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Pre Test -Compiled: February 2009

Pre-Test

Test number: _____
(Assigned by Instructor)

EMERGENCY NURSES ASSOCIATION

NOTE: TO BE USED AS THE TNCC REVERIFICATION PRE-TEST

PRE-TEST EXAMINATION

This examination must be used solely as a PRETEST for the ENA Trauma Nursing Core Course. It must be given to all participants of a Reverification course and is an option for use in Provider courses. Using this examination or any questions from this examination outside of a preapproved TNCC-P course is strictly prohibited. If there are any concerns that this examination has been compromised, please contact Course Operations at 800/900-9659 ext. 4120.

INSTRUCTIONS: Please read each question CAREFULLY, and mark the ONE best answer to each question on the answer sheet.

1. The following is a sign/symptom of a diffuse axonal brain injury:
 - A. Transient loss of consciousness
 - B. Hypotension
 - C. Hypothermia
 - D. Elevated intracranial pressure

2. In a patient who has sustained a fractured larynx, the nurse should anticipate definitive airway control using:
 - A. Endotracheal intubation
 - B. Cricothyrotomy
 - C. Laryngeal mask airway
 - D. Combitube®

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3. A trauma patient has extensive abrasions over the lateral aspect of his right leg. The most appropriate choice of dressing for wound coverage is:
- A. Non-adhering gauze dressing
 - B. Moist, sterile gauze under a dry gauze dressing
 - C. Wound left open to air with topical antibiotic ointment
 - D. A dry sterile dressing
4. Which of the following sign/symptom indicates a mandibular fracture?
- A. Nasal deformity
 - B. Cerebrospinal fluid leak
 - C. Malocclusion
 - D. Dysphagia
5. During the resuscitation of a 24-month-old child in uncompensated hypovolemic shock, the most immediate accessible route for fluid resuscitation is:
- A. Femoral line placement
 - B. Percutaneous central line placement
 - C. Intraosseous access
 - D. Venous cut down
6. A fracture which does not go through the entire bone is:
- A. Open
 - B. Comminuted
 - C. Displaced
 - D. Greenstick
7. A burn patient is to be transferred to a burn care center. Prior to transport the emergency nurse should:
- A. Provide report to the receiving facility
 - B. Tell the family to wait for police escort
 - C. Cover the patient in cool, moist dressings
 - D. Initiate administration of IV antibiotics

8. A patient arrives with facial trauma sustained in a motor vehicle crash. The emergency nurse's priority assessment is to:
- A. Look for blood in the oropharynx
 - B. Listen for breath sounds
 - C. Palpate a central pulse
 - D. Observe for a cerebrospinal fluid leak
9. The primary intervention for the family of a trauma patient being resuscitated is:
- A. Placing the family in a private waiting area
 - B. Regularly updating the family on the patient's condition
 - C. Providing a telephone to call relatives and friends
 - D. Addressing appropriate coping mechanisms with the family
10. A patient is brought into the emergency department after receiving an electrical injury of 18,000 volts. Fluid resuscitation of this patient is guided by:
- A. Heart rate
 - B. Parkland formula
 - C. Urine output
 - D. Blood pressure
11. Which of the following is a physical symptom of stress caused by a critical incident?
- A. Nausea
 - B. Nightmares
 - C. Irritability
 - D. Pacing
12. The most frequent complication associated with trauma in pregnancy is:
- A. Abruptio placenta
 - B. Pre-eclampsia
 - C. Uterine rupture
 - D. Premature labor

13. Four patients have arrived simultaneously in a small emergency department following a rollover motor vehicle crash. The patient with the highest priority is the:
- A. Unrestrained driver ejected from vehicle who is in traumatic cardiopulmonary arrest
 - B. Unrestrained passenger with a head injury and agonal respirations
 - C. Restrained passenger with obvious femur fracture and who is hypotensive
 - D. Restrained pediatric passenger crying inconsolably
14. The renal response to shock activates the release of renin which results in the conversion of angiotensin I to angiotensin II. The effects of angiotensin II include:
- A. Excretion of sodium by the kidneys
 - B. Increased secretion of cortisol
 - C. Increased release of catecholamines
 - D. Vasodilation of arterioles and some veins
15. A 3-year-old child has suffered an abdominal injury after being thrown from a car involved in a rollover motor vehicle crash. After three fluid boluses the child is more alert, but his skin remains pale, cool and clammy. He has a palpable central pulse but peripheral pulses are weak and thready. The emergency nurse anticipates the next management priority includes:
- A. Administration of 10 mL/kg of a colloid solution
 - B. Initiation of Dopamine infusion at 5mcg/kg/min
 - C. Administration of 10 mL/kg of packed red blood cells
 - D. Administration of an additional bolus of crystalloid solution
16. Which of the following is the earliest indicator of a change in a patient's neurological status?
- A. Level of consciousness
 - B. Dilated pupils
 - C. Abnormal posturing
 - D. Tachycardia

17. The nursing priority for a patient with a ruptured globe is:
- A. Instilling topical anesthetic drops
 - B. Patching the injured eye
 - C. Assisting with measurement of intraocular pressure
 - D. Protecting the injured eye with metal shield
18. A patient involved in a motor vehicle crash was only wearing a diagonal torso belt (shoulder harness). What concurrent injury may be present?
- A. Small bowel injury
 - B. Diaphragmatic injury
 - C. Lumbar injury
 - D. Carotid vascular injury
19. Which of the following parameters indicates successful management of decompensated shock in a trauma patient:
- A. Decreasing base deficit
 - B. Increasing lactate level
 - C. Increasing oxygen saturation
 - D. Decreasing urine output
20. Which of the following presentations would suggest Brown-Séquard syndrome?
- A. Loss of proprioception and vibration below injury level on opposite side
 - B. Loss of pain and temperature sensation below injury level on opposite side
 - C. Varying degrees of bladder dysfunction
 - D. Greater loss of strength in arms than legs
21. An 18-year-old trauma patient is unresponsive with unequal pupils, has spontaneous respirations of 8 breaths/minute, and has a heart rate of 142 beats/minute. The nurse should prepare to first:
- A. Hyperventilate the patient and anticipate an order for mannitol
 - B. Assist ventilations with a bag-mask device and prepare for intubation
 - C. Insert a large-bore IV catheter and administer a fluid bolus
 - D. Apply oxygen per nonrebreather mask and administer fluid at a controlled rate

22. A blunt thoracic trauma patient remains hemodynamically unstable despite receiving three (3) liters of isotonic crystalloid solution. The emergency nurse anticipates the physician's next order is to:
- A. Request an abdominal radiograph
 - B. Initiate vasopressor administration
 - C. Apply pneumatic anti-shock garments
 - D. Administer O-negative blood
23. An unrestrained front-seat passenger in a high-speed motor vehicle crash is complaining of left shoulder pain. The emergency nurse suspects an injury to the patient's:
- A. Great vessels
 - B. Liver
 - C. Spleen
 - D. Small bowel
24. A symptom of an incomplete spinal cord lesion is:
- A. Diaphragmatic breathing
 - B. Reflex loss below level of lesion
 - C. Paralytic ileus
 - D. Sacral sparing
25. Which of the following physiologic changes has an impact on the resuscitation of the geriatric trauma patient?
- A. Decreased gastric motility
 - B. Increase risk of pulmonary reserve
 - C. Increased cardiac output
 - D. Decreased peripheral resistance
26. The emergency nurse is applying a splint to a fractured upper extremity. Which of the following actions is appropriate?
- A. Reposition protruding bones
 - B. Leave patient's wedding ring in place
 - C. Immobilize the bone above and below the joint
 - D. Ensure splint is 6 inches longer than extremity

27. An unrestrained female driver is brought into the emergency department by emergency medical personnel. Paramedics report that the airbags did not deploy and the steering wheel was bent. She is pale and anxious, with labored respirations. Which of the following would be your primary concern for the patient?
- A. Pulmonary contusion
 - B. Deep-vein thrombosis
 - C. Facial lacerations
 - D. Concurrent thoracic vertebral fractures
28. Risk factors which may predict violent behavior include all of the following **EXCEPT**:
- A. Direct threat of harm made to a member of the trauma team
 - B. Age and sex of the patient
 - C. Ingestion of substances such as methamphetamines, cocaine, or alcohol
 - D. Previous violent behavior
29. You are caring for a patient with a crush injury to the left lower extremity. Which of the following signs/symptoms would indicate development of compartment syndrome?
- A. Capillary refill is 2 seconds
 - B. Compartment pressure of 12 mm Hg
 - C. Skin is warm and pink
 - D. Pain is disproportionate to injury
30. The most common cause of death associated with a blast injury is:
- A. Pulmonary barotrauma
 - B. Spinal cord compression
 - C. Severe burns
 - D. Traumatic brain injury

31. A 12-year-old girl is brought to the emergency department following an all-terrain vehicle (ATV) crash. She is unresponsive and has snoring respirations of 24 breaths/minute. What is the priority nursing intervention?
- A. Initiate vascular access
 - B. Initiate bag-mask ventilation
 - C. Prepare for endotracheal intubation
 - D. Perform jaw-thrust maneuver
32. Which symptom would indicate a ruptured diaphragm?
- A. Tracheal deviation to the right side
 - B. Vomiting bright red blood
 - C. Bowel sounds in the lower to middle chest
 - D. Muffled heart tones
33. In approaching family members after the death of a trauma patient, which of the following actions by the nurse is most appropriate?
- A. Explaining in detail, using appropriate medical terms, what happened to their family member
 - B. Avoiding statements that minimize or negate their thoughts or feelings
 - C. Stopping family members from seeing the patient
 - D. Giving family members a pamphlet on organ donation to read when they get home
34. Upon completion of the primary assessment the next step would be to?
- A. Open the airway with simultaneous cervical spine protection
 - B. Assess peripheral and central pulses
 - C. Remove clothing to expose the patient
 - D. Obtain a full set of vital signs
35. An intubated trauma patient is being manually ventilated. The emergency nurse notices that the patient is becoming more difficult to ventilate and is developing abdominal distention. The nurse should:
- A. Perform a needle thoracentesis
 - B. Insert a gastric tube
 - C. Check tube placement
 - D. Obtain a chest radiograph

36. During a water skiing incident, a patient sustained a small laceration to their anterior neck. Over the past 30 minutes the patient has developed progressive hoarseness. This may be an indication of which type of injury?
- A. Tracheobronchial rupture
 - B. Carotid vascular injury
 - C. Ruptured vocal cord
 - D. Esophageal tear
37. You are caring for an unrestrained driver of a motor vehicle crash. He is severely dyspneic and cyanotic. He has labored respirations and absent breath sounds on the right with unilateral chest rise and fall. You suspect which of the following injuries?
- A. Diaphragmatic tear
 - B. Flail chest
 - C. Tension pneumothorax
 - D. Cardiac tamponade
38. Which of the following constellation of signs are associated with Cushing's triad?
- A. Decreasing blood pressure, increasing pulse rate, diminished respiratory effort
 - B. Increasing blood pressure, increasing pulse rate, increasing respiratory effort
 - C. Decreasing blood pressure, decreasing pulse rate, increasing respiratory effort
 - D. Increasing blood pressure, decreasing pulse rate, diminished respiratory effort
39. A 42-year-old male who weights 82-kg (180-lbs) is brought to the emergency department after sustaining partial and full thickness burns over 60% of his body. According to the Parkland Formula, how many milliliters of fluid should he receive during the first 8 hours following the burn using the formula 4 mL/kg/\% total body surface area burned?
- A. 19,680 mL
 - B. 9,840 mL
 - C. 4,920 mL
 - D. 8,640 mL

40. The purpose of a hospital incident command system is to:
- A. Organize the community response to a mass casualty event
 - B. Ensure that all agencies are using the same radio frequency for communications
 - C. Improve the coordination between various agencies and hospitals involved in a mass casualty event
 - D. Determine the type of decontamination that will be necessary for victims arriving at the hospital
41. In the preparation for transfer of an intubated trauma patient, which of the following nursing interventions would have the highest priority?
- A. Reconfirming endotracheal tube placement
 - B. Reassessing vital signs
 - C. Securing venous access lines
 - D. Evaluating the patient's pain
42. All of the following statements are a part of the AVPU assessment **EXCEPT**:
- A. A for alert—patient is alert, awake, responsive to voice, and oriented to person, time and place.
 - B. P for pain—patient does not respond to pain
 - C. V for verbal—patient responds to voice but is not fully oriented to person, place, or time
 - D. U for unresponsive—patient does not respond to painful stimulus
43. A 19-year-old male patient presents with a gunshot wound (GSW) to his left lower quadrant. Vital signs are as follows: heart rate 148 beats/minute, respiratory rate 28 breaths/minute, blood pressure 92/48 mmHg, and oxygen saturation 95%. The emergency nurse's priority intervention is:
- A. Rapid infusion of hypertonic saline
 - B. Rapid infusion of isotonic saline
 - C. Administration of vasopressors
 - D. Application of MAST trousers

44. A patient with 25% total body surface area full thickness burns arrives in the emergency department. Initial treatment for the burn wounds is to:
- A. Administer topical antibiotics
 - B. Debride wound eschar
 - C. Irrigate the wounds with normal saline
 - D. Apply clean, dry dressings
45. Who of the following is responsible for activating the transfer process?
- A. The physician at the receiving facility
 - B. The charge nurse at the transferring facility
 - C. The physician at the transferring facility
 - D. The nursing supervisor at the receiving facility
46. Where does an epidural hematoma form?
- A. Space between the skull and the dura mater
 - B. Space between the dura mater and arachnoid space
 - C. Within the frontal or occipital lobes
 - D. Between the third and fourth ventricle
47. The emergency department physician is unable to intubate a 4-year-old child. Which of the following is **NOT** an acceptable alternative airway?
- A. Laryngeal mask airway (LMA)
 - B. Needle cricothyrotomy
 - C. Combitube®
 - D. Oropharyngeal airway
48. Cardiac tamponade predisposes a patient to which type of shock?
- A. Cardiogenic
 - B. Hypovolemic
 - C. Distributive
 - D. Obstructive

49. Multiple patients have presented to the emergency department complaining of excessive tearing, drooling, nausea and vomiting. The emergency nurse should suspect these patients may have been exposed to:
- A. Aerosolized anthrax
 - B. Radiation
 - C. Aerosolized sarin
 - D. Mustard gas
50. A patient was ejected during a rollover motor vehicle crash. Prehospital personnel performed complete spinal immobilization, started one large-caliber IV, and initiated high-flow oxygen via non-rebreather mask. The emergency nurse's priority assessment is:
- A. Circulatory status
 - B. Airway patency
 - C. Breathing effectiveness
 - D. Neurological function