

TNCC EXAM STUDY GUIDE

1. Preparation and Triage
2. Primary Survey (ABCDE) with resuscitation adjuncts (F,G)
3. Reevaluation (consideration of transfer)
4. Secondary Survey (H) with reevaluation adjuncts
5. Reevaluation and post resuscitation care
6. Definitive care of transfer to an appropriate trauma nurse - Initial Assessment

1. A- airway and Alertness with simultaneous cervical spinal stabilization
2. B- breathing and Ventilation
3. circulation and control of hemorrhage
4. D - disability (neurologic status)
5. F - full set of vitals and Family presence
6. G - Get resuscitation adjuncts
 - L- Lab results (arterial gases, blood type and crossmatch)
 - M- monitor for continuous cardiac rhythm and rate assessment
 - N- naso or orogastric tube consideration
 - O- oxygenation and ventilation analysis: Pulse oxymetry and end-tidal carbon dioxide (ETCO₂) monitoring and capnography
 - H- History and head to toe assessment
 - I- Inspect posterior surfaces - ABCDEFGHI

Before the arrival of the pt - When should PPE be placed:

Pt is at hospital in the right amount of time, right care, right trauma facility, right resources - Safe Care:

Uncontrolled Hemorrhage - Major cause of preventable death:

reorganize care to C-ABC - If uncontrolled hemorrhage ..

Used at the beginning of the initial assessment

1. A Alert. If the pt is alert he or she will be able to maintain his or her airway once it is clear.
2. V responds to verbal stimuli responds to pain. If the patient needs verbal stimulation to respond, an airway adjunct may be needed to keep the tongue from obstructing the airway.
3. P responds to pain. If the pt. responds only to pain, he or she may not be able to maintain his or her airway adjunct may need to be placed while further assessment is made to determine the need for intubation.
4. U Unresponsive. If the pt. is unresponsive, announce it loudly to the team and direct someone to chk in the pt is pulseless while assessing if the cause of the problem is the airway. - Airway and AVPU:

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