Up-to-date Questions and Answers from authentic resources to improve knowledge and pass the exam at very first attempt. ----- Guaranteed.

BCEN-CTRN MCQs
BCEN-CTRN TestPrep
BCEN-CTRN Study Guide
BCEN-CTRN Practice Test
BCEN-CTRN Exam Questions

killexams.com

**Nursing**

# BCEN-CTRN

*BCEN Certified Transport Registered Nurse*

ORDER FULL VERSION

https://killexams.com/pass4sure/exam-detail/BCEN-CTRN

**Question: 1201**

A transport nurse is leading a quality improvement initiative to reduce medication errors during interfacility transfers. After analyzing incident reports, the nurse identifies that 60% of errors occur during handoff communication. Which quality management tool should the nurse prioritize to address this issue systematically?

A. Pareto chart to prioritize interventions based on error frequency
B. Fishbone diagram to identify root causes of communication breakdowns
C. Run chart to track medication error rates over time
D. SWOT analysis to evaluate team strengths and weaknesses

Answer: B

Explanation: A fishbone diagram (cause-and-effect diagram) is the most appropriate tool to systematically identify root causes of communication breakdowns during handoffs, as it organizes potential causes into categories like process, people, and equipment. This aligns with quality management principles for addressing systemic issues. A Pareto chart (Prioritize interventions based on error frequency) is useful for prioritizing interventions after causes are identified, not for initial root cause analysis. A run chart (Track medication error rates over time) monitors trends but doesn't identify causes. A SWOT analysis (Evaluate team strengths and weaknesses) is better suited for strategic planning, not specific process improvement.

**Question: 1202**

A 40-year-old bariatric patient (BMI 47 kg/m²) is transported post-cardiac arrest with return of spontaneous circulation. The patient is intubated, and targeted temperature management (TTM) is initiated at 36°C. What is the most critical monitoring parameter during TTM?

A. Monitor blood glucose every 4 hours
B. Monitor mean arterial pressure (MAP) every 30 minutes
C. Monitor core temperature every 15 minutes
D. Monitor urine output every hour

Answer: C

Explanation: During TTM in a bariatric patient, precise core temperature monitoring every 15 minutes is critical to maintain the target of 36°C and prevent overcooling or rewarming complications. Glucose, MAP, and urine output are important but secondary to temperature control in TTM.

**Question: 1203**

A transport nurse is conducting a risk assessment and notes a high risk of sandstorms. Which vehicle preparation is most critical?

A. Increase the patient's IV fluid rate
B. Ensure the air filters are clean and functional
C. Pack additional blankets for warmth
D. Verify the radio communication range

Answer: B

Explanation: Ensuring the air filters are clean and functional prevents engine damage from sand ingestion, critical for vehicle reliability in a sandstorm. Increasing IV fluids is unrelated to sandstorms. Packing blankets addresses comfort, not vehicle function. Verifying radio range is important but secondary to vehicle preparation.

**Question: 1204**

You arrive to transport a patient with newly diagnosed subarachnoid hemorrhage treated with a ventriculostomy. The cerebrospinal fluid (CSF) drainage system is found clamped with rising ICP on monitor. Which action is correct?

A. Adjust drainage system to drain at 15cm H2O if ICP rises
B. Keep system clamped during entire transfer
C. Lower drainage system to floor level
D. Unclamp and allow maximal free drainage

Answer: A

Explanation: The drainage system should be set to prescribed height (often 10-15cm H2O); this avoids over-/under-drainage. Free drainage risks herniation, while constant clamping is unsafe.

**Question: 1205**

A 48-year-old male patient with a history of influenza is being transported. The nurse notes a new oxygen requirement of 4 L/min. Which infection control measure should be prioritized?

A. Ensure the patient wears an N95 mask
B. Place a surgical mask on the patient
C. Use a HEPA filter on the ventilator
D. Wear a PAPR during transport

Answer: B

Explanation: For influenza, placing a surgical mask on the patient is the priority to contain droplets. Ensure the patient wears an N95 mask is for airborne pathogens. Use a HEPA filter on the ventilator is for intubated patients. Wear a PAPR during transport is excessive for droplet precautions.

**Question: 1206**

A patient develops sudden desaturation and severe hypotension after placement and inflation of a left-sided chest tube for hemothorax. What is the most likely cause?

A. Injury to pulmonary artery
B. Cardiac tamponade
C. Vasovagal reaction
D. Tension pneumothorax contralateral lung

Answer: A

Explanation: Sudden catastrophic decompensation post-tube insertion suggests vascular injury (e.g., pulmonary artery), not tamponade or contralateral tension—requires emergent surgical intervention.

**Question: 1207**

A 33-year-old male with type 1 diabetes is found unconscious with deep, rapid respirations and a fruity odor on his breath. Labs: glucose 497mg/dL, Na+ 129mmol/L, K+ 5.8mmol/L, bicarbonate 10mmol/L, pH 7.12. When initiating insulin therapy during the transport, which additional step must be performed to prevent a potentially fatal complication?

A. Monitor and correct serum potassium levels as insulin is started
B. Begin IV fluids with dextrose 10% immediately
C. Administer bolus of sodium bicarbonate without checking potassium
D. Withhold all fluids until acidosis resolves

Answer: A

Explanation: Insulin therapy causes a shift of potassium into cells, dropping serum potassium and risking arrhythmia. Monitoring and correcting serum potassium is critical as acidosis reverses and insulin starts. Administering sodium bicarbonate is not preferred without potassium check. IV fluids with dextrose are not the immediate need. Withholding all fluids delays necessary resuscitation.

**Question: 1208**

A transport nurse is preparing to communicate critical patient data during a handoff for a 45-year-old patient with a traumatic brain injury being transferred from a rural ED to a level I trauma center. The nurse uses the SBAR format to ensure clarity. Which component of the SBAR handoff is most critical to include to ensure the receiving team can anticipate the patient's immediate needs upon arrival?

A. Recommendation for immediate surgical intervention
B. Background information on the patient's past medical history
C. Assessment of the patient's current neurological status and recent changes
D. Situation details including the mechanism of injury

Answer: C

Explanation: In the SBAR (Situation, Background, Assessment, Recommendation) format, the Assessment component is most critical for conveying the patient's current neurological status and recent changes, as it directly informs the receiving team of the patient's immediate clinical needs. While Situation details (mechanism of injury) and Background information (past medical history) provide context, they are less urgent than the current clinical status in a time-sensitive trauma transfer. Recommendation for surgical intervention may be premature without the receiving team's evaluation, making Assessment the priority.

**Question: 1209**

A 43-year-old asthmatic in respiratory failure is intubated and placed on VC ventilation, TV 7 mL/kg, RR 20, PEEP 5 cmH2O, FiO2 100%. Peak inspiratory pressures are 55 cmH2O, plateau 25 cmH2O. What ventilator change will best reduce barotrauma risk?

A. Increase PEEP
B. Decrease tidal volume
C. Lower inspiratory flow rate
D. Raise respiratory rate

Answer: B

Explanation: High peak pressures in asthma indicate high airway resistance; lowering tidal volume reduces dynamic hyperinflation and barotrauma risk. Raising rate or PEEP could worsen it; inspiratory flow rate effects are less significant than volume.

**Question: 1210**

A 2-month-old neonate is being transported for suspected sepsis. The infant's vital signs are HR 180 bpm, RR 60/min, temp 38.5°C, and SpO2 94%. Blood cultures are pending. What is the appropriate initial antibiotic regimen?

A. Administer vancomycin 15 mg/kg IV and piperacillin-tazobactam 100 mg/kg IV
B. Administer ampicillin 50 mg/kg IV and gentamicin 5 mg/kg IV
C. Administer ceftriaxone 50 mg/kg IV
D. Administer ampicillin 50 mg/kg IV and cefotaxime 50 mg/kg IV

Answer: D

Explanation: For suspected neonatal sepsis, the combination of ampicillin and cefotaxime is recommended as first-line therapy to cover common pathogens like Group B Streptococcus and Escherichia coli, per current pediatric guidelines. Ampicillin with gentamicin is an alternative, but gentamicin requires careful monitoring for nephrotoxicity. Ceftriaxone is avoided in neonates due to the risk of bilirubin displacement and kernicterus. Vancomycin and piperacillin-tazobactam are reserved for resistant organisms and not first-line for early-onset sepsis.

**Question: 1211**

A 30-year-old female with traumatic brain injury has been hyperventilated to a PaCO2 of 25mmHg in an attempt to control rising ICP. Which potential complication is most likely if hyperventilation is continued for extended transport?

A. Increased risk for acute pulmonary edema
B. Development of neurogenic pulmonary edema
C. Hyperkalemia due to respiratory alkalosis
D. Cerebral vasoconstriction and impaired perfusion

Answer: D

Explanation: Aggressive hyperventilation reduces CO2, leading to cerebral vasoconstriction and decreased blood flow, potentially worsening ischemic injury.

**Question: 1212**

A patient with chronic renal failure is transported and develops dyspnea, crackles, and oxygen desaturation. Stat chest x-ray reveals pulmonary edema. What is the best pharmacologic intervention en route?

A. Sublingual nitroglycerin
B. Oral metoprolol
C. Salbutamol nebulization
D. Intravenous furosemide

Answer: D

Explanation: IV loop diuretics help reduce fluid overload in renal failure with pulmonary edema. Beta-blockers and nitroglycerin do not directly address overload, and salbutamol is for bronchospasm.

**Question: 1213**

A paramedic using analog radio reports persistent static during critical transmissions. What technical adjustment directly improves signal-to-noise ratio in analog radio?

A. Increase squelch threshold to suppress low-level interference
B. Lower transmit wattage
C. Disable channel scan function
D. Enable automatic audio compression

Answer: A

Explanation: Raising the squelch threshold filters unwanted weak signals and reduces static, improving clarity. Other actions do not address the root cause.

**Question: 1214**

A 66-year-old male with an LVAD is being transferred after a witnessed cardiac arrest. He develops hypotension (MAP 50mmHg), confusion, and refractory hypoxemia. His SVR is calculated at 600 dyn·s/cm^5. Which vasopressor should be initiated to optimize systemic perfusion and reduce mortality based on current guidelines?
A. Dopamine
B. Epinephrine
C. Phenylephrine
D. Norepinephrine

Answer: D

Explanation: Norepinephrine is the first-line vasopressor for distributive shock due to its balanced alpha and beta activity, thus increasing MAP with fewer arrhythmogenic effects compared to dopamine and epinephrine. Phenylephrine is pure alpha agonist and may worsen perfusion by increasing afterload only.

**Question: 1215**

A 75-year-old man falls from a ladder and sustains a pelvic fracture during transport. His BP is 100/70 mmHg, HR 110 bpm, and SpO2 95%. He is on warfarin for atrial fibrillation. What is the priority intervention to manage potential bleeding?

A. Administer prothrombin complex concentrate (PCC) 25 units/kg IV
B. Administer fresh frozen plasma 15 mL/kg IV
C. Administer tranexamic acid 1 g IV
D. Administer vitamin K 10 mg IV

Answer: A

Explanation: For a geriatric patient on warfarin with a traumatic pelvic fracture and signs of hypovolemia (low BP, elevated HR), prothrombin complex concentrate (PCC) 25 units/kg IV is the fastest and most effective way to reverse anticoagulation and control bleeding. Fresh frozen plasma is slower and requires larger volumes. Tranexamic acid is adjunctive but not a reversal agent. Vitamin K has a delayed onset and is not suitable for acute bleeding.

**Question: 1216**

You are transporting a 45-year-old male after an industrial accident with a crush injury to the chest. He develops pulseless electrical activity (PEA). You start CPR and administer epinephrine 1 mg IV. What is the most likely reversible cause to address?

A. Hypovolemia from internal bleeding
B. Tension pneumothorax from chest trauma
C. Hypoxia from pneumothorax

D. Cardiac tamponade from pericardial effusion

Answer: B

Explanation: In a chest crush injury, tension pneumothorax is a common reversible cause of PEA, requiring immediate needle decompression. Hypovolemia (Hypovolemia from internal bleeding) is possible but less likely without overt bleeding. Hypoxia (Hypoxia from pneumothorax) is addressed via ventilation. Cardiac tamponade (Cardiac tamponade from pericardial effusion) is less common in blunt trauma.

**Question: 1217**

A middle-aged patient with chronic renal failure presents for transfer. Blood gas: pH 7.20, HCO3- 16mmol/L; he is breathing rapidly. What physiological process is he demonstrating?

A. Compensatory metabolic alkalosis
B. Compensatory respiratory alkalosis
C. Compensatory respiratory alkalosis (hyperventilation)
D. Compensatory respiratory acidosis

Answer: C

Explanation: Hyperventilation is a compensation mechanism responding to metabolic acidosis by lowering PaCO2 to help normalize pH. The other options do not match the clinical picture.

**Question: 1218**

A patient with persistent atrial fibrillation during transport is on IV diltiazem at maximum dose but remains tachycardic (HR 148bpm). BP is stable. What medication should be administered next according to advanced guidelines?

A. Amiodarone IV loading dose
B. Synchronized cardioversion
C. Esmolol IV loading dose
D. Digoxin IV

Answer: D

Explanation: In stable cases with refractory rate control, digoxin is a reasonable next-line agent. Esmolol or amiodarone are also considered, but initial digoxin is favored in refractory rapid AF—especially if hypotension is not present. Cardioversion is considered only if instability develops.

**Question: 1219**

A 29-year-old trauma patient has persistent moderate arterial hemorrhage from a deep scalp laceration resistant to pressure. What is the next evidence-based intervention?

A. Suturing in prehospital setting
B. Apply direct digital pressure only
C. Immediate application of a hemostatic dressing agent
D. Elevate head and observe

Answer: C

Explanation: Hemostatic agents such as chitosan and kaolin dressings are recommended for persistent external bleeding resistant to standard pressure techniques, especially in prehospital/transport settings.

**Question: 1220**

A 48-year-old female with a history of gastric bypass surgery is being transported for a suspected small bowel obstruction. She is tachypneic (RR 28/min) and has a pH of 7.50. What electrolyte disturbance is most likely contributing to this acid-base imbalance?

A. Hyperkalemia
B. Hypocalcemia
C. Hypochloremia
D. Hyponatremia

Answer: C

Explanation: Tachypnea and alkalosis (pH 7.50) in small bowel obstruction are often due to hypochloremia from vomiting, causing metabolic alkalosis. Hyperkalemia typically causes acidosis. Hypocalcemia does not directly cause alkalosis. Hyponatremia may occur but is less likely to drive this acid-base disturbance.

**Question: 1221**

In a post-crash scenario in a forested area, the transport nurse must signal for rescue. The ELT is damaged. Which alternative method should the nurse use to maximize rescue visibility?

A. Create a smoke signal using dry wood
B. Use a flashlight to signal SOS at night
C. Lay out bright clothing in an open area
D. Write a distress message in the soil

Answer: C

Explanation: Laying out bright clothing in an open area maximizes visibility for aerial rescue teams during daylight, which is most effective when the ELT is non-functional. Smoke signals may be obscured by forest cover. Using a flashlight at night is less effective during the day. Writing a distress message in the soil is unlikely to be visible from the air.

**Question: 1222**

A multi-agency mass casualty exercise reveals inconsistent patient triage tags used by different teams. What quality management intervention most effectively addresses this systems management issue?

A. Instruct teams to use whichever tags they prefer
B. Implement standardized triage tags and mandatory cross-agency training
C. Only debrief after real events
D. Eliminate triage tags in future drills

Answer: B

Explanation: Standardization and cross-agency training improve response consistency, a high-reliability and quality improvement strategy. Lack of standardization leads to error and confusion.

**Question: 1223**

A 55-year-old male with a suspected pulmonary embolism is being transported. His vital signs are BP 90/60 mmHg, HR 130 bpm, and SpO2 88% on 15 L/min non-rebreather mask. The transport nurse prepares to initiate thrombolytic therapy. Which medication is most appropriate?

A. Rivaroxaban orally
B. Heparin IV infusion
C. Alteplase IV bolus
D. Warfarin orally

Answer: C

Explanation: Alteplase IV bolus is indicated for thrombolytic therapy in a hemodynamically unstable patient with a suspected massive pulmonary embolism. Heparin IV infusion is used for anticoagulation but not thrombolysis. Rivaroxaban and warfarin are oral anticoagulants with slower onset, inappropriate for acute management.

**Question: 1224**

A 19-year-old with facial trauma from a motor vehicle collision has a mandibular fracture with significant posterior tongue displacement, gurgling, and tachypnea. What is the safest airway management strategy during transport?

A. Immediate orotracheal intubation with direct laryngoscopy
B. Awake nasotracheal intubation with fiberoptic guidance
C. Rapid surgical cricothyrotomy
D. Delay airway intervention until arrival due to facial swelling risk

Answer: B

Explanation: In complex facial trauma with airway compromise, nasotracheal intubation with fiberoptic guidance is superior for avoiding disruption of anatomic landmarks and minimizing further airway compromise when direct laryngoscopy is difficult. Surgical airway is reserved for failed less invasive options; delaying is unsafe.

**Question: 1225**

You are transporting a patient who suffered freshwater drowning and now presents with pink, frothy sputum, rales, $SpO_2$ of 81%, and hypotension. Calculate the recommended initial mechanical ventilation setting for tidal volume in this 70kg patient.

A. 350mL
B. 490mL
C. 420mL
D. 560mL

Answer: B

Explanation: Lung-protective ventilation uses 6–8mL/kg; for 70kg, that is 420–560mL. Initial is usually 7mL/kg: 70x7=490mL. Thus, 490mL is most correct.

**Question: 1226**

In a scenario involving an improvised explosive device release in a subway, triage tags evidence of "labored breathing + sweating + contaminated clothing." What is the correct triage priority and intervention for this patient?

A. Minimal—transport after non-ambulatory
B. Immediate—priority transport after rapid decontamination
C. Expectant—defer transport resources
D. Delayed—observe at scene

Answer: B

Explanation: Labored breathing and uncontaminated clothing after a chemical event indicate serious injury needing immediate decontamination and priority transport.

**Question: 1227**

During transport preparation of a 28-year-old male with a traumatic amputation, you note active bleeding despite a tourniquet. He rates his pain as 10/10. What is the most appropriate next step?

A. Administer tranexamic acid 1 g IV to reduce bleeding
B. Apply a second tourniquet proximal to the first
C. Give fentanyl 100 mcg IV for pain relief

D. Initiate a 500 mL normal saline bolus to replace volume

Answer: B

Explanation: Applying a second tourniquet proximal to the first addresses uncontrolled bleeding, which is life-threatening. Tranexamic acid is supportive but secondary. Fentanyl addresses pain but not bleeding. A fluid bolus is insufficient without hemorrhage control.

**Question: 1228**

A 49-year-old female patient with CKD is being transported with a hemoglobin of 8 g/dL and fatigue. The nurse suspects anemia due to low erythropoietin. Which intervention is most appropriate during transport?

A. Administer erythropoietin 50 units/kg IV
B. Administer packed red blood cells 1 unit
C. Increase oxygen to 4 L/min via nasal cannula
D. Monitor for signs of transfusion reaction

Answer: C

Explanation: Anemia in CKD due to low erythropoietin is best managed during transport by increasing oxygen to 4 L/min via nasal cannula to improve tissue oxygenation. Administer erythropoietin 50 units/kg IV is a long-term therapy, not immediate. Administer packed red blood cells 1 unit is not feasible without blood available. Monitor for signs of transfusion reaction is irrelevant without transfusion.

# KILLEXAMS.COM

Killexams.com is a leading online platform specializing in high-quality certification exam preparation. Offering a robust suite of tools, including MCQs, practice tests, and advanced test engines, Killexams.com empowers candidates to excel in their certification exams. Discover the key features that make Killexams.com the go-to choice for exam success.


## Exam Questions:

Killexams.com provides exam questions that are experienced in test centers. These questions are updated regularly to ensure they are up-to-date and relevant to the latest exam syllabus. By studying these questions, candidates can familiarize themselves with the content and format of the real exam.

## Exam MCQs:

Killexams.com offers exam MCQs in PDF format. These questions contain a comprehensive collection of questions and answers that cover the exam topics. By using these MCQs, candidate can enhance their knowledge and improve their chances of success in the certification exam.

## Practice Test:

Killexams.com provides practice test through their desktop test engine and online test engine. These practice tests simulate the real exam environment and help candidates assess their readiness for the actual exam. The practice test cover a wide range of questions and enable candidates to identify their strengths and weaknesses.

## Guaranteed Success:

Killexams.com offers a success guarantee with the exam MCQs. Killexams claim that by using this materials, candidates will pass their exams on the first attempt or they will get refund for the purchase price. This guarantee provides assurance and confidence to individuals preparing for certification exam.

## Updated Contents:

Killexams.com regularly updates its question bank of MCQs to ensure that they are current and reflect the latest changes in the exam syllabus. This helps candidates stay up-to-date with the exam content and increases their chances of success.