

# **PRACTICE EXAM 12: TCRN MIRROR EXAM - TRAUMA**

## **CERTIFIED REGISTERED NURSE (175 QUESTIONS)**

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*This standalone practice exam contains 175 original single-best-answer questions with four options each. The current BCEN candidate handbook lists 180 minutes of seat time; the current TCRN content outline contains 150 scored blueprint items, and BCEN's November 2025 scoring update lists a passing point of 96/150. This 175-question practice set is an expanded mirror-style study resource, not a reproduction of BCEN examination content and not affiliated with or endorsed by BCEN. Select the best answer, then review the keyed explanations.*

1. During a focused trauma reassessment, the nurse receives this head-and-neck update: A patient with a severe head injury has a declining level of consciousness and vomits repeatedly. Which nursing action should take precedence?

- A. Place the patient flat and delay suctioning
- B. Protect the airway while maintaining cervical-spine precautions
- C. Give oral fluids to prevent dehydration
- D. Remove the cervical collar for a complete neck exam

2. The next bedside report highlights the following neurologic or airway concern: A patient with traumatic brain injury becomes increasingly restless, develops unequal pupils, and has a new unilateral weakness. What interpretation best explains the finding?

- A. The findings indicate uncomplicated concussion recovery
- B. The changes are most consistent with isolated hypoglycemia
- C. The patient is showing expected effects of analgesia
- D. The patient may be developing intracranial herniation

3. The trauma clinician asks the nurse to respond to this cranial or cervical finding: A patient with suspected traumatic brain injury is being ventilated. Which intervention best helps limit secondary brain injury?

- A. Allow prolonged hypoxemia to reduce cerebral blood flow
- B. Use routine deep hyperventilation for every head injury
- C. Maintain adequate oxygenation and avoid hypotension
- D. Withhold analgesia so neurologic findings remain visible

4. At handoff, the receiving nurse reviews this head-and-neck scenario: A patient struck by a vehicle has a brief lucid interval followed by rapid neurologic deterioration. Which injury pattern is most concerning?

- A. A minor scalp contusion
- B. An epidural hematoma
- C. An uncomplicated nasal fracture
- D. A stable concussion without bleeding

5. During a focused trauma reassessment, the nurse receives this head-and-neck update: An older adult taking anticoagulants falls and strikes the head. The initial neurologic examination is normal. What is the priority concern?

- A. Immediate cervical traction
- B. Routine oral nutrition
- C. Uncomplicated muscle soreness
- D. Delayed intracranial bleeding

**6.** The next bedside report highlights the following neurologic or airway concern: A patient with facial trauma has clear drainage from one nostril after a basilar skull fracture. Which response should the nurse choose?

- A. Insert a nasogastric tube through the affected nostril
- B. Pack the nostril deeply with gauze
- C. Avoid nasal instrumentation and notify the trauma team
- D. Encourage forceful nose blowing to clear the drainage

**7.** The trauma clinician asks the nurse to respond to this cranial or cervical finding: A patient with severe traumatic brain injury has hypotension after hemorrhage. Which principle should guide resuscitation?

- A. Restore circulating volume and cerebral perfusion promptly
- B. Accept prolonged hypotension to keep bleeding contained
- C. Restrict oxygen while waiting for imaging
- D. Treat the blood pressure only after neurologic swelling resolves

**8.** At handoff, the receiving nurse reviews this head-and-neck scenario: A patient with a cervical spinal cord injury is pale, warm, and hypotensive with a slow heart rate. Which condition is most likely?

- A. Uncomplicated anxiety
- B. Isolated hypovolemic shock without spinal involvement
- C. A mild medication reaction
- D. Neurogenic shock

**9.** During a focused trauma reassessment, the nurse receives this head-and-neck update: A patient with a high cervical spinal cord injury has shallow respirations and a weak cough. What should the nurse be prepared to do?

- A. Routine ambulation before reassessment
- B. Oral feeding without a swallow evaluation
- C. Early respiratory support and aggressive secretion management
- D. Discontinuation of continuous respiratory monitoring

**10.** The next bedside report highlights the following neurologic or airway concern: Which finding most strongly supports spinal shock rather than isolated extremity trauma?

- A. Flaccid paralysis and absent reflexes below the injury
- B. Localized bruising with intact motor function
- C. A painful but stable ankle sprain
- D. Mild paresthesia that resolves immediately

**11.** The trauma clinician asks the nurse to respond to this cranial or cervical finding: A patient with possible cervical-spine injury requires repositioning for airway management. Which technique is safest?

- A. Rotate the head independently to inspect the neck
- B. Use a coordinated log roll with manual in-line stabilization
- C. Pull the patient forward by the arms
- D. Remove all stabilization before moving the patient

**12.** At handoff, the receiving nurse reviews this head-and-neck scenario: A patient with a head injury develops a new unilateral dilated pupil. Which action is most appropriate?

- A. Escalate immediately for possible mass effect
- B. Document the finding and reassess at the end of the shift
- C. Dim the lights and continue routine care
- D. Give oral analgesia before notifying anyone

**13.** During a focused trauma reassessment, the nurse receives this head-and-neck update: A patient with suspected intracranial hypertension is being positioned. Which approach is generally appropriate when not contraindicated?

- A. Place the neck in marked rotation
- B. Keep the patient completely flat
- C. Flex the hips sharply to improve venous return
- D. Keep the head midline and elevate the head of the bed

**14.** The next bedside report highlights the following neurologic or airway concern: A patient with traumatic brain injury becomes agitated while hypoxemic. Which nursing response is best?

- A. Assume the behavior is psychiatric and apply restraints first
- B. Correct oxygenation and assess for physiologic causes before sedating
- C. Ignore the behavior until the next scheduled assessment
- D. Give oral medication without checking airway status

**15.** The trauma clinician asks the nurse to respond to this cranial or cervical finding: A patient with a depressed skull fracture has a visible scalp wound. Which care is appropriate initially?

- A. Probe the wound to determine fracture depth
- B. Pack the wound tightly against the skull
- C. Cover with a sterile dressing; avoid pressure on exposed tissue
- D. Irrigate forcefully before neurologic stabilization

**16.** At handoff, the receiving nurse reviews this head-and-neck scenario: A patient with head trauma has a declining Glasgow Coma Scale score and cannot protect the airway. Which concern is the priority?

- A. Offer sips of water to test swallowing
- B. Wait for a routine outpatient neurologic evaluation
- C. Remove monitoring so the patient can rest
- D. Prepare for definitive airway management with spinal protection

**17.** During a focused trauma reassessment, the nurse receives this head-and-neck update: A patient with a traumatic spinal cord injury suddenly develops worsening weakness during transfer. What should the nurse do first?

- A. Stop the transfer and stabilize the spine
- B. Complete the transfer quickly to save time
- C. Ask the patient to walk to test strength
- D. Remove the collar to inspect skin

**18.** The next bedside report highlights the following neurologic or airway concern: A patient with severe head injury has a new seizure. Which intervention is the immediate priority?

- A. Force a padded object into the mouth
- B. Protect the airway and prevent injury during the seizure
- C. Hold the extremities still
- D. Leave the patient unattended while obtaining documentation

**19.** The trauma clinician asks the nurse to respond to this cranial or cervical finding: A patient with suspected cervical injury reports midline neck pain after a collision. Which nursing action is appropriate?

- A. Ask the patient to rotate the neck fully
- B. Remove the collar because pain is expected
- C. Maintain immobilization while completing the trauma assessment
- D. Allow unsupported sitting for comfort

**20.** At handoff, the receiving nurse reviews this head-and-neck scenario: A patient with facial trauma has gurgling respirations and blood pooling in the mouth. Which intervention should occur first?

- A. Insert a nasogastric tube immediately
- B. Place the patient supine without suction
- C. Wait for facial imaging before intervening
- D. Suction the airway while maintaining spinal precautions

**21.** During a focused trauma reassessment, the nurse receives this head-and-neck update: A patient with blunt orbital trauma has severe pain, proptosis, and rapidly decreasing vision. Which complication is most urgent?

- A. A superficial eyelid abrasion
- B. Orbital compartment syndrome
- C. A stable nasal contusion
- D. Simple allergic conjunctivitis

**22.** The next bedside report highlights the following neurologic or airway concern: A patient has a suspected globe rupture after penetrating eye trauma. Which nursing action is correct?

- A. Patch both eyes tightly with gauze
- B. Irrigate the eye forcefully
- C. Apply a rigid eye shield without exerting pressure
- D. Remove the penetrating object at bedside

**23.** The trauma clinician asks the nurse to respond to this cranial or cervical finding: A patient with an isolated hyphema after blunt eye trauma is being positioned. Which response should the nurse choose?

- A. Elevate the head and avoid pressure on the eye
- B. Place the patient prone
- C. Massage the closed eyelid
- D. Encourage vigorous activity to improve circulation

**24.** At handoff, the receiving nurse reviews this head-and-neck scenario: A patient with facial fractures has progressive swelling and muffled speech. What is the nurse's priority concern?

- A. Loss of airway patency from expanding edema
- B. Delayed development of a pressure injury
- C. Routine dental discomfort
- D. An uncomplicated cosmetic concern

**25.** During a focused trauma reassessment, the nurse receives this head-and-neck update: A patient with penetrating neck trauma has active bleeding and expanding neck swelling. What is the priority action?

- A. Apply deep blind pressure into the wound
- B. Send the patient for routine radiography first
- C. Have the patient drink water to assess swallowing
- D. Call for immediate airway and hemorrhage-control support

**26.** The next bedside report highlights the following neurologic or airway concern: A patient with blunt neck trauma develops hoarseness, stridor, and subcutaneous emphysema. Which interpretation is most appropriate?

- A. Expected mild throat irritation
- B. Possible laryngeal injury with impending airway compromise
- C. Isolated dental trauma
- D. A benign anxiety response

**27.** The trauma clinician asks the nurse to respond to this cranial or cervical finding: A patient with a high cervical injury has hypotension and bradycardia, but no obvious external hemorrhage. Which assessment is most important?

- A. Assume the blood pressure is normal for trauma
- B. Give a large oral fluid bolus
- C. Evaluate for neurogenic shock while continuing to search for occult bleeding
- D. Stop monitoring because the skin is warm

**28.** At handoff, the receiving nurse reviews this head-and-neck scenario: A patient with suspected carotid injury after neck trauma has transient unilateral weakness. What should the nurse do?

- A. Attribute the episode to anxiety
- B. Encourage ambulation to assess recovery
- C. Delay reporting until symptoms recur
- D. Escalate for urgent vascular and neurologic evaluation

**29.** During a focused trauma reassessment, the nurse receives this head-and-neck update: A patient with a cervical collar after trauma reports increasing pressure under the occiput. Which nursing response is indicated?

- A. Remove the collar permanently
- B. Ignore the complaint because collars are uncomfortable
- C. Reassess fit, skin, alignment, and neurologic status
- D. Add extra padding without reassessing alignment

**30.** The next bedside report highlights the following neurologic or airway concern: A patient with traumatic brain injury has worsening headache and repeated vomiting after an initially stable period. Which action is best?

- A. Offer a meal and reassess tomorrow
- B. Notify the trauma provider immediately and repeat focused neurologic assessment
- C. Assume the symptoms are medication related
- D. Encourage sleep without further monitoring

**31.** The trauma clinician asks the nurse to respond to this cranial or cervical finding: A patient with facial trauma has a loose tooth and copious oral blood. Which intervention best reduces immediate airway risk?

- A. Retrieve clearly loose debris and suction secretions
- B. Push the tooth deeper to control bleeding
- C. Blindly sweep the entire mouth with fingers
- D. Delay suction until after computed tomography

**32.** At handoff, the receiving nurse reviews this head-and-neck scenario: A patient with an open facial fracture is being prepared for transfer. Which handoff detail is most important?

- A. The patient's preferred television program
- B. The time of the last routine meal only
- C. A stable social-history detail without clinical relevance
- D. The airway trend, suction needs, and changes in neurologic status

**33.** During a focused trauma reassessment, the nurse receives this head-and-neck update: A patient with a traumatic subarachnoid hemorrhage becomes photophobic and develops worsening neck stiffness. Which nursing response is indicated?

- A. Continue neurologic monitoring and report the change promptly
- B. Encourage neck flexion exercises
- C. Place the patient in a dark room without monitoring
- D. Treat the symptoms as an uncomplicated migraine

**34.** The next bedside report highlights the following neurologic or airway concern: A patient with a suspected spinal cord injury has loss of temperature sensation below the lesion. Which nursing implication is most important?

- A. Assume the patient will sense pressure normally
- B. Use external temperature protection and frequent skin checks
- C. Apply heating devices directly to numb skin
- D. Limit all repositioning to avoid disturbing the patient

**35.** The trauma clinician asks the nurse to respond to this cranial or cervical finding: A patient with traumatic brain injury is restless and pulling at lines. Which approach best reflects trauma-informed care?

- A. Threaten restraints before assessing the cause
- B. Use loud commands from several staff members
- C. Explain each action, reduce stimulation, and address pain or fear
- D. Assume noncooperation reflects intentional behavior

**36.** At handoff, the receiving nurse reviews this head-and-neck scenario: A patient with a suspected cervical fracture develops respiratory fatigue during observation. Which action is most appropriate?

- A. Escalate airway support while maintaining cervical alignment
- B. Encourage unassisted coughing until exhaustion
- C. Remove stabilization to improve chest movement
- D. Wait for a routine morning assessment

**37.** During a focused trauma reassessment, the nurse receives this torso update: A patient with multiple rib fractures has paradoxical chest movement and increasing work of breathing. Which intervention is best indicated?

- A. Bind the entire chest tightly with circumferential tape
- B. Encourage the patient to lie flat without monitoring
- C. Provide oxygenation and prepare for ventilatory support
- D. Delay analgesia until the fracture is surgically repaired

**38.** The next bedside report highlights the following chest, abdominal, or pelvic concern: A patient has an open chest wound with a sucking sound. What should the nurse do first?

- A. Seal the wound on all four sides without reassessment
- B. Pack the wound deeply with gauze
- C. Remove the dressing whenever the patient inhales
- D. Apply a vented or three-sided occlusive dressing and assess breathing

**39.** The trauma clinician asks the nurse to respond to this trunk or pelvic finding: A patient with chest trauma suddenly develops severe dyspnea, hypotension, and absent breath sounds on one side. Which concern is the priority?

- A. Wait for a confirmatory chest radiograph
- B. Prepare for immediate decompression of suspected tension pneumothorax
- C. Place the patient in a quiet room for observation
- D. Encourage oral fluids before intervention

**40.** At handoff, the receiving nurse reviews this thoracoabdominal scenario: A patient with blunt chest trauma has a large hemothorax and persistent respiratory compromise. Which intervention should the nurse anticipate?

- A. Tube thoracostomy with ongoing output and hemodynamic monitoring
- B. Routine oral antibiotics without drainage
- C. A tight abdominal binder
- D. Unmonitored ambulation to improve ventilation

**41.** During a focused trauma reassessment, the nurse receives this torso update: A patient with chest trauma has continued high-volume drainage after tube thoracostomy and remains unstable. What should the nurse be prepared to do?

- A. Clamping the chest tube for several hours
- B. Discharging the patient after pain medication
- C. Removing the tube to prevent further blood loss
- D. Urgent surgical evaluation for ongoing intrathoracic bleeding

**42.** The next bedside report highlights the following chest, abdominal, or pelvic concern: A patient with pulmonary contusion has worsening oxygenation several hours after blunt trauma. Which explanation is most likely?

- A. The lungs should improve immediately after every contusion
- B. The change proves an isolated abdominal injury
- C. Pulmonary edema and impaired gas exchange can evolve after the initial injury
- D. The patient is experiencing only anxiety

**43.** The trauma clinician asks the nurse to respond to this trunk or pelvic finding: A patient with significant blunt chest trauma has a new dysrhythmia. Which assessment is most important?

- A. Stop cardiac monitoring because the injury is external
- B. Obtain continuous cardiac monitoring and evaluate for blunt cardiac injury
- C. Encourage strenuous activity to reproduce symptoms
- D. Treat the rhythm as anxiety without assessment

**44.** At handoff, the receiving nurse reviews this thoracoabdominal scenario: A patient with penetrating precordial trauma has hypotension and a positive focused cardiac ultrasound for pericardial fluid. Which concern is the priority?

- A. Activate urgent management for traumatic cardiac tamponade
- B. Administer oral fluids and reassess later
- C. Place the patient prone for comfort
- D. Delay action until all laboratory results return

**45.** During a focused trauma reassessment, the nurse receives this torso update: A patient after high-energy deceleration has chest pain, unequal pulses, and a widened mediastinum. Which injury is most concerning?

- A. Isolated superficial chest-wall bruising
- B. Uncomplicated viral pleurisy
- C. A stable clavicle fracture alone
- D. Blunt traumatic aortic injury

**46.** The next bedside report highlights the following chest, abdominal, or pelvic concern: A patient with multiple rib fractures is elderly and splints with each breath. Which plan best reduces pulmonary complications?

- A. Avoid analgesia so respirations remain observable
- B. Provide multimodal analgesia, pulmonary hygiene, and frequent reassessment
- C. Use routine chest binding throughout the day
- D. Restrict coughing and incentive breathing

**47.** The trauma clinician asks the nurse to respond to this trunk or pelvic finding: A patient with suspected tracheobronchial injury has persistent air leak and subcutaneous emphysema after chest-tube placement. What should the nurse be prepared to do?

- A. Immediate removal of the chest tube
- B. Routine discharge teaching
- C. Advanced airway and surgical evaluation
- D. Blind clamping of the tube

**48.** At handoff, the receiving nurse reviews this thoracoabdominal scenario: A patient with blunt abdominal trauma is hypotensive and has free fluid on focused ultrasound. Which concern is the priority?

- A. Prepare for rapid hemorrhage control while supporting resuscitation
- B. Delay action for a lengthy oral history
- C. Send the patient to the waiting room
- D. Give a meal before any procedure

**49.** During a focused trauma reassessment, the nurse receives this torso update: A patient with left upper-quadrant trauma develops referred shoulder pain and worsening hypotension. Which injury is most likely?

- A. Isolated right tibial fracture
- B. Splenic injury with intraperitoneal bleeding
- C. Uncomplicated bladder irritation
- D. A superficial shoulder strain

**50.** The next bedside report highlights the following chest, abdominal, or pelvic concern: A patient with right upper-quadrant blunt trauma has abdominal tenderness and falling hemoglobin. Which organ injury should be considered?

- A. Isolated cervical sprain
- B. Uncomplicated renal colic without trauma
- C. A superficial forearm laceration
- D. Liver injury

**51.** The trauma clinician asks the nurse to respond to this trunk or pelvic finding: A patient struck by a steering wheel develops increasing abdominal pain several hours later. Which finding most suggests hollow-viscus injury?

- A. Stable appetite with no tenderness
- B. An isolated painless scalp bruise
- C. Progressive peritoneal signs and abdominal rigidity
- D. Improving pain after a brief rest

**52.** At handoff, the receiving nurse reviews this thoracoabdominal scenario: A patient with a seat-belt sign has mild abdominal tenderness and normal initial vital signs. What is the best nursing implication?

- A. Continue serial abdominal assessment and communicate the risk of bowel injury
- B. Consider the patient cleared because the first examination is benign
- C. Provide a large meal to test tolerance
- D. Discontinue monitoring after a normal initial scan

**53.** During a focused trauma reassessment, the nurse receives this torso update: A patient with a retroperitoneal duodenal injury has vague back pain and minimal abdominal findings. Which action is most appropriate?

- A. Dismiss the pain because the abdomen is soft
- B. Give laxatives to treat presumed constipation
- C. Maintain a high index of suspicion and trend the examination
- D. Encourage unrestricted oral intake

**54.** The next bedside report highlights the following chest, abdominal, or pelvic concern: A patient with an unstable pelvic fracture is hypotensive. Where should a pelvic binder be positioned?

- A. Across the upper abdomen
- B. Around the lower thighs only
- C. Over the iliac crests
- D. Centered over the greater trochanters

**55.** The trauma clinician asks the nurse to respond to this trunk or pelvic finding: A patient with a suspected open-book pelvic injury has severe pain and shock. Which intervention should occur early?

- A. Repeatedly open and close the pelvis to assess movement
- B. Apply pelvic stabilization while activating hemorrhage-control resources
- C. Place the patient in a walking boot
- D. Delay stabilization until after discharge planning

**56.** At handoff, the receiving nurse reviews this thoracoabdominal scenario: A patient with a pelvic fracture has blood at the urethral meatus. What should the nurse do?

- A. Avoid urethral catheterization and notify the trauma provider
- B. Insert a catheter gently to test patency
- C. Ask the patient to void forcefully
- D. Apply pressure directly to the meatus

**57.** During a focused trauma reassessment, the nurse receives this torso update: A patient with pelvic trauma has inability to void and suprapubic pain. Which injury should be suspected?

- A. Isolated shoulder dislocation
- B. Uncomplicated gastroesophageal reflux
- C. A superficial abdominal abrasion
- D. Bladder or urethral injury

**58.** The next bedside report highlights the following chest, abdominal, or pelvic concern: A patient with pelvic fracture remains hypotensive after external stabilization. What is the nurse's priority?

- A. Remove the binder for comfort
- B. Assume the bleeding has stopped
- C. Continue balanced resuscitation and escalate for definitive pelvic hemorrhage control
- D. Provide oral fluids instead of blood products

**59.** The trauma clinician asks the nurse to respond to this trunk or pelvic finding: A patient with blunt renal trauma has gross hematuria and flank ecchymosis. Which response should the nurse choose?

- A. Encourage vigorous exercise to clear the urine
- B. Trend urine output and hemodynamics while preparing for renal evaluation
- C. Insert a urethral catheter without assessment
- D. Ignore the finding because hematuria is expected

**60.** At handoff, the receiving nurse reviews this thoracoabdominal scenario: A patient with pelvic trauma has a distended abdomen, increasing ventilatory pressure, and oliguria. What complication should be considered?

- A. Simple hunger-related discomfort
- B. Isolated wrist sprain
- C. Abdominal compartment syndrome
- D. Uncomplicated postoperative nausea

**61.** During a focused trauma reassessment, the nurse receives this torso update: A patient with a penetrating abdominal wound has eviscerated bowel. Which intervention is correct?

- A. Push the bowel back into the abdomen
- B. Cover the organs with sterile moist dressings and avoid replacing them
- C. Apply dry adhesive tape directly to the bowel
- D. Irrigate the exposed organs with antiseptic solution

**62.** The next bedside report highlights the following chest, abdominal, or pelvic concern: A patient arrives with a large object impaled in the abdomen. What should the nurse do?

- A. Remove it immediately at the bedside
- B. Rotate it to assess the wound tract
- C. Shorten it without considering stability
- D. Stabilize the object in place and prepare for controlled removal

**63.** The trauma clinician asks the nurse to respond to this trunk or pelvic finding: A patient with blunt thoracic trauma has muffled heart sounds and narrowing pulse pressure. Which complication is concerning?

- A. Pericardial tamponade
- B. Isolated uncomplicated pneumonitis
- C. A stable rib bruise
- D. Mild dehydration without trauma

**64.** At handoff, the receiving nurse reviews this thoracoabdominal scenario: A mechanically ventilated patient suddenly becomes hypotensive with rising airway pressures and unilateral absent breath sounds. What should the nurse suspect?

- A. Improving pulmonary contusion
- B. Isolated urinary retention
- C. Tension pneumothorax
- D. A benign ventilator alarm

**65.** During a focused trauma reassessment, the nurse receives this torso update: A patient with suspected diaphragmatic rupture has bowel sounds in the chest and severe dyspnea. Which response should the nurse choose?

- A. Offer oral food to confirm bowel sounds
- B. Place the patient prone without monitoring
- C. Treat the finding as simple atelectasis
- D. Support ventilation and prepare for urgent surgical evaluation

**66.** The next bedside report highlights the following chest, abdominal, or pelvic concern: A patient with penetrating cardiac trauma arrests shortly after arrival. Which response should the nurse anticipate?

- A. Routine observation for spontaneous recovery
- B. Immediate resuscitative thoracic intervention by the trauma team
- C. Oral medication before chest intervention
- D. Discharge after a brief pulse check

**67.** The trauma clinician asks the nurse to respond to this trunk or pelvic finding: A patient with severe abdominal trauma has increasing pain, guarding, and a falling blood pressure. Which nursing action is best?

- A. Escalate immediately and prepare for operative or interventional management
- B. Give oral analgesia and wait for reassessment
- C. Encourage ambulation to assess abdominal function
- D. Offer food before the surgical decision

**68.** At handoff, the receiving nurse reviews this thoracoabdominal scenario: A patient with a suspected hollow-viscus injury develops fever and tachycardia after observation. What is the priority concern?

- A. Normal recovery from a superficial bruise
- B. Progressing intra-abdominal contamination and sepsis
- C. An isolated orthopedic complication
- D. Simple thirst after fasting

**69.** During a focused trauma reassessment, the nurse receives this torso update: A patient with a pelvic fracture reports numbness in one leg after binder placement. What should the nurse do?

- A. Reassess binder position, limb perfusion, and neurologic status immediately
- B. Tighten the binder further without assessment
- C. Ignore the symptom because pelvic pain is expected
- D. Remove all stabilization and let the patient stand

**70.** The next bedside report highlights the following chest, abdominal, or pelvic concern: A patient with an open pneumothorax becomes more distressed after a fully sealed dressing is applied. What should the nurse suspect?

- A. Improved ventilation from complete sealing
- B. A mild skin reaction only
- C. Unrelated abdominal pain
- D. Developing tension physiology from trapped pleural air

**71.** The trauma clinician asks the nurse to respond to this trunk or pelvic finding: A patient with thoracic trauma has chest-tube tidaling that suddenly stops with worsening dyspnea. Which concern is the priority?

- A. Clamp the tube routinely
- B. Remove the tube without assessment
- C. Assess for obstruction, disconnection, or recurrent pneumothorax
- D. Document the finding for the next shift

**72.** At handoff, the receiving nurse reviews this thoracoabdominal scenario: A patient with blunt abdominal trauma has a rigid abdomen but initially stable vital signs. Which action is most appropriate?

- A. Treat the finding as concerning and notify the trauma team
- B. Reassure the patient that stable vital signs exclude injury
- C. Give a laxative and discharge instructions
- D. Encourage a large meal for observation

**73.** During a focused trauma reassessment, the nurse receives this torso update: A patient with a pelvic fracture has cool skin, tachycardia, and increasing confusion. Which interpretation is most appropriate?

- A. The findings are expected anxiety without physiologic significance
- B. The patient is improving because pain is present
- C. The patient may be progressing into hemorrhagic shock
- D. The changes indicate isolated sleep deprivation

**74.** The next bedside report highlights the following chest, abdominal, or pelvic concern: A patient with a suspected extraperitoneal bladder injury has pelvic trauma and hematuria. Which nursing action is appropriate?

- A. Force catheter insertion despite resistance
- B. Maintain urinary precautions and follow the trauma team's diagnostic plan
- C. Encourage repeated straining to void
- D. Assume the bladder injury is ruled out by mild pain

**75.** The trauma clinician asks the nurse to respond to this trunk or pelvic finding: A patient with a blunt chest injury has persistent hypoxemia despite oxygen. Which assessment should occur next?

- A. Stop oxygen because it has not immediately cured the problem
- B. Focus only on the abdominal examination
- C. Encourage the patient to sleep without monitoring
- D. Reassess work of breathing, breath sounds, and evolving pulmonary complications

**76.** At handoff, the receiving nurse reviews this thoracoabdominal scenario: A patient with an abdominal stab wound has a dressing saturated with blood. What is the priority nursing action?

- A. Remove the original dressing to inspect the wound repeatedly
- B. Apply a heating pad over the abdomen
- C. Reinforce the dressing, assess perfusion, and activate hemorrhage-control support
- D. Offer oral fluids before assessment

**77.** During a focused trauma reassessment, the nurse receives this torso update: A patient with a high-energy pelvic injury requires transfer to an operating room. Which handoff information is essential?

- A. Only the patient's meal preference
- B. Binder application, hemodynamic trend, urine findings, and response to resuscitation
- C. A complete social history without current findings
- D. The time of routine bathing

**78.** The next bedside report highlights the following chest, abdominal, or pelvic concern: A patient with a suspected great-vessel injury becomes restless and develops unequal arm pressures. What should the nurse do?

- A. Encourage ambulation to equalize the pressures
- B. Apply a tight chest binder
- C. Delay reporting until the next scheduled vital signs
- D. Maintain close monitoring and escalate for urgent vascular management

**79.** The trauma clinician asks the nurse to respond to this trunk or pelvic finding: A patient with severe chest trauma has increasing subcutaneous emphysema around the neck. Which assessment is the priority?

- A. Evaluate airway patency and ventilatory status immediately
- B. Focus only on the patient's skin color later
- C. Remove all oxygen to inspect the neck
- D. Offer oral fluids before reassessment

**80.** At handoff, the receiving nurse reviews this thoracoabdominal scenario: A patient with abdominal trauma becomes increasingly distended after receiving resuscitation. What should the nurse do?

- A. Assume distention is harmless after fluids
- B. Reassess perfusion, ventilation, urine output, and abdominal pressure
- C. Apply a tight abdominal binder
- D. Encourage vigorous coughing

**81.** During a focused trauma reassessment, the nurse receives this extremity update: A patient with a tibial fracture reports escalating pain despite opioids and pain with passive toe movement. What is the priority concern?

- A. Acute compartment syndrome
- B. Expected fracture discomfort
- C. Uncomplicated venous insufficiency
- D. A superficial skin abrasion

**82.** The next bedside report highlights the following orthopedic or wound concern: A patient has a tense swollen forearm with progressive paresthesia after crush injury. Which intervention should the nurse anticipate?

- A. Tight circumferential wrapping
- B. Delayed outpatient massage
- C. Urgent surgical evaluation for fasciotomy
- D. Routine heat application

**83.** The trauma clinician asks the nurse to respond to this limb or wound finding: A patient rescued after prolonged limb compression has dark urine and muscle weakness. Which complication is most concerning?

- A. Isolated dehydration without tissue injury
- B. A simple superficial bruise
- C. An uncomplicated viral syndrome
- D. Rhabdomyolysis with risk for acute kidney injury

**84.** At handoff, the receiving nurse reviews this musculoskeletal scenario: A patient with uncontrolled extremity hemorrhage has a tourniquet applied before arrival. Which nursing action is appropriate?

- A. Loosen it periodically without an order
- B. Cover it so no one can inspect it
- C. Remove it immediately because pain is expected
- D. Document the application time and reassess bleeding and perfusion

**85.** During a focused trauma reassessment, the nurse receives this extremity update: A patient arrives with a traumatic amputation of the distal finger. Which care of the amputated part is correct?

- A. Place it directly on ice in an open container
- B. Immerse it in antiseptic solution
- C. Wrap in moist sterile gauze, seal, and cool without direct ice contact
- D. Leave it at room temperature beside the patient

**86.** The next bedside report highlights the following orthopedic or wound concern: A patient with an open tibial fracture is awaiting surgery. Which intervention is best indicated?

- A. Cover the wound sterilely, immobilize the limb, and prepare prescribed antibiotics
- B. Irrigate deeply at bedside until bone is hidden
- C. Allow weight bearing to assess stability
- D. Apply a tight circumferential cast before evaluation

**87.** The trauma clinician asks the nurse to respond to this limb or wound finding: A patient with a long-bone fracture develops sudden dyspnea, confusion, and petechiae. Which complication should the nurse suspect?

- A. Isolated anxiety after pain medication
- B. Fat embolism syndrome
- C. Simple dehydration
- D. A localized wound infection

**88.** At handoff, the receiving nurse reviews this musculoskeletal scenario: A patient with a dislocated shoulder has severe pain. Before and after reduction, which assessment is essential?

- A. Only the patient's pain score
- B. Bowel sounds and abdominal girth
- C. Distal pulses, sensation, and motor function
- D. Visual acuity alone

**89.** During a focused trauma reassessment, the nurse receives this extremity update: A patient with suspected vertebral injury reports new saddle anesthesia and urinary retention. Which concern is most urgent?

- A. A routine muscle strain
- B. Uncomplicated constipation
- C. A superficial sacral abrasion
- D. Possible cauda equina or neural-structure compression

**90.** The next bedside report highlights the following orthopedic or wound concern: A patient has a circumferential degloving injury of the lower leg. Which care is appropriate?

- A. Cover the tissue, control bleeding, and prepare for specialist wound management
- B. Trim away attached tissue at bedside
- C. Apply dry heat directly to the wound
- D. Encourage walking to test the skin

**91.** The trauma clinician asks the nurse to respond to this limb or wound finding: A patient with an open fracture has increasing drainage and fever during hospitalization. What should the nurse prioritize?

- A. Cover the drainage without documenting it
- B. Evaluate for deep infection and notify the orthopedic-trauma team
- C. Encourage exercise through worsening pain
- D. Assume fever is unrelated to the wound

**92.** At handoff, the receiving nurse reviews this musculoskeletal scenario: A patient with a femur fracture is being transferred for imaging. Which intervention helps prevent further injury?

- A. Remove the splint for transport convenience
- B. Ask the patient to bear weight
- C. Maintain alignment with an appropriate splint and reassess distal circulation
- D. Rotate the limb repeatedly to test movement

**93.** During a focused trauma reassessment, the nurse receives this extremity update: A patient with an elbow dislocation has a cool hand after reduction. What is the nurse's priority?

- A. Repeat the vascular assessment and notify the provider immediately
- B. Elevate the arm and reassess tomorrow
- C. Apply a tighter splint without checking pulses
- D. Encourage active range of motion

**94.** The next bedside report highlights the following orthopedic or wound concern: A patient with a spinal fracture must be moved from a stretcher to a bed. Which method is safest?

- A. Pull the patient by one arm
- B. Use a coordinated team transfer while preserving alignment
- C. Allow the patient to twist independently
- D. Flex the spine to ease the transfer

**95.** The trauma clinician asks the nurse to respond to this limb or wound finding: A patient with a new cast reports increasing pain, numbness, and tightness in the fingers. What should the nurse do?

- A. Elevate the limb and wait several hours
- B. Apply additional wrapping over the cast
- C. Encourage finger exercises only
- D. Assess circulation and compartment symptoms and escalate promptly

**96.** At handoff, the receiving nurse reviews this special-population scenario: An older adult with a low-energy fall is pale, confused, and tachycardic despite little visible bleeding. What should the nurse suspect?

- A. Occult hemorrhage or shock with limited physiologic reserve
- B. Normal aging without acute illness
- C. Simple hunger
- D. A stable bruise only

**97.** During a focused trauma reassessment, the nurse receives this special-population update: An older adult taking an anticoagulant has a minor head strike and new headache. Which action is most appropriate?

- A. Discharge because the impact was minor
- B. Escalate for intracranial evaluation and continued neurologic observation
- C. Give aspirin for the headache
- D. Encourage sleep without reassessment

**98.** The next bedside report highlights the following age-, pregnancy-, burn-, or violence-related concern: An older adult with fragile skin requires repeated repositioning after trauma. Which intervention is best?

- A. Massage reddened bony areas vigorously
- B. Use adhesive tape directly on fragile skin
- C. Limit all repositioning to prevent discomfort
- D. Use gentle handling, pressure redistribution, and frequent skin assessment

**99.** The trauma clinician asks the nurse to respond to this vulnerable-patient finding: A child with facial trauma has nasal flaring, retractions, and increasing fatigue. Which concern is the priority?

- A. Wait for a complete history before intervening
- B. Offer oral fluids to soothe the throat
- C. Support the airway and breathing while preparing age-appropriate equipment
- D. Place the child alone for quiet observation

**100.** At handoff, the receiving nurse reviews this special-population scenario: A child after blunt abdominal trauma is initially normotensive but becomes pale and tachycardic. Which interpretation is best?

- A. Normal excitement after an emergency
- B. Evidence that internal injury is absent
- C. A minor pain response without concern
- D. The child may be compensating for significant blood loss

**101.** During a focused trauma reassessment, the nurse receives this special-population update: A caregiver gives changing explanations for a child's patterned bruises. What should the nurse do?

- A. Ensure safety, document objectively, and follow mandated reporting policy
- B. Confront the caregiver with an accusation
- C. Ask the child to leave with the caregiver
- D. Delay action until the caregiver agrees

**102.** The next bedside report highlights the following age-, pregnancy-, burn-, or violence-related concern: A child has altered mental status and retinal findings after a reported short fall. Which concern is most important?

- A. Routine post-fall fatigue
- B. Possible abusive head trauma
- C. Simple dehydration
- D. An isolated eye infection

**103.** The trauma clinician asks the nurse to respond to this vulnerable-patient finding: A preverbal child with multiple injuries is crying, guarding, and unable to describe pain. Which approach is best?

- A. Assume the child is crying only from fear
- B. Withhold analgesia until the child can rate pain
- C. Use an age-appropriate behavioral pain scale and reassess after treatment
- D. Use the adult numeric scale without explanation

**104.** At handoff, the receiving nurse reviews this special-population scenario: A pregnant patient with major trauma has airway swelling and vomiting. Which physiologic concern should guide airway preparation?

- A. Pregnancy eliminates the need for suction
- B. The airway is always easier during pregnancy
- C. Oral intake is preferred before intubation
- D. Pregnancy increases aspiration risk and can make airway management more difficult

**105.** During a focused trauma reassessment, the nurse receives this special-population update: A pregnant trauma patient becomes hypotensive while lying supine. Which nursing action is appropriate when spinal injury does not prohibit it?

- A. Increase supine pressure with a rigid board
- B. Place the patient prone
- C. Use left uterine displacement or a lateral tilt
- D. Elevate only the legs and ignore uterine compression

**106.** The next bedside report highlights the following age-, pregnancy-, burn-, or violence-related concern: A pregnant trauma patient beyond early gestation is stabilized after a collision. Which additional monitoring is generally important?

- A. Monitor only the mother's temperature
- B. Assess uterine activity and fetal status according to gestational age and protocol
- C. Assume fetal injury is impossible if the mother is alert
- D. Stop observation once pain decreases

**107.** The trauma clinician asks the nurse to respond to this vulnerable-patient finding: A pregnant patient after blunt abdominal trauma develops uterine tenderness and vaginal bleeding. Which complication is most concerning?

- A. Placental abruption
- B. Uncomplicated round-ligament pain
- C. A superficial abdominal contusion
- D. Normal fetal movement without maternal concern

**108.** At handoff, the receiving nurse reviews this special-population scenario: A pregnant trauma patient is Rh-negative and sustains abdominal injury. Which issue should the nurse raise with the care team?

- A. The need to restrict all oxygen
- B. The need to avoid fetal monitoring
- C. The need to evaluate for Rh immune prophylaxis
- D. The need to delay maternal resuscitation

**109.** During a focused trauma reassessment, the nurse receives this special-population update: A pregnant trauma patient suffers cardiac arrest despite resuscitation. Which principle should guide the team?

- A. Stop maternal resuscitation to protect the fetus
- B. Use a coordinated maternal resuscitation plan that includes rapid preparation for obstetric intervention
- C. Delay all decisions until fetal imaging is complete
- D. Place the patient flat and leave the airway unsupported

**110.** The next bedside report highlights the following age-, pregnancy-, burn-, or violence-related concern: A patient with facial burns has soot, hoarseness, and increasing work of breathing. What should the nurse be prepared to do?

- A. Routine oral fluids and delayed reassessment
- B. A tight mask over the burned face without monitoring
- C. Discharge after superficial wound cleaning
- D. Early definitive airway management before edema progresses

**111.** The trauma clinician asks the nurse to respond to this vulnerable-patient finding: A patient arrives after a chemical splash to the eye. Which intervention is the priority?

- A. Begin copious irrigation immediately and continue assessment
- B. Cover the eye tightly before irrigation
- C. Neutralize the chemical with another solution
- D. Wait for ophthalmology before flushing

**112.** At handoff, the receiving nurse reviews this special-population scenario: A patient with an electrical injury has small skin wounds but muscle pain and an abnormal rhythm. Which action is best?

- A. Discharge because the skin wound is small
- B. Place the patient on cardiac monitoring and evaluate for deep injury
- C. Apply ice directly to the entry site
- D. Limit care to a topical dressing

**113.** During a focused trauma reassessment, the nurse receives this special-population update: A patient has a circumferential full-thickness burn of the chest with restricted ventilation. Which intervention should the nurse anticipate?

- A. Circumferential chest binding
- B. Deep massage of the burn
- C. Urgent evaluation for chest escharotomy
- D. Routine discharge instructions

**114.** The next bedside report highlights the following age-, pregnancy-, burn-, or violence-related concern: A patient with a large burn is receiving resuscitation. Which nursing practice is most appropriate?

- A. Use the prescribed burn-resuscitation protocol and titrate to clinical endpoints
- B. Give unlimited fluid without reassessment
- C. Restrict all fluids to prevent edema
- D. Use oral fluids as the sole resuscitation method

**115.** The trauma clinician asks the nurse to respond to this vulnerable-patient finding: A patient with extensive burns is exposed during transfer and begins shivering. Which intervention is best indicated?

- A. Apply ice packs to reduce pain
- B. Leave the patient uncovered for inspection
- C. Delay warming until all dressings are complete
- D. Minimize exposure and use active warming while protecting the wounds

**116.** At handoff, the receiving nurse reviews this special-population scenario: A bariatric trauma patient requires movement from the floor to a stretcher. Which approach best preserves safety?

- A. Ask one staff member to lift manually
- B. Use an unrated sheet as a sling
- C. Allow the patient to move without assistance
- D. Use adequate staff, rated equipment, and a coordinated handling plan

**117.** During a focused trauma reassessment, the nurse receives this special-population update: A patient discloses intimate partner violence while the partner is in the room. What should the nurse do first?

- A. Ask the partner to answer for the patient
- B. Create a private opportunity to assess safety and immediate needs
- C. Confront the partner in front of the patient
- D. Delay assessment until discharge

**118.** The next bedside report highlights the following age-, pregnancy-, burn-, or violence-related concern: Which finding should increase concern that a trauma patient may be experiencing human trafficking?

- A. A controlling companion, inconsistent history, and restricted access to identification
- B. A patient who asks for a blanket
- C. A patient who speaks quietly after pain medication
- D. A patient who requests a different meal

**119.** The trauma clinician asks the nurse to respond to this vulnerable-patient finding: An older adult with bruises in different healing stages has a caregiver who refuses private assessment. Which nursing response is indicated?

- A. Accept the caregiver's explanation without assessment
- B. Discharge the patient to avoid conflict
- C. Separate the patient safely, document objectively, and follow reporting requirements
- D. Photograph the injuries on a personal phone

**120.** At handoff, the receiving nurse reviews this special-population scenario: A trauma patient with chronic kidney disease needs medication and contrast planning. Which nursing action is most important?

- A. Withhold all trauma imaging automatically
- B. Communicate baseline renal function and coordinate risk-benefit decisions
- C. Ignore the history because trauma overrides comorbidity
- D. Give nephrotoxic medication without review

**121.** During a focused trauma reassessment, the nurse receives this special-population update: A patient with substance use disorder is intoxicated after a crash and cannot provide a reliable history. Which principle should guide care?

- A. Treat trauma threats with nonjudgmental reassessment
- B. Assume all symptoms are intoxication
- C. Withhold analgesia as punishment
- D. Delay stabilization until sobriety

**122.** The next bedside report highlights the following resuscitation, recovery, or transfer concern: During the primary survey, a trauma patient cannot speak and has gurgling respirations. Which action comes first?

- A. Complete the secondary survey before suctioning
- B. Obtain a detailed medication history
- C. Apply a warm blanket and wait
- D. Open and protect the airway while maintaining cervical precautions

**123.** The trauma clinician asks the nurse to respond to this next-step finding: During the breathing assessment, a trauma patient has severe respiratory distress and tracheal deviation. What should the nurse be prepared to do?

- A. Routine observation until laboratory results return
- B. Oral analgesia before respiratory support
- C. Immediate treatment for tension physiology
- D. A delayed outpatient chest study

**124.** At handoff, the receiving nurse reviews this trauma-care scenario: A trauma patient has uncontrolled external bleeding from the thigh. Which action is the priority?

- A. Obtain a full social history first
- B. Elevate the limb and leave the wound uncovered
- C. Apply effective hemorrhage control while supporting circulation
- D. Wait for imaging before applying pressure

**125.** During a focused trauma reassessment, the nurse receives this care-continuum update: During the disability assessment, a trauma patient becomes newly confused. Which nursing response is indicated?

- A. Assume confusion is expected after trauma
- B. Repeat focused neurologic assessment and search for reversible causes
- C. Give food before reassessing
- D. Stop monitoring so the patient can sleep

**126.** The next bedside report highlights the following resuscitation, recovery, or transfer concern: During exposure in a trauma bay, which practice helps prevent secondary injury?

- A. Leave the patient uncovered for convenience
- B. Apply ice to every injured area
- C. Delay warming until discharge
- D. Expose fully, then promptly cover and warm

**127.** The trauma clinician asks the nurse to respond to this next-step finding: Which history structure is most useful during the trauma secondary survey?

- A. AMPLE: allergies, medications, past history, last meal, and events
- B. Only the patient's insurance information
- C. A family history without injury details
- D. A discharge checklist before examination

**128.** At handoff, the receiving nurse reviews this trauma-care scenario: A patient in hemorrhagic shock requires massive transfusion. Which principle best supports balanced resuscitation?

- A. Give crystalloid alone until the hemoglobin is normal
- B. Delay blood products until all imaging is complete
- C. Use blood-component therapy according to the trauma protocol while controlling hemorrhage
- D. Use dextrose solution as the primary replacement

**129.** During a focused trauma reassessment, the nurse receives this care-continuum update: During a massive transfusion, the patient develops hypotension, prolonged QT, and perioral tingling. Which complication should the nurse anticipate?

- A. Citrate-related hypocalcemia
- B. Isolated hypernatremia
- C. Uncomplicated hypothermia only
- D. A simple allergic rash

**130.** The next bedside report highlights the following resuscitation, recovery, or transfer concern: A patient receiving rapid blood products becomes cold. Which intervention is best indicated?

- A. Apply ice to prevent fever
- B. Stop all transfusion permanently without assessment
- C. Leave the patient uncovered for observation
- D. Use approved blood-warming and external-warming measures while monitoring temperature

**131.** The trauma clinician asks the nurse to respond to this next-step finding: A bleeding trauma patient arrives soon after injury and is being considered for antifibrinolytic therapy. Which principle is appropriate?

- A. Give it to every patient regardless of bleeding
- B. Follow the trauma protocol for early use when indicated and without delaying hemorrhage control
- C. Delay all hemorrhage control until after the infusion
- D. Use it as a substitute for blood products and surgery

**132.** At handoff, the receiving nurse reviews this trauma-care scenario: A patient with hemorrhagic shock has persistent bleeding, hypothermia, and acidosis. Which concept best explains the danger?

- A. The trauma diamond of death can amplify coagulopathy and mortality
- B. The findings are unrelated physiologic events
- C. The patient is improving because bleeding is visible
- D. Only the temperature requires treatment

**133.** During a focused trauma reassessment, the nurse receives this care-continuum update: A trauma patient is hypotensive with cool clammy skin and a rapid pulse after blood loss. Which shock type is most likely?

- A. Neurogenic shock
- B. Hypovolemic shock
- C. Obstructive shock from tamponade
- D. Isolated cardiogenic shock without cardiac findings

**134.** The next bedside report highlights the following resuscitation, recovery, or transfer concern: A trauma patient suddenly develops hypotension, distended neck veins, and absent breath sounds on one side. Which cause should be treated first?

- A. Uncomplicated dehydration
- B. Simple anxiety
- C. Isolated renal failure
- D. Obstructive shock from tension pneumothorax

**135.** The trauma clinician asks the nurse to respond to this next-step finding: A patient with a high spinal cord injury is warm, hypotensive, and bradycardic. Which shock pattern is most likely?

- A. Classic hypovolemic shock alone
- B. Massive pulmonary embolism without other findings
- C. Neurogenic shock
- D. Uncomplicated vasovagal syncope

**136.** At handoff, the receiving nurse reviews this trauma-care scenario: A patient with myocardial contusion develops pulmonary edema and a low-output state. Which shock type should the nurse consider?

- A. Cardiogenic shock
- B. Isolated distributive shock
- C. Uncomplicated hypovolemia only
- D. Neurogenic shock without spinal injury

**137.** During a focused trauma reassessment, the nurse receives this care-continuum update: A trauma patient develops fever, vasodilation, and hypotension several days after bowel contamination. Which shock type is concerning?

- A. Isolated obstructive shock
- B. Distributive shock from sepsis
- C. Simple pain-related tachycardia
- D. A stable orthopedic complication

**138.** The next bedside report highlights the following resuscitation, recovery, or transfer concern: After a chest tube is placed, a patient's breathing improves but then worsens again. What should the nurse do?

- A. Assume the procedure permanently solved the problem
- B. Remove the chest tube immediately
- C. Stop monitoring because the first response was good
- D. Repeat the assessment and evaluate for recurrence or a new complication

**139.** The trauma clinician asks the nurse to respond to this next-step finding: A patient receiving blood products develops fever, hypoxemia, and bilateral infiltrates without obvious fluid overload. Which complication is most concerning?

- A. Isolated mild dehydration
- B. Transfusion-related acute lung injury
- C. Simple pain escalation
- D. A localized wound infection

**140.** At handoff, the receiving nurse reviews this trauma-care scenario: A patient with cardiac dysfunction develops dyspnea, hypertension, crackles, and pulmonary edema during transfusion. Which complication is most likely?

- A. A mild allergic reaction only
- B. An isolated pneumothorax
- C. Transfusion-associated circulatory overload
- D. Uncomplicated anxiety

**141.** During a focused trauma reassessment, the nurse receives this care-continuum update: A severely injured patient develops refractory hypoxemia with bilateral infiltrates after shock. Which complication should be considered?

- A. A simple upper-airway obstruction only
- B. Isolated chronic bronchitis
- C. Acute respiratory distress syndrome
- D. An uncomplicated rib bruise

**142.** The next bedside report highlights the following resuscitation, recovery, or transfer concern: A trauma patient develops rising creatinine and decreasing urine output after prolonged shock. Which complication is most likely?

- A. Acute kidney injury
- B. Improved renal perfusion
- C. Isolated skin infection
- D. A stable neurologic deficit

**143.** The trauma clinician asks the nurse to respond to this next-step finding: Which practice best reduces ventilator-associated pneumonia risk in a mechanically ventilated trauma patient?

- A. Keep the patient flat continuously
- B. Avoid oral care to prevent stimulation
- C. Disconnect the circuit frequently without indication
- D. Use elevation, oral care, and readiness assessment

**144.** At handoff, the receiving nurse reviews this trauma-care scenario: Which intervention helps reduce catheter-associated urinary infection risk?

- A. Keep the catheter for convenience
- B. Break the closed system for routine sampling
- C. Use only when indicated and remove promptly
- D. Irrigate it daily without an indication

**145.** During a focused trauma reassessment, the nurse receives this care-continuum update: A hospitalized trauma patient becomes inattentive and fluctuates between agitation and lethargy. Which condition is most likely?

- A. A stable personality trait
- B. Delirium
- C. Uncomplicated depression alone
- D. A healed orthopedic injury

**146.** The next bedside report highlights the following resuscitation, recovery, or transfer concern: A trauma patient with heavy alcohol use becomes tremulous, diaphoretic, and agitated after admission. What is the priority concern?

- A. Simple postoperative boredom
- B. A resolved intoxication state
- C. An isolated wound problem
- D. Alcohol withdrawal with autonomic and neurologic risk

**147.** The trauma clinician asks the nurse to respond to this next-step finding: A confused trauma patient repeatedly tries to climb out of bed. Which intervention is safest initially?

- A. Identify reversible causes, provide observation, and use the least restrictive measures
- B. Apply restraints without assessment
- C. Leave the patient alone to encourage independence
- D. Use sedatives as the first response

**148.** At handoff, the receiving nurse reviews this trauma-care scenario: A trauma patient has persistent pain, fever, and a new wound odor after surgery. Which action is best?

- A. Assess for surgical-site infection and notify the treating team
- B. Cover the wound and document nothing
- C. Assume the odor is expected
- D. Encourage strenuous activity

**149.** During a focused trauma reassessment, the nurse receives this care-continuum update: A tertiary survey is most useful for which purpose?

- A. Replacing the primary survey
- B. Determining insurance eligibility
- C. Finding injuries missed during the initial evaluation
- D. Eliminating the need for reassessment

**150.** The next bedside report highlights the following resuscitation, recovery, or transfer concern: A trauma patient becomes fearful during an examination and says staff are ignoring their wishes. Which response reflects trauma-informed care?

- A. Proceed silently to save time
- B. Explain choices and restore patient control
- C. Tell the patient fear is irrational
- D. Use threats to obtain cooperation

**151.** The trauma clinician asks the nurse to respond to this next-step finding: A patient with a spinal cord injury is ready for mobility training. Which team member is most directly involved in restoring movement and transfers?

- A. Dietary services alone
- B. The hospital billing office
- C. Radiology scheduling
- D. Physical therapy

**152.** At handoff, the receiving nurse reviews this trauma-care scenario: A trauma patient has facial fractures and coughing with liquids. Which referral is most appropriate?

- A. Physical therapy for gait only
- B. A dietary menu change without evaluation
- C. Speech-language pathology for swallowing assessment
- D. No referral because coughing is expected

**153.** During a focused trauma reassessment, the nurse receives this care-continuum update: A malnourished trauma patient has high metabolic demands and poor wound healing. Which consultation is most appropriate?

- A. Registered dietitian assessment and nutrition planning
- B. Routine restriction of all protein
- C. A social visit without nutrition assessment
- D. Delayed nutrition until complete wound closure

**154.** The next bedside report highlights the following resuscitation, recovery, or transfer concern: A patient with devastating injury has a documented advance directive refusing prolonged life support. Which response should the nurse choose?

- A. Ignore it because trauma is an emergency
- B. Communicate the directive and align treatment with the patient's expressed goals
- C. Ask family to override it automatically
- D. Destroy the document after scanning

**155.** The trauma clinician asks the nurse to respond to this next-step finding: A patient meets neurologic criteria for brain death evaluation. Which nursing principle is correct?

- A. Declare death independently at the bedside
- B. Stop all care before evaluation is complete
- C. Tell the family the patient may recover neurologically
- D. Support the formal determination process and communicate clearly with the family

**156.** At handoff, the receiving nurse reviews this trauma-care scenario: A family asks to remain present during resuscitation. Which nursing response is indicated?

- A. Automatically exclude the family in every case
- B. Allow unrestricted access to the sterile field
- C. Ask the family to direct clinical decisions
- D. Follow policy while supporting informed, safe family presence when feasible

**157.** During a focused trauma reassessment, the nurse receives this care-continuum update: A trauma team wants to reduce repeated adolescent motor-vehicle injuries in its community. Which intervention is most consistent with injury prevention?

- A. Wait for another injury before collecting data
- B. Provide generic information without a target
- C. Use local data to design and evaluate targeted education
- D. Limit prevention to bedside discharge paperwork

**158.** The next bedside report highlights the following resuscitation, recovery, or transfer concern: A prehospital team arrives with a trauma patient. Which handoff element is most important?

- A. Only the patient's name
- B. Mechanism, injuries found, trends, treatments, and response to treatment
- C. A brief statement that the patient is stable
- D. Unverified assumptions about the final diagnosis

**159.** The trauma clinician asks the nurse to respond to this next-step finding: A patient requires transfer to a higher-level trauma center. Which preparation is essential?

- A. Stabilize as possible, communicate risks, and send complete records and equipment
- B. Transfer before airway and circulation are addressed
- C. Send the patient without a clinical handoff
- D. Remove all monitoring to simplify transport

**160.** At handoff, the receiving nurse reviews this trauma-care scenario: A trauma patient is preparing for discharge with a new ostomy and mobility limits. Which teaching approach is best?

- A. Give written instructions without checking understanding
- B. Use teach-back and confirm caregiver and home-safety readiness
- C. Assume family can manage without demonstration
- D. Discharge before equipment is arranged

**161.** During a focused trauma reassessment, the nurse receives this care-continuum update: A patient with difficulty obtaining wound supplies after discharge needs what nursing action?

- A. Coordinate case management and identify an accessible supply plan before discharge
- B. Tell the patient to solve it independently
- C. Discharge without supplies because teaching was completed
- D. Cancel follow-up to reduce travel burden

**162.** The next bedside report highlights the following resuscitation, recovery, or transfer concern: A trauma patient is transferred between departments. Which action best reduces information loss?

- A. Rely on the electronic chart alone
- B. Send the patient without verbal communication
- C. Repeat only the diagnosis label
- D. Use structured handoff to confirm lines, devices, risks, and studies

**163.** The trauma clinician asks the nurse to respond to this next-step finding: A trauma patient develops weakness after prolonged immobilization. Which rehabilitation principle is most appropriate?

- A. Keep the patient on bed rest indefinitely
- B. Start maximal exercise without assessment
- C. Begin individualized, staged mobilization when medically safe
- D. Avoid therapy until every symptom disappears

**164.** At handoff, the receiving nurse reviews this trauma-program scenario: A mass-casualty incident overwhelms available resources. Which triage principle is appropriate?

- A. Treat patients strictly in arrival order
- B. Prioritize patients according to urgency, survivability, and available resources
- C. Use the loudest patient's request as the priority
- D. Provide identical resources regardless of injury

**165.** During a focused trauma reassessment, the nurse receives this systems update: A trauma patient arrives contaminated with an unknown chemical. What should occur before routine treatment?

- A. Protect staff, isolate the patient, and follow decontamination procedures
- B. Bring the patient directly into the clean trauma bay
- C. Remove PPE to improve communication
- D. Send contaminated clothing home with family

**166.** The next bedside report highlights the following quality or safety concern: A trauma center discovers that several patients from a local region were undertriaged. Which quality-improvement response is best?

- A. Ignore the pattern because each patient survived
- B. Punish one staff member without review
- C. Analyze patterns and revise triage education or system processes
- D. Stop collecting triage data

**167.** The trauma clinician asks the nurse to respond to this professional-practice finding: A patient is found to have a missed cervical fracture after discharge. Which review approach is most appropriate?

- A. Assume the patient caused the delay
- B. Delete the event because it was unintentional
- C. Review only the final radiology report
- D. Conduct a systems-focused review of assessment, imaging, communication, and follow-up

**168.** At handoff, the receiving nurse reviews this trauma-program scenario: Which trauma-registry practice best supports accurate quality data?

- A. Enter complete, standardized injury and outcome information from source records
- B. Estimate missing fields from memory
- C. Record only patients who survive
- D. Use different definitions on each shift

**169.** During a focused trauma reassessment, the nurse receives this systems update: A trauma nurse is asked to change a protocol based on one dramatic case. Which response best reflects evidence-based practice?

- A. Adopt the change immediately without review
- B. Reject all research in favor of tradition
- C. Use only the most recent social-media post
- D. Review the best available evidence, local data, expertise, and patient values

**170.** The next bedside report highlights the following quality or safety concern: After a difficult pediatric death, several team members report distress and sleep problems. Which intervention is appropriate?

- A. Tell staff to avoid discussing the event
- B. Treat distress as evidence of incompetence
- C. Offer a structured debrief and access to confidential support resources
- D. Require staff to work without relief

**171.** The trauma clinician asks the nurse to respond to this professional-practice finding: During transfer, which SBAR element should the sending nurse use to state the immediate concern?

- A. A complete unrelated social history
- B. The assessment of the patient's current problem and risk
- C. A list of every hospital policy
- D. Only the patient's room number

**172.** At handoff, the receiving nurse reviews this trauma-program scenario: A nurse discovers that a medication was almost given to the wrong patient but catches the error. What is the best action?

- A. Hide the event because no harm occurred
- B. Document only in a personal notebook
- C. Report the near miss through the safety system and notify the appropriate team
- D. Blame the patient for using a similar name

**173.** During a focused trauma reassessment, the nurse receives this systems update: A trauma patient needs emergency stabilization that the current facility cannot provide. Which EMTALA-related principle is most relevant?

- A. Provide an appropriate medical screening and stabilizing treatment, then arrange an appropriate transfer
- B. Refuse assessment until payment is confirmed
- C. Transfer without stabilization when a bed is available
- D. Delay care until the patient names an insurer

**174.** The next bedside report highlights the following quality or safety concern: A trauma nurse plans to share a de-identified case photo for education. Which practice is safest?

- A. Post the image on a personal social account
- B. Share it in a group chat without permission
- C. Assume consent because the face is not visible
- D. Use approved institutional channels and verify that no patient identifiers remain

**175.** The trauma clinician asks the nurse to respond to this professional-practice finding: A trauma program reviews whether its facility is meeting designation standards. Which source should guide the review?

- A. Anecdotal preference from one staff member
- B. The applicable trauma-system verification requirements and current institutional policy
- C. An unrelated hospital's informal checklist
- D. A social-media summary without verification

## Practice Exam 12: Answer Key and Explanations

**1. B** - Repeated emesis and declining consciousness create an immediate aspiration threat in a patient who may also have cervical injury. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay airway protection, add aspiration risk, or remove necessary precautions. Reassess the patient after intervention and escalate if the response is inadequate.

**2. D** - Progressive pupil asymmetry, motor change, and altered behavior suggest expanding intracranial pressure with threatened cerebral herniation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain the clustered neurologic deterioration or demand immediate escalation. Reassess the patient after intervention and escalate if the response is inadequate.

**3. C** - The injured brain is especially vulnerable to secondary damage from inadequate oxygen delivery and low perfusion. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they worsen cerebral oxygen delivery, reduce

perfusion, or create avoidable physiologic stress. Reassess the patient after intervention and escalate if the response is inadequate.

**4. B** - A lucid interval followed by abrupt decline is a classic warning pattern for an expanding epidural collection. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not fit the rapid deterioration or represent a dangerous expanding intracranial lesion. Reassess the patient after intervention and escalate if the response is inadequate.

**5. D** - Older adults and anticoagulated patients can develop clinically important intracranial bleeding despite an initially reassuring examination. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they overlook delayed hemorrhage risk or address problems that are not immediately threatening. Reassess the patient after intervention and escalate if the response is inadequate.

**6. C** - Clear rhinorrhea after a basilar skull fracture may represent cerebrospinal-fluid leakage and makes nasal instrumentation unsafe. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they can introduce infection, worsen injury, or increase pressure across a suspected skull-base defect. Reassess the patient after intervention and escalate if the response is inadequate.

**7. A** - Hypotension reduces cerebral perfusion in an already injured brain and should be corrected while hemorrhage control proceeds. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they permit preventable secondary injury or delay treatment of a physiologic threat. Reassess the patient after intervention and escalate if the response is inadequate.

**8. D** - Loss of sympathetic tone after high spinal injury can produce vasodilation, relative bradycardia, warm skin, and hypotension. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain the characteristic hemodynamic pattern after cervical injury. Reassess the patient after intervention and escalate if the response is inadequate.

**9. C** - High cervical injury can impair diaphragmatic and accessory-muscle function, making fatigue, secretion retention, and respiratory failure likely. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they ignore impaired ventilation, aspiration risk, or the need for close monitoring. Reassess the patient after intervention and escalate if the response is inadequate.

**10. A** - Spinal shock produces temporary loss of motor activity, sensation, and reflexes below an acute cord lesion. This action treats the immediate threat and supports reassessment. Other options are less appropriate because they describe limited peripheral injury or do not account for neurologic loss below a spinal level. Reassess the patient after intervention and escalate if the response is inadequate.

**11. B** - Coordinated movement with manual stabilization limits spinal motion while allowing airway and examination needs to be addressed. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they create uncontrolled movement or remove protection before the spine is cleared. Reassess the patient after intervention and escalate if the response is inadequate.

**12. A** - A newly dilated unilateral pupil can signal compression of cranial-nerve structures from rising intracranial pressure. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay recognition of a time-sensitive neurologic emergency or fail to communicate the change. Reassess the patient after intervention and escalate if the response is inadequate.

**13. D** - Neutral alignment and moderate head elevation can support cerebral venous drainage while avoiding compression or excessive flexion. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they impede venous outflow, increase pressure, or conflict with neurologic protection. Reassess the patient after intervention and escalate if the response is inadequate.

**14. B** - Agitation may be an early sign of hypoxemia, rising intracranial pressure, pain, or other reversible deterioration. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they label the symptom prematurely, delay assessment, or add risk without correcting the cause. Reassess the patient after intervention and escalate if the response is inadequate.

**15. C** - A sterile protective dressing limits contamination while avoiding pressure, probing, or manipulation of potentially damaged intracranial structures. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they can worsen bleeding, contaminate tissue, or disrupt structures requiring surgical evaluation. Reassess the patient after intervention and escalate if the response is inadequate.

**16. D** - A declining level of consciousness with loss of airway protection requires timely definitive airway planning and continued cervical precautions. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase aspiration risk or postpone treatment of immediate threats. Reassess the patient after intervention and escalate if the response is inadequate.

**17. A** - New neurologic change during movement raises concern for secondary cord injury and requires stopping motion immediately. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase movement, stress the injured cord, or remove protection before assessment. Reassess the patient after intervention and escalate if the response is inadequate.

**18. B** - During a traumatic seizure, maintaining oxygenation and preventing injury take precedence over recording details or restraining movement. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they can cause aspiration,

musculoskeletal injury, or unsafe care during active convulsions. Reassess the patient after intervention and escalate if the response is inadequate.

**19. C** - Midline pain after a high-energy mechanism warrants continued spinal protection until the patient is appropriately assessed and cleared. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they create unnecessary motion or substitute reassurance for a structured evaluation. Reassess the patient after intervention and escalate if the response is inadequate.

**20. D** - Blood and secretions can rapidly obstruct the airway, so suction and spinally protected airway management are urgent. This action treats the immediate threat and supports reassessment. Other options are less appropriate because they delay airway clearance, add aspiration risk, or wait for information that is not needed. Reassess the patient after intervention and escalate if the response is inadequate.

**21. B** - Pain, proptosis, and vision loss after orbital trauma suggest pressure threatening the optic nerve and retinal circulation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not account for acute vision-threatening pressure or require emergent orbital management. Reassess the patient after intervention and escalate if the response is inadequate.

**22. C** - A rigid shield protects the injured globe while avoiding pressure, irrigation, or manipulation before ophthalmologic evaluation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they can extrude ocular contents, worsen injury, or disturb a retained object. Reassess the patient after intervention and escalate if the response is inadequate.

**23. A** - Head elevation may support settling of blood while avoiding pressure reduces the risk of further ocular damage. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase pressure, worsen bleeding, or disregard the injured eye. Reassess the patient after intervention and escalate if the response is inadequate.

**24. A** - Facial edema can progress quickly and distort the airway, especially when speech and oral secretions change. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they underestimate a potentially rapid airway emergency or do not address the immediate threat. Reassess the patient after intervention and escalate if the response is inadequate.

**25. D** - Expanding swelling and active bleeding can rapidly compromise the airway and major vessels in the neck. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay definitive support, worsen tissue injury, or place the patient at aspiration risk. Reassess the patient after intervention and escalate if the response is inadequate.

**26. B** - Hoarseness, stridor, and subcutaneous air after trauma are warning signs of disrupted upper-airway structures. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they fail to explain objective airway findings or the potential for rapid deterioration. Reassess the patient after intervention and escalate if the response is inadequate.

**27. C** - Neurogenic shock is possible, but trauma patients can have simultaneous occult hemorrhage requiring continued assessment. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they prematurely close the differential or provide unsafe, nondefinitive treatment. Reassess the patient after intervention and escalate if the response is inadequate.

**28. D** - Transient focal neurologic symptoms after neck trauma may reflect blunt cerebrovascular injury and embolic risk. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they dismiss a warning sign or delay evaluation of a potentially preventable stroke. Reassess the patient after intervention and escalate if the response is inadequate.

**29. C** - Collars can cause pressure injury or impair alignment if poorly fitted, so the patient requires a complete reassessment. This action treats the immediate threat and supports reassessment. Other options are less appropriate because they remove protection, dismiss a safety issue, or change the device without checking fit. Reassess the patient after intervention and escalate if the response is inadequate.

**30. B** - New headache and vomiting can indicate rising intracranial pressure or expanding bleeding after a period of stability. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay evaluation or attribute a potentially dangerous change to a benign cause. Reassess the patient after intervention and escalate if the response is inadequate.

**31. A** - Visible loose debris and blood can obstruct the airway, but blind sweeping can push material deeper or injure tissue. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase obstruction risk, cause injury, or delay necessary airway care. Reassess the patient after intervention and escalate if the response is inadequate.

**32. D** - Airway and neurologic trends can change rapidly during transfer and determine the receiving team's immediate priorities. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they omit time-sensitive information or emphasize details that do not guide stabilization. Reassess the patient after intervention and escalate if the response is inadequate.

**33. A** - New or worsening neurologic symptoms after hemorrhage require continued monitoring and prompt escalation rather than symptom labeling. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay recognition of

deterioration or replace assessment with an unsupported diagnosis. Reassess the patient after intervention and escalate if the response is inadequate.

**34. B** - Impaired sensation increases the risk of unrecognized burns, pressure injury, and temperature-related harm. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they expose insensate skin to injury or neglect necessary prevention. Reassess the patient after intervention and escalate if the response is inadequate.

**35. C** - Calm explanations and treatment of pain, fear, hypoxia, or delirium can reduce agitation while preserving safety and dignity. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they escalate distress, overlook reversible causes, or frame the patient as adversarial. Reassess the patient after intervention and escalate if the response is inadequate.

**36. A** - Cervical injury can impair respiratory muscles and cough effectiveness, making early support safer than delayed rescue. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they risk exhaustion, increase spinal movement, or delay treatment of respiratory decline. Reassess the patient after intervention and escalate if the response is inadequate.

**37. C** - Flail-chest physiology can impair ventilation and worsen pulmonary contusion, so oxygenation, analgesia, and support are priorities. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they restrict ventilation, delay treatment, or fail to monitor respiratory deterioration. Reassess the patient after intervention and escalate if the response is inadequate.

**38. D** - An occlusive dressing limits air entry while allowing trapped air to escape and supports ongoing assessment for tension physiology. This action treats the immediate threat and supports reassessment. Other options are less appropriate because they trap air, worsen the wound, or fail to address the breathing threat. Reassess the patient after intervention and escalate if the response is inadequate.

**39. B** - The combination of respiratory distress, unilateral absent sounds, and shock is a clinical emergency requiring immediate decompression. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay life-saving treatment or address a nonurgent concern. Reassess the patient after intervention and escalate if the response is inadequate.

**40. A** - Blood in the pleural space compromises ventilation and circulation and commonly requires drainage with close reassessment. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not evacuate the chest or may worsen respiratory and circulatory stress. Reassess the patient after intervention and escalate if the response is inadequate.

**41. D** - Persistent major drainage with instability suggests uncontrolled thoracic hemorrhage requiring rapid surgical decision-making. The keyed action addresses the immediate threat while supporting

ongoing assessment. Other options are less appropriate because they obstruct necessary drainage, delay source control, or worsen retained blood. Reassess the patient after intervention and escalate if the response is inadequate.

**42. C** - Pulmonary contusions may worsen over time as edema and hemorrhage impair alveolar gas exchange. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they ignore the expected delayed respiratory course or dismiss objective deterioration. Reassess the patient after intervention and escalate if the response is inadequate.

**43. B** - Myocardial contusion and other blunt cardiac injuries can produce dysrhythmias after chest impact. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they dismiss a potentially serious cardiac complication or remove needed surveillance. Reassess the patient after intervention and escalate if the response is inadequate.

**44. A** - Pericardial blood can restrict ventricular filling and cause obstructive shock, requiring immediate trauma-team intervention. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay treatment of obstructive shock or use positions that do not address the cause. Reassess the patient after intervention and escalate if the response is inadequate.

**45. D** - High-energy deceleration with pulse discrepancy and mediastinal widening raises concern for great-vessel injury. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain the mechanism and vascular findings or require urgent evaluation. Reassess the patient after intervention and escalate if the response is inadequate.

**46. B** - Effective pain control allows deeper breathing and coughing, while pulmonary hygiene and reassessment help detect respiratory decline. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they worsen splinting, restrict ventilation, or remove protective assessment. Reassess the patient after intervention and escalate if the response is inadequate.

**47. C** - Persistent air leak and subcutaneous air can indicate major airway disruption requiring specialist evaluation and secure drainage. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they remove support, delay diagnosis, or trap air in the chest. Reassess the patient after intervention and escalate if the response is inadequate.

**48. A** - Free intraperitoneal fluid in an unstable trauma patient is presumed hemorrhage until proven otherwise and demands rapid source control. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay treatment, create aspiration risk, or fail to recognize internal bleeding. Reassess the patient after intervention and escalate if the response is inadequate.

**49. B** - Left upper-quadrant trauma with referred shoulder pain and shock is concerning for splenic hemorrhage. The keyed action addresses the immediate threat while supporting ongoing assessment.

Other options are less appropriate because they do not fit the injury location, referred pain, or hemodynamic deterioration. Reassess the patient after intervention and escalate if the response is inadequate.

**50. D** - The liver is vulnerable to right-sided abdominal trauma and can bleed substantially into the peritoneal cavity. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not match the anatomic location or explain internal blood loss. Reassess the patient after intervention and escalate if the response is inadequate.

**51. C** - Hollow-organ perforation may present later as contamination and peritonitis develop after the initial impact. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not indicate progressive intra-abdominal contamination or surgical concern. Reassess the patient after intervention and escalate if the response is inadequate.

**52. A** - A seat-belt sign marks substantial force and can accompany delayed bowel injury despite initially reassuring findings. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they encourage premature closure or remove necessary observation. Reassess the patient after intervention and escalate if the response is inadequate.

**53. C** - Retroperitoneal injuries can produce subtle early findings and require repeated assessment for evolving hemorrhage or contamination. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they dismiss occult injury or increase aspiration and diagnostic risk. Reassess the patient after intervention and escalate if the response is inadequate.

**54. D** - A binder centered over the greater trochanters reduces pelvic volume and helps stabilize the fracture pattern. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they fail to compress the pelvis correctly or may worsen displacement. Reassess the patient after intervention and escalate if the response is inadequate.

**55. B** - Early stabilization can reduce pelvic motion and bleeding while definitive resuscitation and hemorrhage control are arranged. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase movement, do not address pelvic bleeding, or delay lifesaving care. Reassess the patient after intervention and escalate if the response is inadequate.

**56. A** - Blood at the meatus suggests urethral injury, making blind catheterization potentially harmful. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they can worsen disruption, cause false passage, or delay appropriate evaluation. Reassess the patient after intervention and escalate if the response is inadequate.

**57. D** - Urinary retention and suprapubic pain after pelvic trauma indicate possible lower urinary-tract disruption. The keyed action addresses the immediate threat while supporting ongoing assessment. Other

options are less appropriate because they do not explain the urinary findings or the mechanism of injury. Reassess the patient after intervention and escalate if the response is inadequate.

**58. C** - Persistent shock after stabilization indicates ongoing hemorrhage or another injury requiring rapid escalation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they remove helpful stabilization, assume resolution without evidence, or provide inadequate resuscitation. Reassess the patient after intervention and escalate if the response is inadequate.

**59. B** - Gross hematuria and flank trauma may signal renal injury and require monitoring for bleeding and impaired function. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase injury risk or dismiss a potentially significant urinary finding. Reassess the patient after intervention and escalate if the response is inadequate.

**60. C** - Rising abdominal pressure can impair ventilation, venous return, renal perfusion, and urine output. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain the multisystem effects of increasing intra-abdominal pressure. Reassess the patient after intervention and escalate if the response is inadequate.

**61. B** - Moist sterile coverage protects exposed organs while avoiding traumatic manipulation and contamination. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they can injure tissue, desiccate bowel, or introduce chemical damage. Reassess the patient after intervention and escalate if the response is inadequate.

**62. D** - An impaled object may be tamponading bleeding or damaging structures, so removal belongs in a controlled setting. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they can release hemorrhage, enlarge injury, or destabilize the patient. Reassess the patient after intervention and escalate if the response is inadequate.

**63. A** - Muffled heart sounds and impaired pulse pressure suggest restricted cardiac filling from pericardial blood. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain obstructive hemodynamics after chest trauma. Reassess the patient after intervention and escalate if the response is inadequate.

**64. C** - Positive-pressure ventilation can rapidly convert a pneumothorax into tension physiology with obstructive shock. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain the sudden respiratory and hemodynamic compromise. Reassess the patient after intervention and escalate if the response is inadequate.

**65. D** - Herniated abdominal contents can impair ventilation and require urgent evaluation while respiratory support is maintained. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay definitive care or misinterpret

a major structural injury. Reassess the patient after intervention and escalate if the response is inadequate.

**66. B** - Selected penetrating thoracic arrests may be candidates for immediate resuscitative thoracic procedures in a trauma-capable setting. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay a time-sensitive intervention or do not address the mechanism. Reassess the patient after intervention and escalate if the response is inadequate.

**67. A** - Worsening peritoneal signs with shock suggest ongoing intra-abdominal bleeding or contamination requiring urgent source control. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay evaluation, increase aspiration risk, or stress an unstable patient. Reassess the patient after intervention and escalate if the response is inadequate.

**68. B** - Fever and tachycardia after abdominal trauma may indicate perforation, contamination, and evolving sepsis. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain systemic inflammatory deterioration or require urgent reassessment. Reassess the patient after intervention and escalate if the response is inadequate.

**69. A** - New neurologic or perfusion changes may reflect malposition, excessive pressure, or evolving pelvic injury. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they can worsen compression, delay recognition, or destabilize the fracture. Reassess the patient after intervention and escalate if the response is inadequate.

**70. D** - A completely occlusive dressing can prevent air escape and precipitate tension physiology in an open chest wound. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they overlook a dangerous dressing complication or misread worsening distress. Reassess the patient after intervention and escalate if the response is inadequate.

**71. C** - Abrupt loss of drainage-system movement with respiratory decline may indicate a blocked system or recurrent intrathoracic problem. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they can worsen pressure, remove needed drainage, or delay a time-sensitive assessment. Reassess the patient after intervention and escalate if the response is inadequate.

**72. A** - Peritoneal rigidity is an important sign of intra-abdominal irritation even before shock develops. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they dismiss a significant examination finding or create aspiration and diagnostic risk. Reassess the patient after intervention and escalate if the response is inadequate.

**73. C** - Cool skin, tachycardia, and confusion suggest inadequate perfusion and worsening blood loss. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options

are less appropriate because they dismiss shock signs or attribute them to less urgent explanations. Reassess the patient after intervention and escalate if the response is inadequate.

**74. B** - Pelvic trauma with hematuria requires careful lower-urinary-tract evaluation and avoidance of traumatic instrumentation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they can worsen disruption or prematurely dismiss a significant injury. Reassess the patient after intervention and escalate if the response is inadequate.

**75. D** - Persistent hypoxemia requires reassessment for contusion, pneumothorax, hemothorax, or airway injury. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they remove support, narrow assessment inappropriately, or allow deterioration to go unnoticed. Reassess the patient after intervention and escalate if the response is inadequate.

**76. C** - External bleeding and possible internal injury require preservation of the dressing, perfusion assessment, and rapid escalation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they disrupt clot formation, add injury, or delay resuscitation. Reassess the patient after intervention and escalate if the response is inadequate.

**77. B** - Pelvic hemorrhage and urinary injury evolve quickly, so the receiving team needs stabilization details and trends. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they omit clinically decisive information or substitute irrelevant details. Reassess the patient after intervention and escalate if the response is inadequate.

**78. D** - Restlessness and pulse or pressure asymmetry may signal ongoing vascular compromise and impending deterioration. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay escalation, impair circulation, or use an intervention unrelated to the cause. Reassess the patient after intervention and escalate if the response is inadequate.

**79. A** - Subcutaneous air can accompany major airway or pleural injury and may progress toward airway compromise. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay airway assessment or remove support without a clinical reason. Reassess the patient after intervention and escalate if the response is inadequate.

**80. B** - Increasing distention after resuscitation can impair organ function and requires assessment for pressure-related complications. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they add external pressure, dismiss deterioration, or increase physiologic stress. Reassess the patient after intervention and escalate if the response is inadequate.

**81. A** - Pain out of proportion and pain with passive stretch are early warning signs of rising compartment pressure. The keyed action addresses the immediate threat while supporting ongoing

assessment. Other options are less appropriate because they underestimate ischemia, do not explain the examination, or delay limb-saving treatment. Reassess the patient after intervention and escalate if the response is inadequate.

**82. C** - Progressive neurovascular symptoms with a tense compartment suggest threatened tissue perfusion requiring urgent decompression. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase pressure, delay definitive treatment, or can worsen ischemic injury. Reassess the patient after intervention and escalate if the response is inadequate.

**83. D** - Crush injury releases muscle contents that can cause pigment nephropathy, electrolyte abnormalities, and renal failure. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not account for the urine change or systemic effects of muscle breakdown. Reassess the patient after intervention and escalate if the response is inadequate.

**84. D** - Tourniquet time, bleeding control, and distal findings guide ongoing trauma management and safe handoff. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they can restore dangerous bleeding, hide deterioration, or discard essential information. Reassess the patient after intervention and escalate if the response is inadequate.

**85. C** - Cool, protected, nonfreezing storage preserves tissue while avoiding direct ice injury and contamination. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they freeze tissue, expose it to chemicals, or allow unnecessary time-related damage. Reassess the patient after intervention and escalate if the response is inadequate.

**86. A** - Open fractures require contamination control, stabilization, infection prevention, and timely orthopedic management. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase contamination, movement, or pressure before definitive evaluation. Reassess the patient after intervention and escalate if the response is inadequate.

**87. B** - Respiratory distress, neurologic change, and petechiae after long-bone injury suggest fat embolization. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain the multisystem pattern or its timing after fracture. Reassess the patient after intervention and escalate if the response is inadequate.

**88. C** - Dislocation can injure adjacent nerves and vessels, so neurovascular status must be documented before and after manipulation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they omit limb-threatening complications or assess unrelated systems. Reassess the patient after intervention and escalate if the response is inadequate.

**89. D** - Saddle anesthesia and urinary retention are red flags for major neural compression requiring urgent escalation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they dismiss progressive neurologic loss or attribute it to a minor problem. Reassess the patient after intervention and escalate if the response is inadequate.

**90. A** - Degloving injuries threaten perfusion and tissue viability and need protection, hemorrhage control, and surgical evaluation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they remove viable tissue, worsen desiccation, or increase mechanical injury. Reassess the patient after intervention and escalate if the response is inadequate.

**91. B** - Fever and increasing drainage after an open fracture may indicate deep infection or osteomyelitis. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay source evaluation or dismiss a potentially limb-threatening complication. Reassess the patient after intervention and escalate if the response is inadequate.

**92. C** - Immobilization limits movement, pain, bleeding, and additional neurovascular injury during transfer. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they destabilize the fracture or increase the risk of vascular and nerve damage. Reassess the patient after intervention and escalate if the response is inadequate.

**93. A** - A cool hand after reduction may indicate arterial compromise requiring immediate reassessment and intervention. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay ischemia recognition, worsen compression, or stress an unstable joint. Reassess the patient after intervention and escalate if the response is inadequate.

**94. B** - Team movement with maintained alignment reduces secondary neurologic injury during transfers. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they create uncontrolled spinal motion or place traction on injured tissues. Reassess the patient after intervention and escalate if the response is inadequate.

**95. D** - Increasing pain and neurologic or perfusion changes under a cast may signal excessive pressure or compartment syndrome. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay evaluation or increase pressure around an already threatened limb. Reassess the patient after intervention and escalate if the response is inadequate.

**96. A** - Older adults may compensate poorly and can have major internal injury without dramatic external findings. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they dismiss shock, underestimate injury, or focus on nonurgent explanations. Reassess the patient after intervention and escalate if the response is inadequate.

**97. B** - Anticoagulation increases concern for clinically important intracranial bleeding after head trauma. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they add bleeding risk, delay evaluation, or allow deterioration to go unnoticed. Reassess the patient after intervention and escalate if the response is inadequate.

**98. D** - Age-related skin fragility and reduced mobility increase pressure-injury and shear risk. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they worsen tissue damage or withhold a key preventive intervention. Reassess the patient after intervention and escalate if the response is inadequate.

**99. C** - Children can deteriorate quickly because airway size and respiratory reserve are limited. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay support, create aspiration risk, or remove needed observation. Reassess the patient after intervention and escalate if the response is inadequate.

**100. D** - Children can maintain blood pressure until late shock, so tachycardia and pallor deserve urgent reassessment. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they rely on a late sign or dismiss early evidence of poor perfusion. Reassess the patient after intervention and escalate if the response is inadequate.

**101. A** - Inconsistent history and patterned injuries require objective documentation, safety planning, and mandated reporting according to policy. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they jeopardize safety, contaminate the evaluation, or delay required protection. Reassess the patient after intervention and escalate if the response is inadequate.

**102. B** - Disproportionate neurologic and retinal findings with an inconsistent mechanism warrant concern for inflicted injury. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not account for the severity or raise necessary safeguarding action. Reassess the patient after intervention and escalate if the response is inadequate.

**103. C** - Behavioral tools support pain assessment when self-report is not developmentally reliable. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they under-treat pain or use an assessment method the child cannot complete. Reassess the patient after intervention and escalate if the response is inadequate.

**104. D** - Pregnancy-related airway and gastrointestinal changes increase aspiration and difficult-airway concerns. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they underestimate risk or add aspiration danger during stabilization. Reassess the patient after intervention and escalate if the response is inadequate. Clear communication and documentation support coordinated trauma care.

**105. C** - Relieving aortocaval compression can improve maternal venous return while maintaining trauma precautions. The keyed action addresses the immediate threat while supporting ongoing

assessment. Other options are less appropriate because they worsen compression, create unsafe positioning, or fail to support maternal circulation. Reassess the patient after intervention and escalate if the response is inadequate.

**106. B** - Trauma can cause placental or fetal complications even when maternal findings initially appear reassuring. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they omit pregnancy-specific surveillance or rely on premature reassurance. Reassess the patient after intervention and escalate if the response is inadequate.

**107. A** - Pain, uterine tenderness, and bleeding after trauma raise concern for placental separation and maternal-fetal compromise. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain the post-traumatic uterine findings or urgency. Reassess the patient after intervention and escalate if the response is inadequate.

**108. C** - Abdominal trauma can cause fetomaternal bleeding, so Rh status and prophylaxis require timely evaluation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they ignore an important pregnancy-specific prevention issue or delay resuscitation. Reassess the patient after intervention and escalate if the response is inadequate.

**109. B** - Maternal oxygenation and circulation are the immediate priority, with time-sensitive obstetric coordination when resuscitation is unsuccessful. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they abandon the mother, delay coordinated care, or compromise basic resuscitation. Reassess the patient after intervention and escalate if the response is inadequate.

**110. D** - Inhalation injury can worsen as airway edema develops, making early airway planning safer. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay airway control or fail to monitor a rapidly evolving threat. Reassess the patient after intervention and escalate if the response is inadequate.

**111. A** - Immediate irrigation dilutes and removes the chemical; delay increases ocular tissue injury. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they prolong exposure, add a second chemical injury, or delay essential first aid. Reassess the patient after intervention and escalate if the response is inadequate.

**112. B** - Electrical energy can cause deep tissue damage and dysrhythmias that are not predicted by surface appearance. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they underestimate occult injury or focus only on visible skin damage. Reassess the patient after intervention and escalate if the response is inadequate.

**113. C** - Inelastic eschar can restrict chest expansion and require surgical release when ventilation is impaired. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they add restriction, traumatize tissue, or delay treatment of

respiratory compromise. Reassess the patient after intervention and escalate if the response is inadequate.

**114. A** - Burn resuscitation requires protocol-guided fluid administration with urine output, perfusion, and respiratory reassessment. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they cause under-resuscitation, fluid overload, or inadequate support for shock. Reassess the patient after intervention and escalate if the response is inadequate.

**115. D** - Burn patients lose heat rapidly, and hypothermia worsens coagulopathy and physiologic stress. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase heat loss or cause direct tissue injury. Reassess the patient after intervention and escalate if the response is inadequate.

**116. D** - Bariatric transfers require planning, appropriate weight-rated equipment, and coordinated staff to prevent patient and caregiver injury. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they exceed equipment limits, create falls, or cause musculoskeletal injury. Reassess the patient after intervention and escalate if the response is inadequate.

**117. B** - Private, trauma-informed assessment supports disclosure, safety planning, and respect for patient autonomy. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they inhibit disclosure, increase danger, or delay protection. Reassess the patient after intervention and escalate if the response is inadequate. Clear communication and documentation support coordinated trauma care.

**118. A** - Control by another person, inconsistent explanations, and restricted documents are recognized trafficking warning signs. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they are nonspecific findings that do not indicate coercive control. Reassess the patient after intervention and escalate if the response is inadequate.

**119. C** - Multiple-stage injuries and blocked privacy warrant safeguarding, objective documentation, and policy-based reporting. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they compromise safety, accept possible abuse, or violate privacy and evidence rules. Reassess the patient after intervention and escalate if the response is inadequate.

**120. B** - Pre-existing kidney disease changes medication, fluid, and contrast considerations but does not eliminate needed trauma evaluation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they create unsafe treatment or allow comorbidity to distort necessary care. Reassess the patient after intervention and escalate if the response is inadequate.

**121. A** - Intoxication can mask injury, so trauma care must continue while communication remains respectful and reassessment frequent. The keyed action addresses the immediate threat while supporting

ongoing assessment. Other options are less appropriate because they create diagnostic error, stigmatize the patient, or delay lifesaving treatment. Reassess the patient after intervention and escalate if the response is inadequate.

**122. D** - Airway obstruction is an immediate threat and must be managed during the primary survey. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay treatment of a life threat or focus on later assessment steps. Reassess the patient after intervention and escalate if the response is inadequate.

**123. C** - Respiratory distress with tracheal deviation suggests a rapidly fatal pressure problem requiring immediate action. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay emergency treatment or address a nonurgent concern. Reassess the patient after intervention and escalate if the response is inadequate.

**124. C** - Early control of external hemorrhage prevents continued volume loss while definitive resuscitation is organized. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay bleeding control or substitute assessment for an immediately needed intervention. Reassess the patient after intervention and escalate if the response is inadequate.

**125. B** - New confusion may reflect hypoxia, shock, hypoglycemia, or intracranial injury and requires immediate reassessment. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they dismiss deterioration or delay identifying a reversible life threat. Reassess the patient after intervention and escalate if the response is inadequate.

**126. D** - Trauma assessment requires exposure, but heat loss worsens coagulopathy and must be actively limited. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase hypothermia or confuse exposure with prolonged uncovering. Reassess the patient after intervention and escalate if the response is inadequate.

**127. A** - AMPLE organizes focused history when time is limited and helps identify risks affecting immediate care. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they omit time-sensitive injury information or belong to later administrative work. Reassess the patient after intervention and escalate if the response is inadequate.

**128. C** - Balanced blood-component resuscitation supports oxygen delivery and coagulation while definitive hemorrhage control proceeds. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they dilute clotting factors, delay support, or do not replace blood loss appropriately. Reassess the patient after intervention and escalate if the response is inadequate.

**129. A** - Citrate in stored blood can bind calcium, causing neuromuscular and cardiovascular effects during large-volume transfusion. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain the findings or the

relationship to transfusion exposure. Reassess the patient after intervention and escalate if the response is inadequate.

**130. D** - Hypothermia worsens coagulopathy and arrhythmia risk, so warming is part of damage-control resuscitation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they worsen heat loss or stop necessary therapy without identifying the cause. Reassess the patient after intervention and escalate if the response is inadequate.

**131. B** - Early protocol-guided antifibrinolytic therapy may support clot stability in selected bleeding trauma patients but never replaces source control. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they overgeneralize treatment or delay the interventions that stop bleeding. Reassess the patient after intervention and escalate if the response is inadequate.

**132. A** - Hypothermia, acidosis, coagulopathy, and hypocalcemia interact and can create a self-reinforcing deterioration cycle. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they ignore linked physiologic threats or treat only one component. Reassess the patient after intervention and escalate if the response is inadequate.

**133. B** - Loss of circulating volume produces reduced preload, tachycardia, vasoconstriction, and poor tissue perfusion. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not match the mechanism or the hemodynamic pattern. Reassess the patient after intervention and escalate if the response is inadequate.

**134. D** - Tension physiology impairs venous return and ventilation, producing obstructive shock that requires immediate decompression. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain the combination of respiratory and circulatory findings. Reassess the patient after intervention and escalate if the response is inadequate.

**135. C** - Loss of sympathetic tone after spinal injury causes vasodilation and relative bradycardia. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not fit the mechanism or characteristic vital-sign pattern. Reassess the patient after intervention and escalate if the response is inadequate.

**136. A** - Myocardial injury can impair contractility and produce cardiogenic shock with pulmonary congestion and poor perfusion. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain cardiac dysfunction or the pulmonary findings. Reassess the patient after intervention and escalate if the response is inadequate.

**137. B** - Infection and inflammatory vasodilation can produce distributive shock with hypotension and impaired tissue perfusion. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not account for the delayed infectious

source and vasodilatory pattern. Reassess the patient after intervention and escalate if the response is inadequate.

**138. D** - Trauma patients require reassessment after every intervention because improvement may be temporary or complications may develop. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they stop surveillance or remove needed support without evidence. Reassess the patient after intervention and escalate if the response is inadequate.

**139. B** - Acute hypoxemia and pulmonary infiltrates after transfusion without overload suggest an inflammatory transfusion lung injury. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain the timing or respiratory pattern. Reassess the patient after intervention and escalate if the response is inadequate.

**140. C** - Volume overload during transfusion can raise hydrostatic pressure and cause pulmonary edema, especially in vulnerable patients. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain hypertension, congestion, and the transfusion relationship. Reassess the patient after intervention and escalate if the response is inadequate.

**141. C** - Inflammatory lung injury after shock or trauma can produce diffuse alveolar damage and severe oxygenation failure. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not fit bilateral infiltrates and progressive gas-exchange impairment. Reassess the patient after intervention and escalate if the response is inadequate.

**142. A** - Renal hypoperfusion and other insults after shock can cause acute kidney injury requiring close fluid and medication management. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not explain the renal trend or the preceding perfusion problem. Reassess the patient after intervention and escalate if the response is inadequate.

**143. D** - Bundle-based prevention reduces aspiration and unnecessary ventilator exposure while supporting safe liberation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase aspiration risk, omit prevention, or create circuit contamination. Reassess the patient after intervention and escalate if the response is inadequate.

**144. C** - Limiting catheter exposure and preserving a closed system reduce infection risk. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they prolong exposure, introduce contamination, or add unnecessary manipulation. Reassess the patient after intervention and escalate if the response is inadequate. Clear communication and documentation support coordinated trauma care.

**145. B** - Acute fluctuating inattention and altered awareness are characteristic of delirium and require a search for causes. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not match the acute fluctuating pattern or require different assessment. Reassess the patient after intervention and escalate if the response is inadequate.

**146. D** - Withdrawal can progress rapidly and requires protocol-based monitoring, symptom treatment, and seizure prevention. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they underestimate a potentially life-threatening complication or focus on the wrong system. Reassess the patient after intervention and escalate if the response is inadequate.

**147. A** - Falls often reflect pain, delirium, hypoxia, or medication effects, so assessment and least-restrictive safety measures come first. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they may worsen delirium, violate least-restrictive practice, or miss the cause. Reassess the patient after intervention and escalate if the response is inadequate.

**148. A** - Fever, pain, and new odor can signal surgical-site infection requiring evaluation and source control. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they delay diagnosis or increase tissue stress. Reassess the patient after intervention and escalate if the response is inadequate.

**149. C** - The tertiary survey is a structured re-evaluation performed after stabilization to identify missed or evolving injuries. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they confuse its role with initial resuscitation or administrative work. Reassess the patient after intervention and escalate if the response is inadequate.

**150. B** - Trauma-informed care emphasizes safety, transparency, collaboration, and patient control whenever clinically possible. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase distress, dismiss the patient, or use coercion unnecessarily. Reassess the patient after intervention and escalate if the response is inadequate.

**151. D** - Physical therapists address strength, mobility, transfers, and safe functional progression after injury. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not provide the primary mobility intervention. Reassess the patient after intervention and escalate if the response is inadequate. Clear communication and documentation support coordinated trauma care.

**152. C** - Coughing with liquids may indicate dysphagia and aspiration risk requiring formal swallowing assessment. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they do not evaluate airway protection or may leave aspiration risk untreated. Reassess the patient after intervention and escalate if the response is inadequate.

**153. A** - Trauma increases energy and protein needs, while malnutrition impairs immunity and wound healing. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they worsen nutritional risk or delay a key component of recovery. Reassess the patient after intervention and escalate if the response is inadequate.

**154. B** - Advance directives guide care when consistent with the patient's wishes and applicable law and policy. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they disregard autonomy, assume family authority, or compromise documentation. Reassess the patient after intervention and escalate if the response is inadequate.

**155. D** - Brain death requires a formal, policy-based determination by qualified clinicians, with careful support and communication. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they exceed nursing authority, stop necessary care, or give inaccurate expectations. Reassess the patient after intervention and escalate if the response is inadequate.

**156. D** - Family presence may be supported when safety, privacy, and team function are preserved. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they impose an absolute rule, compromise care, or transfer clinical authority. Reassess the patient after intervention and escalate if the response is inadequate.

**157. C** - Effective prevention uses local data, targeted interventions, community partnership, and outcome evaluation. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they lack a population focus, omit evaluation, or act only after injury occurs. Reassess the patient after intervention and escalate if the response is inadequate.

**158. B** - A structured handoff transfers the mechanism, findings, trends, interventions, and unresolved threats to the receiving team. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they omit actionable data or present unsupported conclusions. Reassess the patient after intervention and escalate if the response is inadequate.

**159. A** - Safe interfacility transfer requires stabilization, qualified transport resources, clear communication, and continuity of information. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they create preventable deterioration or break continuity of care. Reassess the patient after intervention and escalate if the response is inadequate.

**160. B** - Teach-back identifies gaps, while equipment and caregiver planning support a safe transition home. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they leave readiness unverified or create avoidable barriers after discharge. Reassess the patient after intervention and escalate if the response is inadequate.

**161. A** - Social and financial barriers can undermine recovery, so coordinated transition planning is part of trauma care. The keyed action addresses the immediate threat while supporting ongoing assessment.

Other options are less appropriate because they abandon an identified barrier or increase the risk of readmission. Reassess the patient after intervention and escalate if the response is inadequate.

**162. D** - Structured handoff combines written and verbal communication and confirms immediate safety concerns. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they omit critical details or assume the record alone prevents error. Reassess the patient after intervention and escalate if the response is inadequate.

**163. C** - Early appropriate rehabilitation limits deconditioning while respecting physiologic stability and injury restrictions. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they promote deconditioning, overload the patient, or create unnecessary delay. Reassess the patient after intervention and escalate if the response is inadequate.

**164. B** - Disaster triage seeks the greatest overall benefit when resources cannot meet every immediate need. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they ignore urgency, survivability, or the ethical basis of scarce-resource allocation. Reassess the patient after intervention and escalate if the response is inadequate.

**165. A** - Decontamination protects patients, staff, facilities, and other patients from secondary exposure. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they spread contamination, increase exposure, or violate hazardous-material procedures. Reassess the patient after intervention and escalate if the response is inadequate. Clear communication and documentation support coordinated trauma care.

**166. C** - Undertriage analysis identifies system and knowledge gaps and supports targeted performance improvement. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they prevent learning, overpersonalize the problem, or remove the data needed for change. Reassess the patient after intervention and escalate if the response is inadequate.

**167. D** - Missed-injury review should examine the full care process and contributing conditions rather than assign blame prematurely. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they narrow the review, suppress learning, or ignore preventable process factors. Reassess the patient after intervention and escalate if the response is inadequate.

**168. A** - Standardized complete data allow valid benchmarking, trend analysis, and trauma-system improvement. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they introduce bias, reduce reliability, or make comparisons invalid. Reassess the patient after intervention and escalate if the response is inadequate. Clear communication and documentation support coordinated trauma care.

**169. D** - Evidence-based practice integrates research, clinical expertise, local context, and patient preferences. The keyed action addresses the immediate threat while supporting ongoing assessment.

Other options are less appropriate because they rely on anecdote, tradition, or unsupported information alone. Reassess the patient after intervention and escalate if the response is inadequate. Clear communication and documentation support coordinated trauma care.

**170. C** - Structured support can promote reflection, normalize reactions, and connect staff with further help without assigning blame. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they increase isolation, stigma, or risk for worsening compassion fatigue. Reassess the patient after intervention and escalate if the response is inadequate.

**171. B** - SBAR organizes Situation, Background, Assessment, and Recommendation so the receiving team understands the immediate risk. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they omit the clinical concern or replace actionable information with irrelevant details. Reassess the patient after intervention and escalate if the response is inadequate.

**172. C** - Near-miss reporting reveals system vulnerabilities before harm occurs and supports corrective action. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they suppress learning, bypass accountability, or misdirect responsibility. Reassess the patient after intervention and escalate if the response is inadequate. Clear communication and documentation support coordinated trauma care.

**173. A** - Emergency obligations require screening, stabilizing treatment within capability, and an appropriate transfer process. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they condition care on payment, transfer unsafely, or delay emergency evaluation. Reassess the patient after intervention and escalate if the response is inadequate.

**174. D** - Privacy protection includes approved channels, authorization, and careful review for direct and indirect identifiers. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they risk disclosure, bypass institutional safeguards, or rely on an unsafe assumption. Reassess the patient after intervention and escalate if the response is inadequate.

**175. B** - Trauma designation depends on defined system standards, verified capabilities, and documented performance rather than informal comparison. The keyed action addresses the immediate threat while supporting ongoing assessment. Other options are less appropriate because they rely on unverified information or substitute preference for a formal standard. Reassess the patient after intervention and escalate if the response is inadequate.