Nursing
BCEN-TCRN
Board of Certification for Emergency Nursing: Trauma Certified Registered Nurse

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Question: 1

A patient has pain from compartment syndrome that is developing due to a pressure dressing that was placed on his left lower leg. The trauma nurse removes the pressure dressing, elevates the extremity, and provides cool packs to the patient.
Which of the following results should the trauma nurse expect from these interventions?

A. If these interventions improve the patient's comfort, it indicates that the discomfort is not actually caused by compartment syndrome
B. These interventions will likely be sufficient to eliminate developing compartment syndrome
C. These interventions will not have any effect on the patient's discomfort
D. There may be some initial improvement, however, a fasciotomy will still probably be necessary

Answer: D

Explanation:
Correct answer: There may be some initial improvement, however, a fasciotomy will still probably be necessary
Certain interventions, such as removing restrictive bandages, elevating the extremity, and providing cooling packs may help to provide some temporary level of reduction in discomfort, however, they will not typically eliminate developing compartment syndrome, and surgical intervention will still be necessary in most situations.
Temporary improvement of the patient's discomfort does not indicate that the cause of the discomfort was not compartment syndrome.

Question: 2

A four-year-old patient may have intraabdominal bleeding. Which of the following considerations is important when using a CT to evaluate this patient?

A. The only age-specific concern is if the patient will be able to remain still for the scan
B. A CT scan at this age has the same considerations it does for adult patients
C. CT scans cannot be used in patients of this age
D. A CT scan at this age specifically increases the patient's risk of developing cancer later in life

Answer: D

Explanation:
Correct answer: A CT scan at this age specifically increases the patient's risk of developing cancer later in life

Children age 0 to 5 years are susceptible to ionizing radiation, and radiation exposure via CT scanners correlates with an increased lifelong risk of leukemia and solid-tumor cancers.
A CT scan for a four-year-old does not have the same considerations as an adult. Patients of this age can still receive CT scans; however, the age-specific risks and benefits must be considered. While the patient's ability to stay still is an age-specific concern, it is not the only age-specific concern.

Question: 3

The trauma nurse is caring for a patient whose clothing ignited due to a static discharge while he was pumping gas. The patient has burns covering the anterior upper torso, extending around both axial and covering the posterior upper torso.
Which of the following considerations by the trauma nurse is correct?

A. Understand that infection is this patient's greatest risk
B. Be prepared to perform a surgical procedure at the bedside
C. Recognize that pain management is the highest priority for this patient
D. Be prepared to administer several liters of normal saline over the next 24 hours

Answer: B

Explanation:
Correct answer: Be prepared to perform a surgical procedure at the bedside
A patient who has circumferential burns around the upper torso may experience respiratory distress due to decreased chest wall compliance as eschar begins to form. The treatment for this will be to perform an escharotomy, which is a surgical procedure that can be done at the bedside.
Infection is not the greatest risk for this patient, as eschar formation can threaten his breathing, making this a more important risk. Lactated Ringers, not normal saline, should be given over the first 24 hours. Pain management is a priority; however, other life-sustaining measures are a greater priority for this patient.

Question: 4

The trauma nurse notes a positive halo sign in a patient with a head injury. Which of the following does this indicate?

A. The brain is herniating
B. There is a basilar skull fracture
C. The fluid being tested is cerebrospinal fluid
D. No clinically useful determination can be made

Answer: D

Explanation:
Correct answer: No clinically useful determination can be made

The halo sign is tested for by testing a drop of fluid on a gauze or tissue. If the fluid creates a "halo" type ring around the wet area, then the sign is considered positive. This sign is used to test for the presence of cerebrospinal fluid, but is not considered to be clinical useful, as it generates a high number of false positives and false negatives.

Question: 5

Traumatic injury to which organ will be treated operatively, even if the patient is hemodynamically stable?

A. Pancreas
B. Spleen
C. Liver
D. Small bowel

Answer: D

Explanation:
Correct answer: Small bowel
The decision to treat abdominal trauma operatively or not depends on if the patient is hemodynamically stable and if there is a risk of infection if the trauma is left unaddressed. Trauma to the small bowel can lead to perforation that could cause peritonitis, and will be treated surgically, even if the patient is hemodynamically stable.
Trauma to the spleen, liver, and pancreas will only be treated surgically if the trauma causes hemodynamic instability.

Question: 6

A two-year-old, who is the youngest of five children and whose father is a wealthy CEO, presents to the emergency room with a burn injury with splatter marks on his bilateral forearm. The patient's father states that the patient was burned by spilling a cup of fresh, hot coffee that was sitting on a coffee table. Which of the following is the strongest indicator that this injury was not caused by abuse?

A. The description of the injury
B. The socioeconomic background of the patient's father
C. The birth order position of the patient
D. The age of the patient

Answer: A

Explanation:
Correct answer: The description of the injury
The description of the injury is consistent with the nurse's assessment and is a strong indicator that the injury occurred as described.

The patient's age and birth order position does not make them more or less likely to be the victim of abuse. The socioeconomic background of the patient's father does not mean that the patient's family is more or less likely to be abusive than other people.

Question: 7

Which of the following is an important consideration in post-resuscitation trauma care?

A. All injuries are likely to be discovered during the primary and secondary trauma surveys
B. Delayed presentations or responses are likely
C. Deterioration after resuscitation is unlikely
D. Trauma-specific care is not necessary after resuscitation of a trauma patient

Answer: B

Explanation:
Correct answer: Delayed presentations or responses are likely
Following a trauma, there are several delayed presentations or responses that are potentially life-threatening and must be monitored for.
A patient may be somewhat less likely to deteriorate following resuscitation; however, there is still a high likelihood of deterioration, and ongoing monitoring is necessary. There may be, and often are, significant injuries that are not initially detected by the primary and secondary trauma surveys, making ongoing assessment important. Trauma-specific care should be provided to a patient throughout their recovery from a trauma.

Question: 8

Which of the following is least likely to be caused by crush syndrome?

A. Hypertension
B. Rhabdomyolysis
C. Increased compartment pressures
D. Third spacing of fluid

Answer: A

Explanation:
Correct answer: Hypertension
Crush syndrome occurs due to prolonged entrapment in a crush injury, such as a cave-in or a motor vehicle accident with severe encroachment into the passenger compartment. Crush syndrome is the result of a predictable series of sequela and results in third spacing of fluid, leading to increased compartment pressures and relative hypotension. The crush injury also leads to rhabdomyolysis, which is complicated by the other effects of crush syndrome.

Question: 9

A patient with an obvious flail chest is being brought to the emergency room, and the trauma nurse is preparing for their arrival. The trauma nurse understands that which of the following is true?

A. The patient will need a chest tube
B. This can likely be managed without providing ventilatory support
C. The patient is likely to be male
D. The patient also likely has a pneumothorax or a pulmonary contusion

Answer: D

Explanation:
Correct answer: The patient also likely has a pneumothorax or a pulmonary contusion
Flail chest is rarely the only thoracic injury and is frequently accompanied by a pneumothorax or a pulmonary contusion caused by the same mechanism of injury.
Flail chest normally (but not always) requires ventilatory support. Flail chest is significantly more common in men. The patient may need a chest tube if flail chest is accompanied by a pneumothorax; however, this will not definitely be the case.

Question: 10

Which of the following is most likely to be the cause of an injury to a ureter?

A. Blast injuries
B. Blunt trauma
C. Medical treatment
D. Penetrating trauma

Answer: C

Explanation:
Correct answer: Medical treatment
Most ureteral injuries are iatrogenic, often caused during surgical interventions.
While blast injuries, penetrating traumas, and blunt traumas can all cause ureteral injuries, typically, iatrogenic injuries are the most common cause of the damage to a ureter.

Question: 11

An emergency room (ER) nurse asks the trauma nurse to administer a PRN morphine dose to one of their patients because they have to respond to an emergency. The ER nurse hands the trauma nurse a filled syringe that they have already drawn the morphine into.

What action should the trauma nurse take?

A. Give the patient the medication because it is an emergency
B. Ask the ER nurse to label the syringe before giving it to the trauma nurse for administration to the patient
C. Refuse, and tell the nurse that they must give the medication to the patient
D. Tell the other nurse to waste the medication, and that they will draw it up themselves and administer it to the patient

Answer: D

Explanation:
Correct answer: Tell the other nurse to waste the medication, and that they will draw it up themselves and administer it to the patient
It is reasonable to ask another nurse to administer a medication while the patient's primary nurse responds to an emergency; however, the trauma nurse should not administer a syringe that is unlabeled and that they did not draw up themselves.
Refusing to administer the medication is not correct, and giving the medication that has been drawn up is also incorrect. Asking the nurse to label the medication does not provide additional reassurance that the medication is the correct one.
The trauma nurse should draw up the medication themselves and administer it. This may require the medication already drawn up to be discarded.

Question: 12

A patient presents after being struck in the head with a baseball bat. Which of the following describes the injury that occurs when the brain contacts the skull at the site of the impact?

A. Contrecoup injury
B. Skull deformation
C. Rotation injury
D. Coup injury

Answer: D

Explanation:
Correct answer: Coup injury
A coup injury occurs when the brain contacts the skull at the site of an impact due to the skull accelerating faster than the brain.
Contrecoup injuries occur when the brain contacts the skull on the site directly opposite of the impact as the brain accelerates away from the impact while the skull is decelerating. Rotation injury occurs when the brain twists along the axis of the spinal cord. Skull deformation may occur during blunt trauma to the head, but does not describe the injury in the question stem.

Question: 13

A patient experiences scant bleeding of less than 25 mL into the pericardial sac. Which of the following conditions is this patient at risk for?

A. There are no conditions that this is likely to cause
B. Cardiac tamponade
C. Hemothorax
D. Pericarditis

Answer: D

Explanation:
Correct answer: Pericarditis
Pericarditis is irritation of the pericardium that is uncomfortable but normally does not cause significant danger. Pericarditis can be caused by irritation of the pericardial sac due to the presence of blood.
A cardiac tamponade can occur from bleeding into the pericardial sac, but an amount of less than 25 mL is very unlikely to cause any cardiac tamponade-related symptoms. A hemothorax is bleeding into the pleural space, not the pericardial space.

Question: 14

A hospital performs a hazard vulnerability analysis. Which of the stages of the disaster life cycle is this measure part of?

A. Preparedness
B. Mitigation
C. Response
D. Recovery

Answer: B

Explanation:
Correct answer: Mitigation
Mitigation is the stage of the disaster life cycle that focuses on preventing or reducing the impact or likelihood of a disaster.
Preparedness is the act of preparing for a disaster that could occur, not preventing the likelihood that one will occur. Response is the activities that occur during a disaster. Recovery is returning to baseline operations after a disaster.

Question: 15

Which of the following is not a cause of hypothermia in burn patients?

A. Evaporation from fluids on the skin
B. Loss of the normal skin barrier
C. Rapid fluid resuscitation
D. Decreased core temperature due to fluid loss

Answer: D

Explanation:
Correct answer: Decreased core temperature due to fluid loss
Hypothermia may be caused during hemorrhage due to the loss of high blood volumes; however, this is not normally a significant factor in burn patients. While fluid loss from burns may lead to dehydration, it is unlikely that blood volume loss will occur fast enough to affect the body's ability to regulate its core temperature.
Rapid fluid resuscitation can lead to hypothermia if the fluids are not warmed. Evaporation from fluids seeping from the burn can cause hypothermia in the same way that sweat evaporation promotes cooling. Loss of the normal skin barrier does affect the body's ability to regulate its normal temperature.

Question: 16

A patient presents to the emergency room after a chemical exposure. The patient has cherry red skin, is having seizures, and is gasping for air.
Which of the following chemicals is most likely to be the cause of these symptoms?

A. Sulfur mustard
B. Sarin
C. Hydrogen cyanide
D. Chlorine

Answer: C

Explanation:
Correct answer: Hydrogen cyanide
Hydrogen cyanide is an asphyxiant, and exposure to the chemical leads to the characteristic findings of cherry red skin or severe cyanosis. Hydrogen cyanide exposure symptoms also include symptoms of asphyxia including seizures and gasping for air.
Chlorine is a pulmonary agent that causes symptoms of pulmonary irritation. Sarin is a nerve agent and results in a cholinergic toxidrome. Sulfur mustard is a vesicant and causes blistering.

Question: 17

When developing a plan of care for the rehab care of a trauma patient, which of the following considerations regarding the level of involvement by the patient is most correct?

A. The patient should be as involved as possible because the patient understands the care they need better than the care team
B. Patient involvement should be minimal because their involvement can cause unnecessary stress that is counterproductive
C. Patient involvement should be minimal because patient care is better planned by healthcare experts
D. The patient should be as involved as possible because the patient is ultimately responsible for the outcome

Answer: D

Explanation:
Correct answer: The patient should be as involved as possible because the patient is ultimately responsible for the outcome
Developing a plan of care for the rehab of a trauma patient should be a collaborative process so that the patient's unique needs and desired outcomes are considered in the plan and because the outcome of the care plan will ultimately depend on the patient's involvement and effort.
While the patient should be as involved as possible, this is not because the patient is more of an expert in rehab care than the care team. While the patient likely does not understand trauma rehab as well as trained healthcare professionals, they do understand their unique needs and motivators better than the healthcare team, making them an essential part of the planning process.
While involvement in the planning process may cause stress at the time of planning care, it will help reduce stress over the long-term by helping the patient form accurate expectations for their treatment process.

Question: 18

Which of the following treatments is recommended for blunt traumatic injury to the gallbladder during a moderate speed motor vehicle accident?

A. Cholecystostomy
B. Surgical repair of the gallbladder
C. Cholecystectomy
D. Nonsurgical management

Answer: C

Explanation:
Correct answer: Cholecystectomy
The recommended treatment for traumatic gallbladder injuries is removal of the gallbladder. Nonsurgical management may be used in very specific situations, however, removal of the gallbladder is less likely to lead to complications.
Cholecystostomy is creation of a stoma in the gallbladder, and is not normally used to treat traumatic injury. Surgical repair of the gallbladder is not routinely done, as removal of the gallbladder is less likely to cause complications.

Question: 19

The trauma nurse is assessing a 22-year-old female who was involved in a motorcycle accident, who was wearing a helmet and was traveling at 70 mph when the crash occurred. She presents with a fracture of the sternum and the first and second ribs on the left. She has back pain, and her skin is pale and mildly cyanotic. Her vital signs are HR 122, BP 88/37, RR 22, O2 sat 99%, and Temp 98.8°F. Which of the following interventions should the nurse perform first?

A. Electrically cardiovert the patient
B. Insert two large bore IVs
C. Prepare to intubate
D. Prepare to assist with an emergency pericardial decompression

Answer: B

Explanation:
Correct answer: Insert two large bore IVs
The patient's symptoms and vital signs are consistent with injuries to the thoracic aorta, and the patient is likely hemorrhaging. The nurse should establish IV access to prepare for a massive transfusion.
Intubating the patient is not the priority, as treating the hemorrhage will be initially more important, and the patient is still breathing. An emergency pericardial decompression would be used to treat cardiac tamponade, which is likely not the cause of the patient's symptoms. Cardioversion is not indicated as the patient's tachycardia is likely a response to hypovolemia.

Question: 20

Uretal damage will be most quickly detected with which of the following injuries?

A. Blast injuries
B. Penetrating traumas
C. Injuries that sever a ureter
D. Injuries causing obstruction of a ureter

Answer: D

Explanation:
Correct answer: Injuries causing obstruction of a ureter
Uretal damage often goes undetected due to the lack of pain created by this type of injury. Uretal damage will, however, cause pain when an obstruction is created due to the buildup of pressure proximal to the obstruction.
Severing of a ureter is typically not painful afterward, and blast injuries or penetrating traumas are not more likely to create uretal injuries that will be more easily detected.

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