Please Note: This course is sanctioned and overseen by the ENA. Reviewing the textbook, completing the online lectures, and taking the pre-test in this packet are mandatory prior to entering the class. If you do not have the 7th Edition textbook, you will not be allowed to enter class.

All information and directions are contained within this packet and the 7th edition text. We want your experience to be low stress and educational. We have found it takes most people several weeks to prepare prior to entering the course. Following lectures, practice, and skills stations—both written and scenario assessment are evaluated.

Please note you must complete the online lectures and pre-test
(772) 878-3085 * Fax (772) 878-7909 * E-mail: info@medicaltraining.cc
597 SE Port St. Lucie Blvd * Port St Lucie, Florida 34984
Visit Our Website at EMCmedicaltraining.com

EMERGENCY MEDICAL CONSULTANTS INC.
Florida’s Premier Provider Of Quality Medical Training Programs
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CEU Provider Since 1988

TNCC
Trauma Nursing Core Course

Preparation Packet and Pre-Test
Welcome to the 7th Edition TNCC Providers Course. All courses are sanctioned and overseen by the Florida Emergency Nurses Association (ENA). The ENA sets mandatory guidelines for lecture times, content, testing, and certification, which we abide by.

The TNCC program is an intense 2-day trauma assessment and management course designed for nurses. The program consists of online pre-course lecture review, a pre-test, course lecture information, skills stations, and both a written and patient care evaluation station. Participants must score an 80% on the written exam and must be able to follow the nursing process to evaluate and discuss management of a simulated trauma patient using manikins or other victims.

This packet will direct you to the ENA’s site to review several pre-course lectures presented by the ENA – the course exam will contain 10 questions relating to these lectures. Should you have any problems with the ENA site, you can contact ENA Course Operations at 1-800-GET-ENA or contact the Course Director above.

Reviewing the textbook and completing the pre-test will help ensure a stress-free learning experience. We have found that the combination of pre-course preparation and our faculty’s presentations and skills stations prepare most participants to complete the program with no problem. The ENA does allow for “some” remediation, but states that participants who cannot complete the final exams successfully must re-take the course.

Cancellation Policy: Due to the stringent ratios, once registered, cancellations greater than 5 business days are eligible for a refund minus a $100.00 administrative fee. Cancellations within 3-5 business days of the course are eligible for a refund minus a 50% of course fee. If cancellation is received 2 business days before the course, entire fee is forfeited.

Rescheduling Policy: Rescheduling between 3-5 business days prior to the course will incur a $100.00 administrative fee. Rescheduling 2 business days before the course will incur a 50% fee of the course fee.

Participants who are “No Shows” or those who call to cancel or change the night before or morning of a course will forfeit all registration fees.

Attached you will find: *Online precourse directions *Course syllabus *Written pretest *Trauma Nursing Process (TNP) overview – being familiar with all of this information is required prior to entering the program.

If you have any questions, feel free to contact the course director above.
We look forward to seeing you at TNCC.

Shaun Fix and the TNCC Staff
(772) 878-3085 * Fax (772) 878-7909 * E-mail: info@medicaltraining.cc
597 SE Port St. Lucie Blvd * Port St Lucie, Florida 34984
Visit Our Website at EMCmedicaltraining.com
The five online modules cover the following chapters:

- Chapter 4: Biomechanics, Kinematics, and Mechanisms of Injury (run time 13 minutes)
- Chapter 16: Special Populations: The Pregnant Trauma Patient (run time 18 minutes)
- Chapter 18: Special Populations: The Older Adult Trauma Patient (run time 13 minutes)
- Chapter 19: Special Populations: The Bariatric Trauma Patient (run time 18 minutes)
- Chapter 20: Special Populations: The Interpersonal Violence Trauma Patient (run time 17 minutes)

To Access the 7th edition TNCC Provider Pre-Course Online Modules:

1. Go to ENA.org select the Education tab and click on ENA LEARN. Scroll down and select Find a Course.
2. Log in to the ENA website or create an account.
3. Select the category button named TNCC. Scroll down to find TNCC Provider Course Online Modules and add to your shopping cart.
4. Enter the discount code TNCCENA7 and click on apply. **There will be no cost to you.** The discount code will bring the cost to zero. Do not use a credit card for payment. Payments will not be credited or refunded.
5. DO NOT proceed until the discount code is applied. Click on the Check-Out button, and complete the checkout process.
6. To access your course, select the Go to Your Online Courses button at the bottom of the confirmation page.
7. Select Click here to Proceed to your Courses.
8. Under Online Courses, select TNCC Provider Course Modules.

To Return to the Modules:

You may log out of the online modules and return to them as often as necessary. Should you need to return to the modules again follow the steps below:

1. Go to ENA.org select the Education tab and click on Go to Your Online Courses.
2. Log in to the ENA website.
3. Select Click Here to Proceed to Your Courses.

To record completion select the Submit Contact Hours button in the course profile. You will complete a course evaluation at this time. The certificate for contact hours will be provided to you by your Course Director. While not required, you may print a certificate of completion for your records.

*It is encouraged that all students complete the modules as well as read the provider manual. The online modules, in person class and the provider manual are meant to supplement each other to provide a more robust learning experience focused on retention and to provide for more hands-on skill training in the classroom setting.*

If you have questions or are experiencing technical difficulties please contact elearning@ena.org or the education department at 847-460-4123.
To return to the modules again:

Should you need to return to these modules again, you can assess the online modules from the same location on the ENA website by following the steps below

1. Visit [www.ena.org/tncc](http://www.ena.org/tncc) and skip to step 6 OR
2. Go to the ena.org website
3. Click on the purple ‘Education’ tab to reveal the dropdown menu
4. Click on ENPC/TNCC
5. Click on TNCC link mid page
6. Click on the link toward the top of the TNCC page called ‘Access TNCC Provider Course Online Modules’
7. Once you click on this link, you will be taken to a website separate from the ENA website to access the online modules:

   • **Returning Users:** Enter your Username and Password in the login area in the top center of the screen
   • Click on the Launch button to access any of the 5 online learning modules

   • To open any of the online modules, click on the module name. You can view the modules in any order. **When finished watching each module, close out of the module window and click on the Take Module Assessment located in the upper right corner, answer the questions to verify completion of that individual module.**
   • Students can log out of the online modules and return to them as often as they need to.

As a reminder: This is not the ENA website that you are logging into, so the username and password is relevant only for the TNCC online modules.

There is not a contact hour certificate produced upon completion of the online modules. The contact hours associated with the online modules are to be included in the total contact hours given at the completion of the course.

Please note: It is encouraged that all students complete the modules as well as read the provider manual. The online modules, in-person class, and the provider manual are meant to supplement each other to provide a more robust learning experience focused on retention and to provide for more hands-on skill training in the classroom setting.

If you have any questions or issues with the login process, or technical difficulties with the online modules, please contact ENA Educational Services at 847-460-4123.
# TRAUMA NURSE CORE COURSE AGENDA

## Day 1

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## Day 2

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<td>Musculoskeletal Trauma</td>
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<td>Psychosocial Aspects of Trauma Care</td>
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<tr>
<td><strong>LUNCH</strong></td>
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<td>Written examination/psychomotor testing</td>
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1. What is the key to a high performing trauma team?
   a. Individual goals
   b. Use of the SBAR tool
   c. Identification of a single decision maker
   d. Consistent communication

2. When obtaining a history for an injured patient, determining energy transfer through biomechanical data helps the nurse to:
   a. anticipate the types of injury that may be present.
   b. decide if law enforcement should be notified.
   c. determine needed laboratory tests.
   d. predict the need for a surgical procedure.

3. The major preventable cause of death in the trauma patient is:
   a. airway compromise.
   b. ineffective ventilation.
   c. secondary head injury.
   d. uncontrolled hemorrhage.

4. The across-the-room observation step in the initial assessment provides the opportunity to:
   a. assess for uncontrolled internal hemorrhage.
   b. accurately triage the patient.
   c. reprioritize circulation before airway or breathing.
   d. activate the trauma team.

5. Which of the following accurately describes ventilation principles associated with a bag-mask device?
   a. Ventilate at a rate of 10 to 12 breaths/min
   b. Deliver 100% oxygen
   c. Compress the bag-mask device completely
   d. Maintain the oxygen saturation level between 92% and 94%

6. Which of the following is the best measure of the adequacy of cellular perfusion and helps to predict the outcome of resuscitation?
   a. End-tidal carbon dioxide
   b. Hypoxia
   c. Base deficit
   d. Oxygen saturation

7. According to the World Health Organization pain relief ladder, adjuvant medications are:
   a. Treatment for symptoms associated with pain
   b. An alternative to nonpharmacologic interventions
   c. Given for sedative properties
   d. Most effective for severe pain

8. In a patient with severe traumatic brain injury, hypocapnia causes:
   a. respiratory acidosis.
   b. metabolic acidosis.
   c. neurogenic shock.
   d. cerebral vasoconstriction.
9. A patient with a knife injury to the neck has an intact airway and is hemodynamically stable. He complains of difficulty swallowing and speaking. Further assessment is indicated next for which of the following conditions?
   a. Damage to the spinal cord
   b. An expanding pneumothorax
   c. Laceration of the carotid artery
   d. Injury to the thyroid gland

10. What is the appropriate technique to palpate the pelvis for stability?
    a. Apply gentle pressure over the iliac wings downward and laterally
    b. Apply gentle pressure over the iliac wings downward and medially
    c. Apply firm pressure over the iliac wings downward and laterally
    d. Apply firm pressure over the iliac wings downward and medially

11. A patient with a spinal cord injury at C5 is being cared for in the emergency department while awaiting transport to a trauma center. Which of the following represents the highest priority for ongoing assessment?
    a. Monitor respiratory status
    b. Administer balanced resuscitation fluid
    c. Perform serial assessments of neurologic function
    d. Observe for signs of distributive shock

12. What is the first step to stop a hemorrhage associated with an amputated extremity?
    a. Elevate the extremity to the level of the heart
    b. Initiate direct pressure
    c. Apply a tourniquet
    d. Splint the residual limb

13. Treatment for frostbite includes:
    a. Warm the affected part slowly over 30 to 60 minutes
    b. Use gentle friction to improve circulation
    c. Administer aspirin
    d. Leave blisters intact

14. A 30-week pregnant trauma patient’s vital signs include a blood pressure of 94/72 mm Hg and a heart rate of 108 beats/min. Fetal heart tones are 124 beats/min. The emergency nurse interprets the patient’s hemodynamic findings as an indication of which of the following?
    a. Decompensated shock
    b. Normal vital signs in pregnancy
    c. Placental abruption
    d. Supine hypotension syndrome

15. While performing an assessment on a 13-month-old involved in a motor vehicle collision, the nurse identifies which of the following findings from the patient as a potential sign of mental status changes?
    a. Sunken fontanel
    b. Crying, but consolable
    c. Hyperglycemia
    d. Cooperation with the assessment
16. What is the best position to maintain an open airway in the bariatric patient?
   a. Prone
   b. Supine
   c. Reverse Trendelenburg
   d. Right lateral recumbent

17. The nurse is obtaining a history for a patient who presents following sexual assault. This history is completed using which of the following techniques?
   a. Bring the family in to the interview room
   b. Use direct quotes to record information
   c. Assure law enforcement and social services wait until the nursing history is completed
   d. Provide food and drink before creating a rapport

18. A trauma nurse cared for a child with devastating burns 2 weeks ago. She called in sick for a couple of days and is now back working on the team. Which of the following behaviors would indicate this nurse is coping well?
   a. She is talking about taking the emergency nursing certification examination
   b. She keeps requesting to be assigned to the walk-in/ambulatory area
   c. She is impatient and snaps at coworkers
   d. She is thinking about transferring out of the emergency department

19. Following a bomb explosion, fragmentation injuries from the bomb or objects in the environment are examples of which phase of injury?
   a. Primary
   b. Secondary
   c. Tertiary
   d. Quaternary

20. A patient is diagnosed with small subdural hematoma with a history of a trip and fall in which he hit his head on the sink two weeks ago. He is waiting for an inpatient bed. The nursing shift report indicates that he did not sleep last night and has been very anxious. As the nurse begins an assessment, he vomits and states he couldn’t sleep because a young child kept coming in his room during the night. What is a likely cause for these signs and symptoms?
   a. Increased intracranial pressure
   b. Alcohol withdrawal
   c. Rhabdomyolysis
   d. Pulmonary embolus
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TRAUMA NURSE PROCESS
STUDY GUIDE

PRIOR TO PATIENT ARRIVAL

1. STATES THE NEED TO ACTIVATE TRAUMA TEAM
2. STATES THE NEED TO PREPARE TRAUMA ROOM - GATHER ANY SPECIAL
   EQUIPMENT - RAPID INFUSERS, TOURNIQUETS, PEDIATRIC SUPPLIES, OB SUPPLIES,
   FETAL MONITOR, ETC.
3. STATES NEED TO DON PPE
4. IF APPROPRIATE, STATE NEED TO CONSIDER DECONTAMINATION
   THE PATIENT ARRIVES
5. ASSESSES FOR ANY UNCONTROLLED EXTERNAL HEMORRHAGE - NEED TO
   REPRIORITIZE TO C-ABC.

6. **ASSESS LEVEL OF CONSCIOUSNESS – AVPU

7. IF UNRESPONSIVE, HAVE SECOND PERSON HOLD MANUAL TRACTION WHILE
   OPENING AIRWAY USING JAW THRUST MANEUVER. IF RESPONSIVE, ASK PATIENT TO
   OPEN THEIR MOUTH.

8. **INSPECT THE MOUTH/AIRWAY FOR AT LEAST FOUR OF THE
   FOLLOWING:
   a. TONGUE OBSTRUCTION
   b. LOOSE OR MISSING TEETH
   c. FOREIGN OBJECTS
   d. BLOOD, VOMITUS OR SECRETIONS
   e. EDEMA
   f. SNORING, GURGLING OR STRIDOR
   g. BONY DEFORMITY

9. IF ANY OF THE ABOVE EXIST, FIX IT – SUCTION, OPA, REPOSITION THEN REASSESS

10. IF YOU HAD TO PLACE AN OPA TO MAINTAIN AIRWAY, STATE THE NEED FOR A
    DEFINITIVE AIRWAY

11. **ASSESS BREATHING, MUST ASSESS AT LEAST FOUR OF THE
    FOLLOWING:
    a. SPONTANEOUS BREATHING?
    b. SYMMETRICAL CHEST RISE AND FALL?
    c. DEPTH, PATTERN AND RATE OF RESPIRATIONS?
d. INCREASED WORK OF BREATHING?

e. SKIN COLOR?

f. OPEN WOUNDS OR DEFORMITIES?

g. BREATH SOUNDS PRESENT? EQUAL?

h. SUBCUTANEOUS EMPHYSEMA?

i. JVD? TRACHEAL DEVIATION?

12. BASED ON YOUR FINDINGS YOU MUST DO ONE OF TWO THINGS:

a. O2 AT 15 LITERS VIA NON REBREATHE MASK IF BREATHING IS STABLE

b. IF UNSTABLE, ASSIST VENTILATIONS WITH BAG-MASK DEVICE, PREPARE TO INTUBATE

13. **ONCE PATIENT IS INTUBATED, YOU MUST CHECK TUBE PLACEMENT BY DOING ALL FIVE OF THE FOLLOWING:

a. ATTACH CO2 DETECTOR

b. OBSERVE RISE AND FALL OF CHEST WHILE LISTENING OVER EPIGASTRUM

c. AUSCULTATE FOR BILATERAL BREATH SOUNDS

d. ATER 5-6 BREATHS OBSERVE CO2 DETECTOR FOR EVIDENCE OF CO2 IN EXHALED AIR

e. ASSESS FOR COLOR IMPROVEMENT

14. ASSESS TUBE POSITION, SECURE TUBE, BEGIN MECHANICAL VENTILATION OR CONTINUE ASSISTED VENTILATION

15. **ASSESS CIRCULATION – MUST DO ALL THREE

a. LOOK FOR UNCONTROLLED BLEEDING

b. PALPATE CENTRAL PULSE

c. INSPECT AND PALPATE THE SKIN FOR COLOR, TEMPERATURE AND MOISTURE

16. BASED ON YOUR FINDINGS, INTERVENE ACCORDINGLY

17. CHECK PATENCY OF FIELD LINE, START 2ND LINE, DRAW BLOOD

18. **GIVE FLUIDS – CONTROLLED RATE, BOLUSES, RAPID RATE

19. REASSESS AS NEEDED

20. STATE NEED FOR BALANCED RESUSCITATION OR MTP

21. **ASSESS NEURO – FOUR SCORE IF INTUBATED OR GCS

22. CHECK PUPILS

23. *INTERVENE OR STATE NEED FOR INTERVENTION AS NEEDED – CT OF HEAD

24. **EXPOSE, KEEP THEM WARM, EVIDENCE COLLECTION
25. FULL SET OF V/S
26. FAMILY
27. LAB (IF NOT DRAWN WITH IV START)
28. CARDIAC MONITOR
29. GASTRIC TUBE
30. PULSE OX AND CAPNOGRAPHY
31. *PAIN SCORE
32. NONPHARMACOLOGIC COMFORT MEASURE
33. ANALGESIC MEDICATION
34. HISTORY – MIST, PT GENERATED, PMH
35. HEAD TO TOE
   a. HEAD AND FACE
   b. NECK
   c. CHEST – ASUCULTATE HEART AND LUNG
   d. ABDOMEN AND FLANKS – INSPECT, AUSCULTATE, PALPATE
   e. PERINEUM
   f. DOWNWARD MEDIAL PRESSURE OVER ILIAC CRESTS
   g. GENTLE PRESSURE OVER SYMPHYSIS PUBIX
   h. ASSESS NEEDS/CONTRAINDICATIONS FOR FOLEY CATHETER
   i. ALL FOUR EXTREMITIES
36. *WHILE MAINTAINING MANUAL CERVICAL AND SPINAL IMMOB. TURN TO INSPECT AND PALPATE POSTORIR
37. *IDENTIFY ALL INJURIES
38. THREE DIAGNOSTIC ADJUNCTS
39. REEVALUATE:
   a. PRIMARY ASSESSMENT
   b. V/S
   c. PAIN
   d. IDENTIFIED INJURIES & EFFECTIVENESS OF INTERVENTIONS
40. CONSIDER NEED TO TRANSFER TO TRAUMA CENTER OR TO SURGERY