

TNCC Written Exam Complete Guide | Questions and Verified Answers |2023/ 2024 Update

Question:

How do you inspect the chest for adequate ventilation?

Answer:

Observe:

- mental status
- RR and pattern
- chest wall symmetry
- any injuries
- patient's skin color (cyanosis?)
- JVD or tracheal deviation? (Tension pneumothorax)

Question:

What are you looking for when auscultating lung sounds?

Answer:

Absence of BS:

- Pneumothorax
- Hemothorax
- Airway Obstruction

Diminished BS:

- Splinting or shallow BS may be a result of pain

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Question:

What are you looking for when percussing the chest?

Answer:

Dullness:

- hemothorax

Hyperresonance

- Pneumothorax

Question:

What are you looking for when palpating the chest wall, clavicles and neck?

Answer:

- Tenderness
 - Swelling
 - subcutaneous emphysema
 - step-off deformities
- = These may indicate: esophageal, pleural, tracheal or bronchial injuries.

Palpate trachea above suprasternal notch. Tracheal deviation may indicate a tension pneumothorax or massive hemothorax.

Question:

What is the DOPE mnemonic?

Answer:

D - Displaced tube

O - Obstruction: Check secretions or pt biting tube

P - Pneumothorax: Condition may occur from original trauma or barotrauma from ventilator

E -

Equipment failure: pt may have become detached from equipment or there's a kink in the tubing

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Question:

Explain Hypovolemic Shock.

Answer:

Most common to affect a trauma pt cause by hypovolemia.. Hypovolemia, a decrease in amount of circulating blood volume, may result from significant loss of whole blood because of hemorrhage or from loss of semipermeable integrity of cellular membrane leading to leakage of plasma and protein from intravascular space to the interstitial space (as in a burn).

Some causes:

- Blood loss
- Burns, etc.

Question:

Explain Cardiogenic Shock.

Answer:

Syndrome that results from ineffective perfusion caused by ineffective perfusion caused by inadequate contractility of cardiac muscle.

Some causes:

- MI
- Blunt cardiac injury
- Mitral valve insufficiency
- dysrhythmias
- Cardiac Failure

Question:

Explain Obstructive Shock.

Answer:

Results from inadequate circulating blood volume because of an obstruction or compression of great veins, aorta, pulmonary arteries, or heart itself.

Some causes:

- Cardiac tamponade (may compress the heart during diastole to such an extent that atria cannot adequately fill, leading to decreased stroke volume).
- Tension pneumothorax may lead to inadequate stroke volume by displacing inferior vena cava and obstructing venous return to right atrium
- Air embolus may lead to obstruction of pulmonary artery and subsequent obstruction to right ventricular outflow during systole, with resulting obstructive shock

Question:

What are S/S of penetrating trauma/open or ruptured globe?

Answer:

- Marked visual impairments
- Extrusion of intraocular contents
- Flattened or shallow anterior chamber
- Subconjunctival hemorrhage, hyphema
- Decreased intraocular pressure
- Restriction of extraocular movements

Question: