

# Cheap Nursing CEUs

## Wound Management: Best Practices for Prevention and Care

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**1. What is the primary function of hemostasis in wound healing?**

- A. To promote new tissue growth
- B. To constrict blood vessels and create clotting
- C. To provide a scaffold for new tissue growth
- D. To initiate new capillary formation

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**2. Which phase of wound healing is characterized by new epidermal growth and granulation tissue development?**

- A. Maturation phase
- B. Inflammatory phase
- C. Proliferative phase
- D. Hemostasis phase

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**3. What is a characteristic of tertiary intention wound healing?**

- A. Wounds are often surgically reopened and later closed
- B. Wounds heal from the wound bed to the epidermis with granulation tissue
- C. Wound edges are well-approximated and healed under closure
- D. Wound infection is rare, and healing is typically faster

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**4. Which type of wound necessarily involves the skin being intact with damage only to the underlying tissues?**

- A. Puncture wound
- B. Contusion
- C. Avulsion
- D. Incision

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**5. Which of the following complications is common in closed wounds, such as contusions?**

- A. Significant bleeding
- B. Exposure to external environment
- C. Necrosis of superficial skin layers
- D. Pain and swelling due to rupture of small blood vessels

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**6. What distinguishes mechanical injury from thermal injury?**

- A. Mechanical injury involves skin irritation from corrosive chemicals
- B. Thermal injury is always caused by direct mechanical trauma
- C. Mechanical injury involves sharp or blunt force trauma
- D. Thermal injury is always superficial and does not involve deeper tissues

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**7. Which of the following conditions specifically increases the risk of venous ulcers?**

- A. Venous insufficiency causing blood pooling in lower extremities
- B. Inadequate pressure control and prolonged pressure on body parts
- C. Presence of neuropathic conditions
- D. Use of corrosive chemicals on the skin

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**8. How do diabetic foot ulcers typically progress?**

- A. From angiogenesis in healthy tissues
- B. Due to decreased pain sensation and compromised healing
- C. Through exposure to external chemical irritants
- D. By bacterial infection of intact skin only

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**9. In preventing pressure injuries, why is it advised to turn bed-bound patients every two hours?**

- A. To prevent shear forces from strengthening wound sites
- B. To minimize the risk of misalignment of joints
- C. To offload pressure and improve circulation to vulnerable areas
- D. To enhance absorption of nutrients from bedding materials

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**10. What role does protein play in wound healing?**

- A. Acts as a primary energy source for cellular functions
- B. Supports oxygen transport only
- C. Replenishes plasma lost during hemostasis phase
- D. Facilitates tissue repair and regeneration

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**11. Which factor is crucial for the application of an alginate dressing?**

- A. Presence of high exudate volume for absorption
- B. The wound must be dry and necrotic
- C. Wound must be shallow with minimal exudate
- D. Presence of anaerobic infection in the wound

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**12. When managing a chronic wound, why might surgical debridement be preferred?**

- A. Ensures all necrotic tissue is removed efficiently
- B. It is non-invasive and gradual
- C. Requires minimal expert intervention
- D. Avoids the need for any further treatment

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**13. How can a certified wound care nurse contribute to patient care?**

- A. By performing surgical procedures on complex wounds
- B. Through specialized training in general health management
- C. Providing specialized wound assessments and care planning
- D. Offering counseling services for psychological issues only

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**14. In wound dressing selection, which factor is least critical?**

- A. Patient's age and general appearance
- B. Volume of wound exudate
- C. Stage and type of wound
- D. Presence of infection or necrotic tissue

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**15. What differentiates a cellulitis infection from other wound infections?**

- A. Cellulitis includes rapid blister formation at wound site
- B. Symptoms include poorly defined erythema, warmth, and tenderness
- C. Cellulitis infection arises only from traumatic wounds
- D. Necrotic tissue development is an immediate symptom

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**16. Which therapeutic intervention is primarily used to support diabetic ulcer healing?**

- A. Offloading pressure points
- B. Immediate surgical intervention
- C. Consistent application of oral antibiotics
- D. Enhanced glycemic control and footwear assessment

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**17. What is a principal challenge in treating burn injuries?**

- A. Addressing systematic scarring without risk of infection
- B. Ensuring adequate protection from ultraviolet radiation
- C. Preventing infection while minimizing pain
- D. Facilitating hypothermic treatment for rapid healing

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**18. Why is patient education significant to the prevention of wound complications?**

- A. It allows the patient to recognize and report all types of wounds immediately
- B. It enables patients to self-assess and treat complex wounds independently
- C. Eliminates the need for healthcare follow-ups
- D. Promotes understanding and adherence to preventive and therapeutic measures

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**19. Why is hyperbaric oxygen therapy not widely used despite its potential benefits?**

- A. Lack of consistent efficacy across wound types
- B. High costs associated with the therapy
- C. Minimal side effects make its research uninformed
- D. Unavailability of technology in healthcare facilities

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**20. In wound management, why is offloading crucial for pressure injury treatment?**

- A. To redistribute pressure and minimize ongoing tissue damage
- B. To facilitate the absorption of analgesics and antibiotics
- C. To allow full immobilization of affected regions
- D. To stimulate psychological comfort during treatment

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