D. tracheobronchial tree injury.

3. A patient who is 36 weeks pregnant was a restrained driver in a high-speed motor vehicle crash on the driver's side. Assessment reveals abdominal pain, uterine tenderness on palpation, and rising fundal height. Vital signs are:

BP 84/40 mmHg  
HR 136 beats/min

The nurse should be concerned about

- A. vena cava syndrome.
- B. placenta previa.
- C. uterine rupture.
- D. **abruptio placentae.**

4. INITIAL intervention for a patient who has rhabdomyolysis consists of

- A. initiation of IV hypertonic saline solution.
- B. treatment of hypokalemia as needed.
- C. **hydration with a urine output goal of 100 mL/hour.**
- D. urine alkalization with calcium chloride.

5. Secondary injury prevention efforts impact

- A. **reduction in the severity of the injury that occurred.**
- B. prevention of the occurrence of the injury.
- C. improvement in the outcomes related to the traumatic injury.
- D. development of safety measures related to traumatic injury.

6. Patient entry into the trauma care system begins

- A. prior to injury.
- B. **at the time of injury.**
- C. with transfer to a trauma center.
- D. on arrival at the emergency department

7. A data review reveals inconsistencies in the transfer of evidence to law enforcement personnel after collection by the trauma service. A policy should be instituted in which evidence is

- A. sent to the hospital laboratory.
- B. collected only in the presence of the nursing supervisor.
- C. stored at the nurses' station.
- D. **placed in a locked, secure location.**

8. A trauma center has an over-triage rate of 50% and an under-triage rate of 15%. These numbers have an

- A. under-triage rate that is too low.
- B. over-triage rate that is too high.
- C. **under-triage rate that is too high.**
- D. over-triage rate that is too low.

9. According to the American College of Surgeons, which of the following patient care report findings would be considered under-triaged if activated with a limited tier of trauma team response, rather than a highest level/full team response?

- A. Glasgow Coma Scale (GCS) score of 14
- B. death in another vehicle at the scene
- C. over 20 inches of intrusion into the occupant's side of the vehicle
- D. **paradoxical chest wall movement**

10. Uncontrolled bleeding continues after manual pressure is applied to the artery proximal to a deep forearm laceration. Which of the following interventions should the nurse anticipate NEXT?

- A. circumferential elastic bandage
- B. gauze dressing with manual pressure
- C. **application of a tourniquet**
- D. applying a splint to the extremity