Trauma Nursing Practice Test - Answers

Disaster Management
1. The hospital administrator has informed you to activate the incident command system. You immediately:
   A. Open and activate your disaster manual.
   B. Notify law enforcement.
   C. Call for Code Charley (Federal Standard) on the overhead page system.
   D. Self-administer prophylactic Diazepam 10 mg I.M.

Shock
2. Fracture of C-4, hypotension, pulse of 43 is distributive shock because:
   A. There is increased intrathoracic pressure.
   B. The patient has become septic.
   C. There is a loss of sympathetic tone.
   D. The patient hasn’t received bolus IV fluids.

Initial Assessment
3. When palpating for a central pulse on a 35 year old blunt chest trauma, a rate of 25 beats per minute is discovered. You will:
   A. Attach pacer pads to chest.
   B. Perform a 12-lead ECG.
   C. Establish two large caliber intravenous sites.
   D. Prepare for emergent intubation.

Brain and Cranial Trauma
4. ICP: 22, MAP: 62, CPP:
   A. 71
   B. 84
   C. 32
   D. Inadequate.

Disaster Management
5. The most important feature of decontamination is:
   A. Using chemically-appropriate decontamination solutions.
   B. Establishment of IVs before airway.
   C. Appropriate tent assembly.
   D. Avoiding contamination of you and coworkers.

Initial Assessment
6. A closed crush injury, with an obvious fracture of the left mid-shaft tibia, pain of 8/10 has been medicated. What should not be done?
   A. Apply traction splint, provide non-pharmacologic comfort measures, such as ice, verbal reassurance.
   B. Provide non-pharmacologic comfort measures, such as ice, immobilizing splint, verbal reassurance.
   C. Reassess pain level.
   D. Provide on-going evaluation of distal neurovascular status.
Brain and Cranial Trauma

7. A 38 year old male, sustained a baseball bat head injury. Glasgow Coma Score 13. His spine was cleared by the practitioner. Due to emesis, his head was turned to side. He has a dilated, unresponsive pupil. Emesis has stopped after administration of ondansetron, 4 mg IV. Next:

A. Place in Trendelenburg position, left lateral.
B. Place head midline, anticipate hyperosmolar diuretics.
C. Prepare for burr holes (trepanation) to reduce ICP.
D. Apply atropine drops in responsive eye to equalize pupils.

Airway and Ventilation

8. A 32 year old cage fighter received a chop to his anterior throat, causing a spontaneous tension pneumothorax. When checking FOCA 3 hours after chest tube insertion, bubbling is noted in the water seal chamber. Your next assessment or intervention:

A. This is normal after chest tube insertion.
B. Assess bilateral breath sounds.
C. There is an air leak, either in the patient, equipment or tubing.
D. The chest tube has been inserted in the wrong side.

Initial Assessment

9. The suspected perpetrator of domestic violence refuses to leave her domestic partner’s bedside. Your best response, at this time is:

A. In an assertive posture, insist she immediately leave the treatment area.
B. Call security or law enforcement.
C. In a permissive posture, politely ask her to leave.
D. Ask the domestic partner what she wants.

Airway and Ventilation

10. Respiratory rate of 6 and shallow. Oxygen delivery will be by:

A. Nasal cannula at 6 liters per minute
B. Non-rebreather mask at 10 liters per minute
C. Endotracheal tube
D. Bag-mask device with 100% oxygen

Brain and Cranial Trauma

11. A suspected laceration of the middle meningeal artery with significant bleeding:

A. May require immediate surgical intervention.
B. Are generally controlled with firm, direct pressure.
C. Occur during frontal trauma
D. Are slow, insidious and subtle in character.
Shock
12. Muffled heart tones, hypotension and narrowing pulse pressure produces what type of shock?

A. Hypovolemic
B. Cardiogenic
C. Obstructive
D. Distributive

Initial Assessment
13. During the Initial Assessment, a non-bleeding, open fracture of the femur is noted. Your initial intervention will be:

A. Apply compression dressing.
B. Test for distal neurovascular status.
C. Apply traction splint.
D. Assume it is not life-threatening.

Thoracic Trauma
14. A 48 year old female stab wound to left upper abdomen. Chest x-ray reveals the gastric tube is in her left chest. Most likely cause:

A. Ruptured diaphragm.
B. Basilar skull fracture.
C. Pneumothorax.
D. Splenic rupture.

Initial Assessment
15. When checking an 87 year old female who sustained a ground level fall with a loss of consciousness, rectal sphincter tone is absent. This means:

A. She may have a small bowel obstruction.
B. There may be a spinal cord injury.
C. She needs immediate urinary catheterization.
D. Observe for paroxysmal tachycardia.

Thoracic Trauma
16. A 66 year old male fell 8 feet from a ladder. Tearing abdominal pain, paraplegia, blanched feet, increasing hypertension in upper extremity blood pressure, decreased level of consciousness. Your priority:

A. Start second large bore IV.
B. Surgical consultation.
C. Clear c-spine.
D. Neurological evaluation.
Shock
17. An actively bleeding patient (left groin), has 2 large-caliber IVs, with strong central pulses, tachycardia and thready radial pulses needs:
   A. Vasoconstrictors, such as Dopamine.
   B. Control of bleeding
   C. Arterial blood gas.
   D. A concurrent neurological assessment before proceeding with any other interventions.

Ocular, Maxillofacial, and Neck Trauma
18. The physician notes the patient, with facial trauma has an "eight-ball hemorrhage". This probably occurred from:
   A. Illicit drug usage.
   B. Penetrating eye trauma.
   C. Bad luck.
   D. A direct blow to the eye.

Shock
19. A trauma patient's hemoglobin and hematocrit are 6.2/19.1. Labs ordered to this point: CBC, chem panel, coagulation studies, U/A. Your next action will be:
   A. Obtain stat serum lactate level
   B. Type and cross-match
   C. Prepare for surgery
   D. Prepare for rapid sequence intubation

Initial Assessment
20. A 17 year old male gunshot wound to the right chest has decreased breath sounds, tachypnea, dullness with percussion of right chest. You will anticipate:
   A. Needle decompression.
   B. Autotransfusion.
   C. Transfer to another facility.
   D. Bullet extraction, using sterile technique.

Airway and Ventilation
21. 35% burns with singed eyebrows and soot in mouth requires RSI. During the LOAD phase the initial neuromuscular blocking agent of choice is:
   A. Succinylcholine
   B. Vecuronium
   C. Lidocaine
   D. Labetalol

Ocular, Maxillofacial, and Neck Trauma
22. LeFort fractures almost always will:
   A. Affect gait.
   B. Affect balance.
   C. Have massive hemorrhage.
   D. Have malocclusion.
Initial Assessment
23. A closed-head injury with a blood pressure of 86/42 (MAP: 57), pulse of 72, respirations: 14, regular, SpO2: 86% on 100% oxygen, non-rebreather mask. AVPU: Responds to painful stimuli. PERRL. Your options:

A. **Reverse Trendelenburg, increase IV fluid rate observe for improvement**
B. Administer 1 mg epinephrine 1:10,000 IV push.
C. Trendelenburg, IV fluids at TKO.
D. Rapid sequence intubation and hyperventilate.

Brain and Cranial Trauma
24. **An example of acceleration/deceleration injury is:**

A. **Coup/contrecoup**
B. Head-on collision
C. Liver laceration
D. Perforated small intestine

Shock
25. **As base deficit increases, metabolic acidosis increases.**

A. True
B. False
C. Only with internal bleeding.
D. When a patient has a pH less than 7.35.

Abdominal Trauma
26. The trauma surgeon has elected to perform diagnostic peritoneal lavage. The patient has two patent IVs and is currently hemodynamically stable. Your best intervention:

A. Insist CT be performed first.
B. **Prepare to insert gastric tube and urinary catheter.**
C. Initiate Propofol drip.
D. Prep patient from nipple line to knees.

Airway and Ventilation
27. **MIVT: MVC, unrestrained driver struck steering wheel.** Respiratory rate 14, SpO2: 88% via nasal cannula at 2 liters per minute. Upon arrival, your oxygen delivery will be by:

A. Nasal cannula at 6 liters per minute
B. **Non-rebreather mask at 10 liters per minute**
C. Endotracheal tube
D. Bag-mask device with 100% oxygen

Brain and Cranial Trauma
28. The "L" in LOAD stands for:

A. Lidocaine, viscous to prevent throat irritation and gagging.
B. Labetolol IV: 20 mg to prevent hypertension.
C. Laryngoscopic assessment prior to RSI.
D. **Lidocaine IV: 1-1.5 mg/kg before intubation to prevent ICP.**
Disaster Management
29. Any patient presenting with possible external contamination will be:

A. Require aggressive airway management.
B. Require atropine injections.
C. **Decontaminated before entering transporting vehicles or hospitals.**
D. Triaged as priority, assuming neurological compromise.

Airway and Ventilation
30. **Sellick maneuver is released after failed RSI intubation. Vigilant care must be given to prevent:**

A. Reflex bradycardia.
B. Hypoxia from apnea.
C. **Aspiration of gastric contents.**
D. Hyperkalemia.

Ocular, Maxillofacial, and Neck Trauma
31. In general, the best irrigating solution for alkaline ocular burns is:

A. A weak acidic solution
B. **Copious amounts of normal saline.**
C. A weak alkaline solution
D. Lactated ringer's solution

Transition of Care for the Trauma Patient
32. An important consideration when utilizing air transport is:

A. Air-filled cavities and containers.
B. Bandage absorption.
C. IV bag size.
D. Patient's last name.

Brain and Cranial Trauma
33. Brain herniation is a result of uncontrolled increases in ICP. Significant signs:

A. Inability to swallow.
B. **Posturing.**
C. Lateral shift on CT.
D. Intractable headache.

Brain and Cranial Trauma
34. An example of a focal brain injury is:

A. Diffuse axonal injury.
B. Coup/contrecoup
C. **Cerebral contusion.**
D. Shaken baby syndrome
Ocular, Maxillofacial, and Neck Trauma

35. A patient with a clothesline-type neck injury has an expanding neck hematoma. Your intervention:

A. Direct pressure usually will provide control.
B. Surgical stabilization will likely be required, because the airway may be compromised.
C. Apply a tourniquet as definitive care.
D. This is indicative of cervical fracture.

Abdominal Trauma

36. 68 year old stab wound to the left upper quadrant with peritoneal signs. Skin: Pale, cool, moist. 90/58, 110. CT is out of order. Your next move:

A. DPL.
B. Pyelogram.
C. Stat transfer.
D. IV bolus.

Thoracic Trauma

37. A patient with blunt chest trauma exhibits paradoxical chest movements with a shallow breathing rate of 45. You will anticipate:

A. Placing a sandbag on the chest
B. The incorporation of a ventilator
C. Surgical intervention
D. Chest tube insertion

Disaster Management

38. A mass casualty incident is an example of:

A. An incident with fewer than ten casualties.
B. A community-based disaster.
C. An institutional-based disaster.
D. A requirement for mandatory decontamination.

Abdominal Trauma

39. 5 year old, involved in MVC. Restrained by lap belt. Contusion across abdomen. Cap refill 5 seconds. Mottled skin. Weight is 24 kg. You should:

A. Anticipate hollow organ injury.
B. IV bolus, 480 mL, then recheck cap refill.
C. IV bolus, 240 mL, then recheck cap refill.
D. Prepare for emergency thoracotomy.

Abdominal Trauma

40. In the above child, intravenous access has been unobtainable. You should:

A. Insert a central line through the internal jugular vein.
B. Perform a saphenous venous cutdown.
C. Insert an intraosseous needle in the proximal tibia.
D. Insert an intraosseous needle in the sternum.
Ocular, Maxillofacial, and Neck Trauma

41. For care of an open globe injury, all are appropriate, except:

A. Shield affected eye.
B. Prevent patient from coughing.
C. Instill topical anesthetic eyedrops to control pain.
D. Avoid pressure on globe.

Trauma Nursing Process Station

42. The Primary Assessment is to:

A. Evaluate in a "Go or Stop" paradigm.
B. Specially evaluate pediatric patients.
C. Rapidly assess for life-threatening problems.
D. Triage non-critical patients.

Psychosocial Aspects of Trauma Care

43. A Critical Incident Stress Management team would more likely be utilized after:

A. An encounter with a psychiatric patient requiring restraints.
B. A traumatic infant death.
C. A failed endotracheal intubation.
D. An employee being arrested for DUII.

Abdominal Trauma

44. A 25 year old female, motorcycle collision, has shortening and rotation of the right leg and blood at the urethral meatus. You can perform all, except:

A. Anticipate intra-abdominal bleeding.
B. Hold inserting a urethral catheter.
C. Apply traction splint to right leg.
D. Check distal neurovascular function on right foot.

Spinal Cord and Vertebral Column Trauma

45. 24 year old male gymnast with C-4 fracture. Priapism is present. Blood pressure: 80/42, pulse: 46, respiratory rate: 28, shallow, with accessory use. Priority:

A. Avoid chronotropic or inotropic medications.
B. Support breathing.
C. Fluid resuscitation.
D. Atropine, 0.5 mg IV.

Musculoskeletal Trauma

46. The difference between extremities with crush versus compartment syndrome is:

A. Crush syndrome can produce hypokalemia.
B. Crush syndrome may require fasciotomy.
C. Compartment syndrome requires the extremity to be elevated.
D. Crush requires large amounts of IV fluid and compartment syndrome needs decompression.
Thoracic Trauma

47. A 17 year old GSW to right chest has absent breath sounds, hypotension, jugular venous distension, tracheal deviation. You will anticipate:

A. Autotransfusion.
B. Needle thoracentesis.
C. Pericardiocentesis.
D. Cricothyrotomy.

Surface and Burn Trauma

48. A 64 year old female burn patient, weight: 64 Kg, sustained 2nd and 3rd degree burns over 32 percent of her body at 0400. She arrives in the emergency department at 0500. Incorporating the Parkland Formula, using, high replacement rate, by 1200, how much volume should be infused?

A. 3584 mL
B. 4096 mL
C. 2048 mL
D. 8192 mL

Special Populations: Pregnant, Pediatric and Older Adult Trauma Patients

49. An 84 year old male sustained a ground level fall while dancing yesterday. Today, he presents as disoriented. This may indicate:

A. Cerebral anasarca.
B. Ruptured bridging veins.
C. Dementia.
D. Delerium.

Special Populations: Pregnant, Pediatric and Older Adult Trauma Patients

50. A 4 month old male is brought in by his mother, in a lethargic state. She states he sat up too quickly, hitting his head on the overhead cabinet. His airway is patent. Breathing is 24/ minute. SPO2: 98%. Cap refill is less than 2 seconds. Besides further neurological evaluation, you will consider:

A. To ask the mother if the child has ever been abused before.
B. Notifying Children's Protective Services.
C. A stat transfer to pediatric care facility.
D. Removing mother from treatment area.

Surface and Burn Trauma

51. A 31 year old electrician sustained an electrical burn between his hands. ECG shows sinus rhythm. What measurement indicates a needed adjustment?

A. Serum Troponin I of 0.03.
B. Serum potassium of 5.0.
C. Core temperature of 96 degrees.
D. Urine output of 150 mL per hour.
Disaster Management

52. The difference between HAZMAT and CBRNE is:

A. CBRNE does not require full PPE.
B. HAZMAT involves chemicals.
C. CBRNE is military, HAZMAT is civilian.
D. One is usually unintentional, the other deliberate.

Special Populations: Pregnant, Pediatric and Older Adult Trauma Patients

53. When assessing fetal heart rate on a 30 week pregnant trauma patient, using handheld ultrasound, a rate of 145, without variability is obtained. Your assessment:

A. This is a normal fetal heart rate.
B. This may be the mother's rate.
C. This indicates impending fetal demise.
D. Handheld ultrasound is not used on pregnancies beyond 16 weeks.

Surface and Burn Trauma

54. When calculating body surface area, the "Rule of Palms" implies:

A. Calculation of 1 percent of a patient's burn is equal to the patient's own palm, without fingers.
B. Calculation of 1 percent of a patient's burn is equal to the nurse's palm, without fingers.
C. Calculation of 1 percent of a patient's burn is equal to the patient's own palm and fingers.
D. Palms Medical Center theorized trauma nurses underestimate TBSA of burns and overestimate severity.

Special Populations: Pregnant, Pediatric and Older Adult Trauma Patients

55. A pad is placed under a child's shoulders to support his airway. Proper position is obtained when:

A. Child's neck is hyperextended.
B. Child's chin touches chest.
C. The ears are in line with the shoulders.
D. Cervical crepitus is not palpated.

Psychosocial Aspects of Trauma Care

56. The most important consideration when working with a potentially violent patient is:

A. Safety.
B. Rapport.
C. Order for restraints.
D. A physician's standing order for haloperidol and lorazepam.
Disaster Management

57. A 29 year old unconscious male, who was experimenting with chemicals, was involved in an explosion. Decontamination was performed on-scene by EMS. As a licensed nurse, your priority is to:

A. Notify Homeland Security.
B. Perform secondary decontamination before entry to your facility.
C. **Assess for barotrauma**.
D. Administer 2 mg Atropine I.M.

Transition of Care for the Trauma Patient

58. A fully immobilized 62 year old head injury patient, with facial injuries, Glasgow Coma Score of 6, is intubated, sedated and is ready for transfer to another facility. As the trauma nurse, you should:

A. Fax complete documentation after patient has left your facility.
B. Insert a nasogastric tube to facilitate more patent oral care.
C. **Allow family to touch and talk to the patient**.
D. Cautiously perform Volkmann's Maneuver and reassess.

Airway and Ventilation Station

59. After an endotracheal intubation has been performed, there is no epigastric gurgling auscultated and bilateral breath sounds are heard. An audible gurgle can be heard from the patient's mouth. This is most likely:

A. Tracheobronchial disruption.
B. Tension pneumothorax.
C. Tongue trauma.
D. **An uninflated cuff**.

Spinal Protection, Helmet Removal, and Splinting Station

60. When removing a full-face helmet, it must be tilted when being pulled because:

A. The head and neck must remain in a neutral position.
B. It may contain emesis.
C. The patient may have jewelry around the neck.
D. Eye contact with the patient is critical.