

Cheap Nursing CEUs

Wound Management: Best Practices for Prevention and Care

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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