EMERGENCY MEDICAL CONSULTANTS INC.

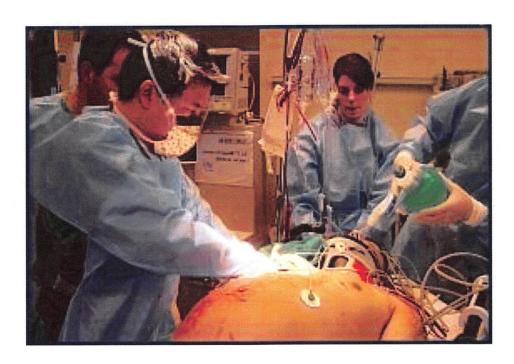


Florida's Premier Provider Of Quality Medical Training Programs
Nationally Accredited and OSHA Programs
CEU Provider
Since 1988



TNCC

Trauma Nursing Core Course



Preparation Packet and Pre-Test

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

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

Please note you must complete the online lectures and pre-test

(772) 878-3085 * Fax (772) 878-7909 * E-mail: info@medicaltraining.cc
597 SE Port St. Lucie Blvd * Port St Lucie, Florida 34984

Visit Our Website at EMCmedicaltraining.com

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To: 7th Edition TNCC Provider Course Participants

Welcome to the 7th Edition TNCC Providers Course. All courses are sanctioned and overseen by the Florida Emergency Nurses Association (ENA). The ENA sets mandatory guidelines for lecture times, content, testing, and certification, which we abide by. An active RN license is required for certification. Those without an active RN license will not be allowed to test, but will receive a certificate of attendance upon completion of online modules and class.

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

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

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

Cancellation/Rescheduling Policy: The ENA requires that we close classes, assign faculty and not allow additional students into ENPC/TNCC classes 30 days prior to the course date. Therefore, we are unable to issue any refunds for ENPC/TNCC courses cancelled less than 30 days prior to the course date. Cancelling or Rescheduling an ENPC/TNCC course will incur a fee of 50% of the course payment if requested at least 30 days prior to the course date. Rescheduling less than 30 days before the course will incur a fee of 75% of the course payment.

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

If you have any questions please call Emergency Medical Consultants at (772)-878-3085 or the ENA at 800-900-9659

We look forward to seeing you at TNCC.

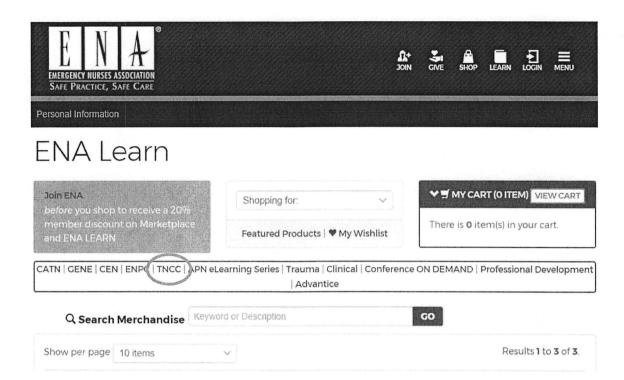
Shaun Fix and the TNCC Staff

Accessing the TNCC Pre-course Modules on the ENA Website

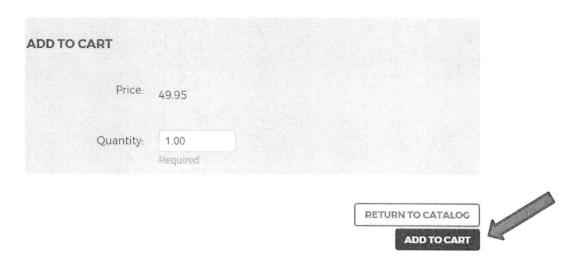
1. Go to www.ena.org and select **LEARN** at the top of the screen.



2. Select <u>TNCC</u> from the category menu. Scroll down and select <u>TNCC PROVIDER COURSE ONLINE</u> MODULES.



3. Select ADD TO CART.



4. Log in to the ENA website or create an account. To create an account, you must first search for your email address.

**If you have taken ENPC or TNCC in the past, follow the search prompts to locate your account. Please do not create duplicate accounts.

Existing Account Sign In

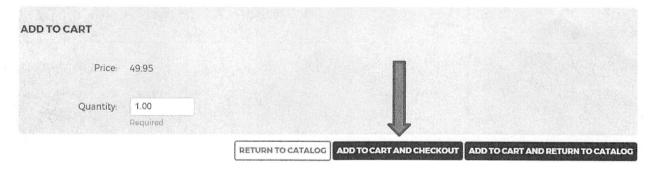


Lookup Your Email or Create an Account

Have an account but forgot which email you registered with? Use our registered email search to confirm if your email address is in our database. If it is not available, you will be prompted to create an account



5. Once your username and password have been created you will be redirected back to the TNCC Provider Course Online Module page. Select <u>ADD TO CART AND CHECKOUT</u>.



6. Confirm your Billing information (please note you are not going to be billed) and select **CONTINUE**.



7. Enter TNCCENA7 and hit APPLY. This will take the balance down to zero.



8. Select the **CHECK OUT** button to proceed with your order.



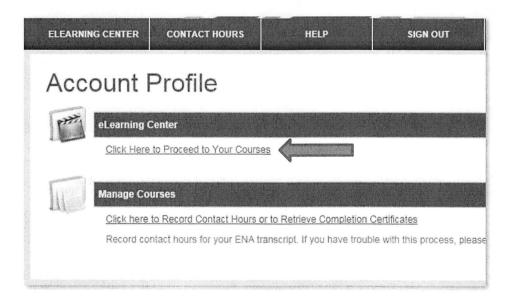
9. Select the **SUBMIT ORDER** button to complete your order.



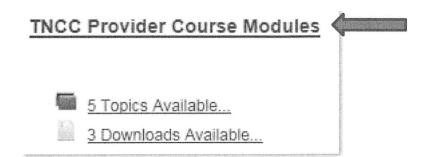
10. You will then receive a confirmation page. To access the course, select the **GO TO YOUR**ONLINE COURSES button at the bottom of the confirmation page, and you will be redirected to your profile within the eLearning Center.



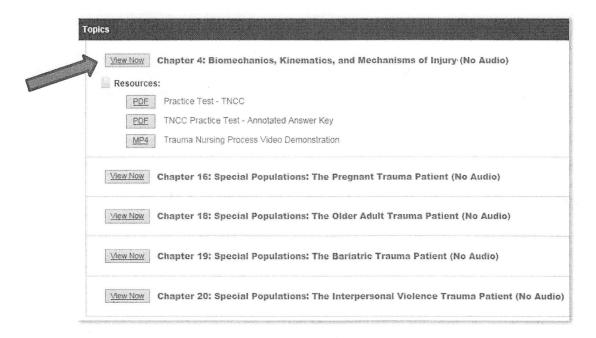
11. Click on the link to proceed to your courses.



12. Under Online Courses, select TNCC Provider Course Modules



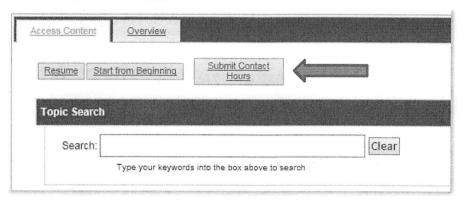
13. To start the course, click on <u>VIEW NOW</u> or <u>START</u>. (If returning to an incomplete course, select RESUME or START FROM THE BEGINNING 關鍵語 國際語 國際語 (If returning to an incomplete course, select RESUME or START FROM THE BEGINNING 國際語 (If returning to an incomplete course, select RESUME or START FROM THE BEGINNING 國際語 (If returning to an incomplete course, select RESUME or START FROM THE BEGINNING (If returning to an incomplete course, select RESUME or START FROM THE BEGINNING (If returning to an incomplete course, select RESUME or START FROM THE BEGINNING (If returning to an incomplete course, select RESUME or START FROM THE BEGINNING (If returning to an incomplete course, select RESUME or START FROM THE BEGINNING (If returning to an incomplete course, select RESUME or START FROM THE BEGINNING (If returning to an incomplete course, select RESUME or START FROM THE BEGINNING (If returning to an incomplete course, select RESUME (If returning to an incomplete RESUME (If returning to a incomplete RESUME (If returning to a inco



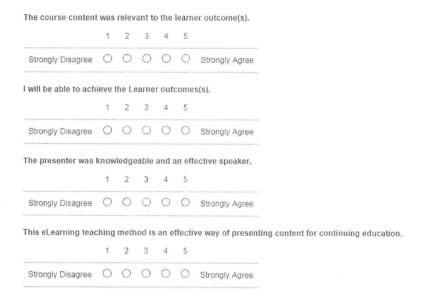
14. When the course is completed a check mark will appear alongside the course name.



15. To record completion, make sure you click on <u>SUBMIT CONTACT HOURS</u> after you have viewed all the modules. You will complete a short course evaluation at this time. Though it is not required, you may print your certificate after the course evaluation has been completed. Please note that contact hours will be awarded at the in-person course, for the full amount of the live course and online modules.



16. Example of the course evaluation:



17. To return to the pre-course modules from the ENA home page, after you have added them to your eLearning Center, click on the **EDUCATION** menu and then select **ACCESS YOUR ONLINE COURSES.**

^{***}Questions? Please contact our Education department at 847-460-4123, or, email elearning@ena.org.

TRAUMA NURSE CORE COURSE AGENDA

Day 1

Topics	Time	Instructor
Trauma Nursing and TNCC		
Teamwork and Trauma Care		
Initial Assessment		
Airway and Ventilation		
Airway Teaching Station		P
Shock		Sec. 1
BREAK		
Special Populations: Pediatric Trauma Patient		
Ocular Trauma		
Pain		
Pre Course Modules Q and A		
LUNCH		
Brain, Cranial, and Maxillofacial Trauma		
Demo of TNP Station		
Skills station rotations		

Day 2

Topics	Time	Instructor
Thoracic and Neck Trauma		,
Abdominal and Pelvic Trauma		
Spinal Cord and Vertebral Column Trauma		
BREAK		
Musculoskeletal Trauma		
Surface and Burn Trauma		
Disaster Management	`	
Psychosocial Aspects of Trauma Care		
Transition of Care for the Trauma Patient and		
Post-resuscitation Care		
LUNCH		
Written examination/psychomotor testing		

1. What is the key to a high performing trauma team?

- a. Individual goals
- b. Use of the SBAR tool
- c. Identification of a single decision maker
- d. Consistent communication

2. When obtaining a history for an injured patient, determining energy transfer through biomechanical data helps the nurse to:

- a. anticipate the types of injury that may be present.
- b. decide if law enforcement should be notified.
- c. determine needed laboratory tests.
- d. predict the need for a surgical procedure.

3. The major preventable cause of death in the trauma patient is:

- a. airway compromise.
- b. ineffective ventilation.
- c. secondary head injury.
- d. uncontrolled hemorrhage.

4. The across-the-room observation step in the initial assessment provides the opportunity to:

- a. assess for uncontrolled internal hemorrhage.
- b. accurately triage the patient.
- c. reprioritize circulation before airway or breathing.
- d. activate the trauma team.

5. Which of the following accurately describes ventilation principles associated with a bag-mask device?

- a. Ventilate at a rate of 10 to 12 breaths/min
- b. Deliver 100% oxygen
- c. Compress the bag-mask device completely
- d. Maintain the oxygen saturation level between 92% and 94%

6. Which of the following is the best measure of the adequacy of cellular perfusion and helps to predict the outcome of resuscitation?

- a. End-tidal carbon dioxide
- b. Hypoxia
- c. Base deficit
- d. Oxygen saturation

7. According to the World Health Organization pain relief ladder, adjuvant medications are:

- a. Treatment for symptoms associated with pain
- b. An alternative to nonpharmacologic interventions
- c. Given for sedative properties
- d. Most effective for severe pain

8. In a patient with severe traumatic brain injury, hypocapnia causes:

- a. respiratory acidosis.
- b. metabolic acidosis.
- c. neurogenic shock.
- d. cerebral vasoconstriction.

- 9. A patient with a knife injury to the neck has an intact airway and is hemodynamically stable. He complains of difficulty swallowing and speaking. Further assessment is indicated next for which of the following conditions?
 - a. Damage to the spinal cord
 - b. An expanding pneumothorax
 - c. Laceration of the carotid artery
 - d. Injury to the thyroid gland
- 10. What is the appropriate technique to palpate the pelvis for stability?
 - a. Apply gentle pressure over the iliac wings downward and laterally
 - b. Apply gentle pressure over the iliac wings downward and medially
 - c. Apply firm pressure over the iliac wings downward and laterally
 - d. Apply firm pressure over the iliac wings downward and medially
- 11. A patient with a spinal cord injury at C5 is being cared for in the emergency department while awaiting transport to a trauma center. Which of the following represents the highest priority for ongoing assessment?
 - a. Monitor respiratory status
 - b. Administer balanced resuscitation fluid
 - c. Perform serial assessments of neurologic function
 - d. Observe for signs of distributive shock
- 12. What is the first step to stop a hemorrhage associated with an amputated extremity?
 - a. Elevate the extremity to the level of the heart
 - b. Initiate direct pressure
 - c. Apply a tourniquet
 - d. Splint the residual limb
- 13. Treatment for frostbite includes:
 - a. warm the affected part slowly over 30 to 60 minutes
 - b. use gentle friction to improve circulation.
 - c. administer aspirin.
 - d. leave blisters intact.
- 14. A 30-week pregnant trauma patient's vital signs include a blood pressure of 94/72 mm Hg and a heart rate of 108 beats/min. Fetal heart tones are 124 beats/min. The emergency nurse interprets the patient's hemodynamic findings as an indication of which of the following?
 - Decompensated shock
 - b. Normal vital signs in pregnancy
 - c. Placental abruption
 - d. Supine hypotension syndrome
- 15. While performing an assessment on a 13 month-old involved in a motor vehicle collision, the nurse identifies which of the following findings from the patient as a potential sign of mental status changes?
 - a. Sunken fontanel
 - b. Crying, but consolable
 - c. Hyperglycemia
 - d. Cooperation with the assessment

- 16. What is the best position to maintain an open airway in the bariatric patient?
 - a. Prone
 - b. Supine
 - c. Reverse Trendelenburg
 - d. Right lateral recumbent
- 17. The nurse is obtaining a history for a patient who presents following sexual assault. This history is completed using which of the following techniques?
 - a. Bring the family in to the interview room
 - b. Use direct quotes to record information
 - c. Assure law enforcement and social services wait until the nursing history is completed
 - d. Provide food and drink before creating a rapport
- 18. A trauma nurse cared for a child with devastating burns 2 weeks ago. She called in sick for a couple of days and is now back working on the team. Which of the following behaviors would indicate this nurse is coping well?
 - a. She is talking about taking the emergency nursing certification examination
 - b. She keeps requesting to be assigned to the walk-in/ambulatory area
 - c. She is impatient and snaps at coworkers
 - d. She is thinking about transferring out of the emergency department
- 19. Following a bomb explosion, fragmentation injuries from the bomb or objects in the environment are examples of which phase of injury?
 - a. Primary
 - b. Secondary
 - c. Tertiary
 - d. Quaternary
- 20. A patient is diagnosed with small subdural hematoma with a history of a trip and fall in which he hit his head on the sink two weeks ago. He is waiting for an inpatient bed. The nursing shift report indicates that he did not sleep last night and has been very anxious. As the nurse begins an assessment, he vomits and states he couldn't sleep because a young child kept coming in his room during the night. What is a likely cause for these signs and symptoms?
 - a. Increased intracranial pressure
 - b. Alcohol withdrawal
 - c. Rhabdomyolysis
 - d. Pulmonary embolus

Grading Tool

1. D

2. A

3. D

4. C

5. A

6. C

7. A

8. D

9. A

10. B

11. A

12. B

13. C

14. B

15. D

16. C

17. B

18. A

19. B

20. B

TRAUMA NURSE PROCESS STUDY GUIDE

PRIOR TO PATIENT ARRIVAL

- 1. STATES THE NEED TO ACTIVATE TRAUMA TEAM
- 2. STATES THE NEED TO PREPARE TRAUMA ROOM GATHER ANY SPECIAL EQUIPMENT RAPID INFUSERS, TOURNIQUETS, PEDIATRIC SUPPLIES, OB SUPPLIES, FETAL MONITOR, ETC.
- 3. STATES NEED TO DON PPE
- 4. IF APPROPRIATE, STATE NEED TO CONSIDER DECONTAMINATION

THE PATIENT ARRIVES

5. ASSESSES FOR ANY UNCONTROLLED EXTERNAL HEMORRHAGE – NEED TO REPRIORITIZE TO C-ABC.

6. **ASSESS LEVEL OF CONSCIOUSNESS - AVPU

- 7. IF UNRESPONSIVE, HAVE SECOND PERSON HOLD MANUAL TRACTION WHILE OPENING AIRWAY USING JAW THRUST MANEUVER. IF RESPONSIVE, ASK PATIENT TO OPEN THEIR MOUTH.
- 8. **INSPECT THE MOUTH/<u>AIRWAY</u> FOR AT LEAST FOUR OF THE

FOLLOWING:

- a. TONGUE OBSTRUCTION
- b. LOOSE OR MISSING TEETH
- c. FOREIGN OBJECTS
- d. BLOOD, VOMITUS OR SECRETIONS
- e. EDEMA
- f. SNORING, GURGLING OR STRIDOR
- g. BONY DEFORMITY
- 9. IF ANY OF THE ABOVE EXIST, FIX IT SUCTION, OPA, REPOSITION THEN REASSESS
- 10. IF YOU HAD TO PLACE AN OPA TO MAINTAIN AIRWAY, **STATE THE NEED FOR A DEFINITIVE AIRWAY**
- 11. **ASSESS BREATHING, MUST ASSESS AT LEAST FOUR OF THE

FOLLOWING:

- a. SPONTANEOUS BREATHING?
- b. SYMMETRICAL CHEST RISE AND FALL?
- c. DEPTH, PATTERN AND RATE OF RESPIRATIONS?

- d. INCREASED WORK OF BREATHING?
- e. SKIN COLOR?
- f. OPEN WOUNDS OR DEFORMITIES?
- g. BREATH SOUNDS PRESENT? EQUAL?
- h. SUBCUTANEOUS EMPHYSEMA?
- i. IVD? TRACHEAL DEVIATION?
- 12. BASED ON YOUR FINDINGS YOU MUST DO ONE OF TWO THINGS:
 - a. O2 AT 15 LITERS VIA NON REBREATHER MASK IF BREATHING IS STABLE
 - b. IF UNSTABLE, ASSIST VENTILATIONS WITH BAG-MASK DEVICE, PREPARE TO INTUBATE

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

- a. ATTACH CO2 DETECTOR
- b. OBSERVE RISE AND FALL OF CHEST WHILE LISTENING OVER EPIGASTRIUM
- c. AUSCULTATE FOR BILATERAL BREATH SOUNDS
- d. ATER 5-6 BREATHS OBSERVE CO2 DETECTOR FOR EVIDENCE OF CO2 IN EXHALED AIR
- e. ASSESS FOR COLOR IMPROVEMENT
- 14. ASSESS TUBE POSITION, SECURE TUBE, BEGIN MECHANICAL VENTILATION OR CONTINUE ASSISTED VENTILATION

15. **ASSESS CIRCULATION - MUST DO ALL THREE

- a. LOOK FOR UNCONTROLLED BLEEDING
- b. PALPATE CENTRAL PULSE
- c. INSPECT AND PALPATE THE SKIN FOR COLOR, TEMPERATURE AND MOISTURE
- 16. BASED ON YOUR FINDINGS. INTERVENE ACCORDINGLY
- 17. CHECK PATENCY OF FIELD LINE, START 2ND LINE, DRAW BLOOD
- 18. **GIVE FLUIDS CONTROLLED RATE, BOLUSES, RAPID RATE
- 19. REASSESS AS NEEDED
- 20. STATE NEED FOR BALANCED RESUSCITATION OR MTP
- 21. **ASSESS NEURO FOUR SCORE IF INTUBATED OR GCS
- 22. CHECK PUPILS
- 23. *INTERVENE OR STATE NEED FOR INTERVENTION AS NEEDED CT OF HEAD
- 24. **EXPOSE, KEEP THEM WARM, EVIDENCE COLLECTION

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