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Nursing

TCRN

Trauma Certified Registered Nurse Exam



Question: 511

The nurse assesses the patient and discovers that the patient has apraxia confabulation. Which consultant is most appropriate for this patient?

- A. Speech therapy
- B. Occupational therapy (OT)
- C. Physical therapy (PT)
- D. Psychologist

Answer: A

Explanation:

Speech therapy aids motor speech disorders, such as problems saying sounds, syllables, and words. This speech abnormality occurs not because of muscle weakness or paralysis. The brain has problems in planning to move body parts, such as the lips, jaw, and tongue, needed for speech. The patient knows what he or she wants to say, but his or her brain has difficulty coordinating the muscle movements necessary to say those words; so the patient fabricates in order to achieve desired outcomes. Occupational therapy (OT), physical therapy (PT), and a psychologist are not the specialists needed to improve this speech apraxia.

Question: 512

the shaft of her radius. Which of the following injuries is least associated with radial fractures?

- A. Wrist fracture
- B. Clavicle fracture
- C. Elbow fracture
- D. Shoulder fracture
- E. Ms. Carrington slipped and fell while at home. She attempted to brace herself for the fall and fractured

Answer: B

Explanation:

When the shaft of the radius and ulna is fractured this means that enough force was applied to fracture the shaft, and the force could be transmitted to the affiliated joints such as the wrist, elbow, and shoulder. The clavicle could be fractured in this type of injury; however, it would not be from the impact of the initial injury to the shaft.

Question: 513

A 23-year-old male patient comes in after a nuclear explosion. He is unresponsive and agonal breathing. What would be the caregiver's first priority in the care of this particular situation?

- A. Decontaminate the patient to limit exposure to others and then initiate resuscitation efforts.
- B. The health care provider should initiate resuscitation efforts.
- C. The health care provider should rapidly place all contaminated objects, including clothing, into a
- D. Place a waterproof drape over the patient and immediately begin resuscitation efforts.

Answer: B

Explanation:

It is rare that an irradiated patient would infect a health care provider and spread the contamination to other patients, so all resuscitation and lifesaving efforts should be initiated before any decontamination begins. Wounds can be covered with waterproof drapes before decontamination to prevent further contamination

Question: 514

A patient comes to the emergency room with burns to bilateral lower extremities, groin, and the anterior chest and abdominal walls. Using the rule of nines, what is the appropriate calculation of the percentage of total body surface area burned?

- A. 55% of the body
- B. 31% of the body
- C. 28% of the body
- D. 45% of the body

Answer: A

Explanation:

The rule of nines is calculated with each body part totaling a value of nine. The head = 9%, chest (anterior) = 9%, abdomen (anterior) = 9%, upper/mid/low back and buttocks = 18%, each arm = 9%, each palm = 1%, groin = 1%, each leg = 18% total (front = 9%, back = 9%). In this scenario, the bilateral lower extremities would account for 36% (18% \times 2), the groin 1%, the anterior chest 9%, and abdomen 9%. This adds up to 55% of the total body surface area burned.

Question: 515

Proper medical management of a traumatic brain injury patient includes all except:

- A. Administering analgesics
- B. Administering 3% saline infusion
- C. Maintaining cerebral perfusion pressure (CPP) greater than 60
- D. Administering steroids

Answer: D

Explanation:

Administering steroids has not been revealed to improve outcomes and is currently not recommended in traumatic brain injury (TBI) treatment. Analgesics decrease intracranial pressure (ICP) by decreasing pain, agitation, and metabolic demands. Administration of 3% saline infusion decreases cerebral edema, aiding in decreasing ICP. This hypertonic solution increases vascular osmolality and increases perfusion to vital organs. Maintaining CPP greater than 60 increases cerebral blood flow

Question: 516

nursing intervention for this patient?

- A. Obtain intravenous access to start fluid resuscitation
 - B. Place a sterile dressing on the burn site
 - C. Prepare for intubation
 - D. Obtain a history of comorbidities and home medications
 - E. The nurse receives a patient with third-degree burns to the face
- Which of the following is the priority

Answer: C

Explanation:

Burn patients are treated just like any other trauma patient; the priority is the airway. Patients who suffer from burns to the face, neck, or have obvious inhalation injury should have their airway assessed first and will mostly likely require intubation. This should be assessed before history is obtained, intravenous catheters are placed for fluid resuscitation, or wound care is provided.

Question: 517

There are many complications from cardiac contusions. Which of the following is not considered one of them?

- A. Cardiogenic shock
- B. Congestive heart failure
- C. Hypovolemic shock
- D. Thrombus formation

Answer: C

Explanation:

Complications of cardiac contusions include arrhythmias, cardiogenic shock, depressed ventricular wall motion, congestive heart failure, and thrombus formation/embolism. Hypovolemic shock is not a complication of a cardiac contusion. Hypovolemic shock occurs with large blood loss.

Question: 518

What is the data-collection system that is composed of uniform data elements that describe the injury event, demographics, prehospital information, diagnosis, care and outcomes of injured patients?

- A. National Trauma Data Bank
- B. Trauma registry
- C. ACTION Registry
- D. IMPACT Registry

Answer: B

Explanation:

The purpose of the trauma registry is to obtain, code, and sort information on trauma events for analysis, and reporting individual and aggregate results. Registry data is used for performance improvement, medical research, statistical analysis, critical pathways, care coordination, epidemiology, and injury prevention. Registry data then goes to the National Trauma Data Bank and is compiled annually and disseminated in the form of hospital benchmark reports, data-quality reports, and research data sets. Action Registry is a quality-improvement program that focuses on high-risk STEMI (ST-elevation myocardial infarction)/NSTEMI (non-ST segment elevation myocardial infarction) patients for clinical guideline recommendations. Impact Registry assesses the prevalence, demographics, management and outcomes of pediatric and adult congenital heart disease patients who undergo diagnostic catheterizations and catheter-based interventions.

Question: 519

Which type of incomplete cord syndrome is the most common and usually occurs as a result of hyperextension injuries or interrupted blood supply to the cord?

- A. Central cord
- B. Anterior cord
- C. Posterior cord
- D. Brown-Sequard

Answer: A

Explanation:

Central cord syndrome is caused by injuries that result in swelling at the center of the cord. The mechanism includes hyperextension injuries and interruption of blood supply to the spinal cord. Anterior cord syndrome is usually from anterior cord compression or disruption of the anterior spinal artery. Posterior cord syndrome also occurs with hyperextension but this is the rarest of the syndromes. Brown-Sequard syndrome occurs with transverse hemisection of the cord and usually is caused by a penetrating injury

Question: 520

Abdominal compartment syndrome (ACS) includes all of the following except:

- A. Metabolic acidosis
- B. Decreased cardiac output
- C. Metabolic alkalosis
- D. Decreased urinary output

Answer: C

Explanation:

Abdominal compartment compression results in altered cellular oxygenation and initiates cellular injury leading to hypoperfusion and cellular death. Abdominal compartment syndrome (ACS) is recognized with growing frequency as the cause of increased morbidity related to metabolic acidosis, decreased urine output, respiratory failure, and decreased cardiac output. The cause of these events might easily be mistaken for other pathologic events, such as hypovolemia, if the clinician is not alert to the morbidity associated with ACS.

Question: 521

A pregnant patient presents to the emergency room after being involved in a fender bender. Upon vaginal situation?

- A. Attempt to push the cord back in
 - B. Position to relieve cord pressure
 - C. Place the patient in Trendelenburg position
 - D. Cover the cord in moist sterile gauze
 - E. examination, the nurse notes umbilical cord prolaps
- What is the most important intervention for this

Answer: B

Explanation:

The fetal presenting part should be elevated to relieve pressure off the cord because cord compression cuts off the oxygen supply to the fetus. Arrangements should be made for urgent cesarean delivery. Never attempt to push the cord back in or cover with sterile gauze. Placing the patient in the Trendelenburg position is not completely contraindicated but relieving the direct pressure off of the cord is most effective.

Question: 522

The nurse is assessing a burn patient. After the nurses inspects and auscultates, the nurse moves onto apalpatation assessment. Which of the following palpation assessments is abnormal for a burn patient?

- A. Palpation of the burned extremity detected decreased sensation
- B. Does not feel pain when palpated around the full thickness burn
- C. Burn tissue feels cold
- D. Peripheral pulse in circumferential burn is decreased

Answer: D

Explanation:

A patient with a full-thickness burn will usually not feel pain on the actual site because of damage to the nerve endings, but the patient will feel pain in the surrounding tissue in first-and second-degree burns. Temperature assessment of the skin is important because burn tissue may feel cold as a result of hypoperfusion and fluid loss. Palpation for pulses on circumferential burn is important because there may be direct injury to vessels and vascular compromise. A decreased or loss of pulse is an abnormal finding.



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