# 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 finding 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 patient is at the greatest risk for a venous ulcer?**

A. A patient with chronic venous insufficiency and leg swelling
B. A patient with new neuropathy and normal circulation
C. A bed-bound patient with a stage 1 sacral pressure injury
D. A patient with a first-degree burn on the forearm

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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. It removes necrotic tissue quickly
B. It is gradual and relies on the body's own enzymes
C. It can be done without specialized training
D. It makes dressings unnecessary afterward

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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. Which combination of factors should guide dressing selection?**

A. Wound type and stage, exudate volume, and signs of infection or necrotic tissue
B. The patient's age and how long since the last dressing change
C. The color of the wound bed alone
D. Whether the patient has used the same dressing before

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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 approach is a focus of treatment for diabetic foot ulcers?**

A. Compression and elevation of the leg
B. Restricting protein to reduce metabolic demand
C. Turning the patient every two hours
D. Improving circulation, preventing and treating infection, and optimizing glycemic control

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

A. Eliminating scarring in every case
B. Keeping the wound dry and uncovered until healed
C. Preventing infection while minimizing pain
D. Ensuring protection from ultraviolet radiation

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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. Which statement about hyperbaric oxygen therapy is supported by the course?**

A. It is the first-line treatment for all chronic wounds
B. It may help some wounds, such as non-healing osteomyelitis, but research is limited
C. It carries no risk of serious side effects
D. A course of treatment costs less than most advanced dressings

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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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