Wound Care - Questions

1. Which solution use minimum damage while providing wound car?
   a. Hydrogen peroxide
   b. Povidine iodine
   c. Sal ine
   d. Gention violet

2. What are the four stages of Wound heali ng in the order they take place?
   a. Proliferative phase, inflammation phase, remodeling phase, maturation phase
   b. Haemostasis, inflammation phase, proliferation phase, mat u ration phase
   c. Inflammatory phase, dynamic stage, neutrophil phase, matu ration phase
   d. Haemostasis,proliferationphase,i nflammationphase,remodellingphase

3. How long does the proliferation phase of a wound occur?
   a. 3-24 days
   b. 5- 21 days
   c. 3-30 days
   d. 4-18 days

4. How long does the 'inflammatory phase' of wound healing typically last?
   a. 24 hours
   b. Just minutes
   c. 1 – 5 days
   d. 3 -24 days

5. What do you expect to assess in a grade 3 pressure ulcer?
   a. Blistered wound on the skin
   b. Open wound showing tissues
   c. Open wound exposing muscles
   d. Open wound exposing bones

6. If an elderly immobile patient had a 'grade 3 pressure sore', what would be your management?
   a. Film dressing, mobilization, positioning, nutritional support
   b. Foam dressing, pressure relieving mattress, nutritional support
   c. Dry dressing, pressure relieving mattress, mobilization
   d. Hydrocolloid dressing, pressure relieving mattress, nutritional support

7. A patient has been confined in bed for months now and has developed pressure ulcers in the buttocks area. When you checked the water low it is at level20. Which type of bed is best suited for this patient?
   a. Water mattress
   b. Egg crater mattress
   c. Air mattresses
   d. Dynamic mattress

8. Black wounds are treated with debridement. Which type of debridement is most selective and least damaging?
   a. Debridement with scissors.
   b. Debridement with wet to dry dressings
   c. Mechanical debridement
   d. Chemical debridement

9. The nurse cares for a patient with a wound in the late regeneration phase of tissue repair. The wound may be protected by applying a:
   a. Transparent film
   b. Hydrogel dressing
   c. Collagenases dressing
   d. Wet dry dressing

10. A client is admitted to the Emergency Department after a motorcycle accident that resulted in the client's skidding across a cement parking lot. Since the client was wearing shorts, there are large areas on the legs where the skin is ripped off. This wound is best described as:
    a. Abrasion
    b. Unapprocimated
    c. Aceratin
    d. Eschar
11. A nurse is assessing several patients with a variety of wounds. Which type of wound should the nurse anticipate will heal by secondary intention?
    a. Paper cut
    b. Pressure ulcer
    c. Abdominal incision from surgery
    d. Superficial slash caused by a knife
12. Mr. Smith has been diagnosed with Multiple Sclerosis 20 years age. Due to impaired mobility, he has developed a Grade 4 pressure sore on his sacrum. Which
Health professional can provide you prescriptions for his dressing?
    a. Dietician
    b. Tissue Viability Nurse
    c. Social worker
    d. Physiotherapist
13. Which one of the following types of wound is not suitable for negative pressure wound therapy?
    a. Partial thickness burns
    b. Contaminated wounds
    c. Diabetic and neuropathic ulcers
    d. Traumatic wounds
14. Proper Dressing for wound care should be all except?
    a. High humidity
    b. Low humidity
    c. Adherent

d. Absorbent/ Provide thermal insulation

15. What functions should a dressing fulfil for effective wound healing?
    a. High humidity, insulation, gaseous exchange, absorben
    b. Anaerobic, impermeable, conformable, low humidity
    c. Insulation, low humidity, sterile. High adherence
    d. Absorbent, low adherence, anaerobic, high humidity

16. All are appropriate wound dressing criteria except;
    a. High humidity
    b. Adherent
    c. Non-absorbent
    d. Provide thermal insulation

17. Breid, 76 years old, developed a pressure ulcer whilst under your care. On assessment, you saw some loss of dermis, with visible redness, but not sloughing off. Her pressure ulcer can be catogorised as;
Moisture lesion
2nd stage
3rd stage

18. When doing your shift assessment, one of your patient has water low score of 20. Which of the following mattress is appropriate for this score?
    a. Water bed
    b. Fluidized airbed
    c. Low air loss
    d. Alternating pressure

19. Joshua, son of Breid went to the station to see the nurse as she was complaining of severe pain on her pressure ulcer. What will be your initial action?
    a. Check analgesia on the chart
    b. Tell you will come as soon as you can

c. Find the nurse in charge.
d. Go immediately to see the patient

20. External factors which increase the risk of pressure damage are ;
a. Equipment, age and pressure
b. Moisture, pressure and diabetes
c. Pressure, shear and friction
d. Pressure, moisture and age

21. All but one, are characteristics of an ideal wound dressing;
a. Cost- effective
b. Allows gaseous exchange
c. Low humidity
d. Absorbent

22. How do you remove a negative pressure dressing?
a. Remove pressure then detach dressing gently
b. Get TVN nurse to remove dressing
c. Remove in a quick fashion

23. A client's wound is draining thick yellow material. The nurse correctly describes the drainage as
a. Sanguineous
b. Serous-sanguineous
c. Serous
d. Purullent

24. Which are not the benefits of using negative pressure wound therapy?
a. Can reduce wound odour
b. Increases local blood flow in peri-wound area
c. Can be used on untreated osteomyelitis
d. Can reduce use of dressings

25. Which of the following conditions can be observed in a proper wound dressing;
a. Absorbent, humid, aerated

b. Non-absorbent, humid, aerated
c. Non-humid, absorbent, aerated
d. Non-humid, non-absorbent, aerated