

Pressure Ulcers eCourse: Module 5.1 Quiz

1. What type of information should you collect to prepare a treatment plan for a patient or resident who has developed a pressure ulcer?
 - a. Medical history
 - b. Complications / comorbid conditions
 - c. Nutritional status
 - d. Pain
 - e. Psychosocial

2. A patient's general health and nutritional status is important to know because it impacts how quickly their pressure ulcer will heal.

True False

3. How frequently should pain be assessed in patients with pressure ulcers?
 - a. At initial assessment
 - b. Every visit
 - c. Weekly
 - d. Whenever their condition changes

4. When assessing pain, it is sufficient to ask the patient how much pain he is experiencing.

True False

5. In how many weeks should a pressure ulcer heal?
 - a. One week
 - b. Two weeks
 - c. Three weeks
 - d. One month

6. Patients with strong family support have less risk for recurrence of pressure ulcers.

True False

7. If a pressure ulcer wound does not heal within two weeks, what should be done?
- a. Do a complete reassessment
 - b. Check nutrition
 - c. Check support surfaces
 - d. Assess for other health issues
8. A patient's functional capacity needs to be assessed when preparing a pressure ulcer treatment plan.
- True False
9. How do you know a pressure ulcer wound is healing?
- a. Decrease in size
 - b. Less exudate
 - c. Change in color
 - d. Increased granulation
10. The integrity of the seating and bed surfaces should be assessed when preparing a pressure ulcer treatment plan.
- True False
11. Why is communication with the patient and the family important?
- a. Reduce staff workload
 - b. Assess their understanding
 - c. Educate them about healing process
 - d. Get their support and co-operation
12. Pressure ulcer treatment plans need to be prepared only by the healthcare providers as they know best.
- True False

13. What is the recommended period for evaluating progress towards pressure ulcer healing?
- One week
 - Two weeks
 - Three weeks
 - One month
14. How often should you observe the pressure ulcer for development that may indicate a need for change of treatment?
- Every dressing change
 - Every shift
 - Once a week
 - Whenever patient's condition changes
15. Which of the following physical characteristics of a pressure ulcer need to be documented?
- Wound location
 - Category / stage
 - Size
 - Tunneling and undermining
 - Necrotic tissue
16. Which of the following physical characteristics of a pressure ulcer need to be documented?
- Exudate and drainage
 - Granulation
 - Periwound skin
 - Support surfaces
 - Pain
17. After assessment, what information should you record about the patient's skin characteristics?
- Color
 - Temperature
 - Moles
 - Bruises

18. After assessment, what information should be recorded about the patient's skin characteristics?
- a. Incisions
 - b. Intactness
 - c. Scars
 - d. Burns
19. When doing pressure ulcer wound measurements, it is important that the patient be positioned in a consistent, neutral position.
- True False
20. Which of the following are validated tools to help us monitor healing of pressure ulcers?
- a. PUSH
 - b. Norton
 - c. BWAT
 - d. Braden
21. Which of the following was developed by NPUAP as an alternative to "downstaging" as a method of monitoring healing ulcers?
- a. BWAT
 - b. Norton
 - c. Braden
 - d. PUSH
22. The PUSH tool provides adequate information to serve as the basis for a comprehensive treatment plan.
- True False
23. What factors does the PUSH tool measure?
- a. Wound width
 - b. Wound color
 - c. Exudate amount
 - d. Predominant tissues type

24. The Bates-Jensen Wound Assessment Tool is a short and quick tool to monitor pressure ulcer healing.

True False

25. What should a nurse look for when assessing signs of healing in a pressure ulcer?

- a. Increased pain
- b. Decreasing exudate
- c. Decreasing wound size
- d. Improvements in wound bed tissue

Answers to Module 5.1 – Quiz I

- Q1 a,b,c,d,e – ALL of this data is necessary to prepare a comprehensive pressure ulcer treatment plan.
- Q2 True
- Q3 b
- Q4 False – It is also important to know the type of pain in order to initiate therapy and medications to provide suitable relief.
- Q5 b – If all underlying factors have been assessed and clinical strategies maximized, and yet the wound does not heal within two weeks, something is wrong.
- Q6 True – This is why a social assessment is important to do when preparing a treatment plan.
- Q7 a,b,c,d
- Q8 True – A patient who spends all day in a wheelchair will need a different treatment plan than one who is immobile and bedbound.
- Q9 a,b,d
- Q10 True – Support surfaces wear out and need to be replaced; in addition, the right support surfaces need to be matched to the patient’s condition.
- Q11 b,c,d
- Q12 False – We need to determine the views of the patient and their family. Patients need to be empowered as this will improve their chances for clinical success.
- Q13 b – Although two weeks is the recommended time period for re-assessment, weekly assessments are better because it gives an opportunity to detect early complications and adjust treatment.
- Q14 a
- Q15 a,b,c,d,e
- Q16 a,b,c,d,e
- Q17 a,b,c,d
- Q18 a,b,c,d
- Q19 True – Wound appearance may change due to soft tissue distortion with different positions.
- Q20 a,c
- Q21 d

- Q22 False – It helps monitor pressure ulcer healing over time, but it is not suitable for preparing treatment plans.
- Q23 a,c,d
- Q24 False – It is a 15-item Likert scale. Although considered a great tool, it is time consuming which limits its use.
- Q25 b,c,d