

# Certified Wound Care Nurse (CWCN) Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

- 1. An abnormally high Ankle-Brachial Index (ABI) often indicates what condition?**
  - A. Blood vessel thickening**
  - B. Vein incompetence**
  - C. Severe arterial stenosis**
  - D. Venous thrombosis**
- 2. What type of neuropathy results in decreased sweating and skin oil production, leading to heel fissures and cracks?**
  - A. Autonomic neuropathy**
  - B. Sensory neuropathy**
  - C. Motor neuropathy**
  - D. Macular neuropathy**
- 3. True or False: Hydrophilic moisturizers should be used for irradiated skin.**
  - A. True**
  - B. False**
  - C. Only aloe vera**
  - D. Pure water**
- 4. What is the most critical intervention for managing a chronic venous ulcer?**
  - A. Compression.**
  - B. Revascularization.**
  - C. Antibiotic therapy.**
  - D. Wound debridement.**
- 5. Which finding is indicative of severe Toxic Epidermal Necrolysis?**
  - A. Localized rash**
  - B. Epidermal sloughing over 30% of BSA**
  - C. No lesions present**
  - D. Pruritic rash without pain**

- 6. Which type of skin tear involves a partial flap loss that cannot cover the wound bed?**
- A. Type I**
  - B. Type II**
  - C. Type III**
  - D. Type IV**
- 7. Patients with radiation-based skin reactions should avoid products containing what ingredients?**
- A. Pure lanolin**
  - B. Petrolatum**
  - C. Vaseline**
  - D. Natural oils**
- 8. What is the initial management step for a wound with foul smelling exudate and elevated WBCs?**
- A. Broad spectrum antibiotics**
  - B. Culture and sensitivity plus broad spectrum antibiotics**
  - C. Wound debridement**
  - D. Topical antiseptic application**
- 9. Which topical dressing should be considered for a patient with Stevens-Johnson syndrome?**
- A. Petrolatum contact layer dressing**
  - B. An occlusive transparent dressing**
  - C. Dry gauze with no contact layer**
  - D. Hydrocolloid dressing**
- 10. What typical manifestation can be expected after radiation therapy, specifically regarding changes in skin texture?**
- A. Red or tan pigmented skin**
  - B. Increased oiliness**
  - C. Darkened moles**
  - D. Thickened epidermis**

## **Answers**

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1. A
2. A
3. A
4. A
5. B
6. B
7. B
8. B
9. A
10. A

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## **Explanations**

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**1. An abnormally high Ankle-Brachial Index (ABI) often indicates what condition?**

- A. Blood vessel thickening**
- B. Vein incompetence**
- C. Severe arterial stenosis**
- D. Venous thrombosis**

An abnormally high Ankle-Brachial Index (ABI) is generally an indication of significant arterial diseases, specifically conditions related to arterial stiffness or calcification, which is often associated with blood vessel thickening. A high ABI suggests that despite potential blockages or narrowing within the arteries, there is an increased pressure in the ankle compared to the arm, potentially due to stiffened arteries that do not appropriately dilate. This abnormality may arise in older patients or those with diabetes and can indicate atherosclerosis or other arterial pathologies. A higher ABI can particularly suggest the presence of arterial calcification or conditions such as Monckeberg's arteriosclerosis, where the arterial walls become rigid due to calcium deposits, rather than narrowing or occlusion of the arterial lumen. Understanding the ABI is crucial for assessing peripheral artery disease and differentiating it from other vascular conditions, with a high ABI suggesting several implications, including the need for increased monitoring or intervention.

**2. What type of neuropathy results in decreased sweating and skin oil production, leading to heel fissures and cracks?**

- A. Autonomic neuropathy**
- B. Sensory neuropathy**
- C. Motor neuropathy**
- D. Macular neuropathy**

Autonomic neuropathy is the correct answer because it specifically affects the autonomic nervous system, which controls involuntary bodily functions, including the regulation of sweating and oil production in the skin. Patients with autonomic neuropathy can experience diminished or absent sweating, which leads to dry skin. This lack of moisture can contribute to skin fissures and cracks, particularly on pressure points such as the heels. In contrast, sensory neuropathy primarily affects the sensation in the body, which may lead to a loss of feeling in the feet but does not directly result in changes to sweating or oil production. Motor neuropathy impacts muscle control and strength, affecting movement but again, does not influence skin properties. Macular neuropathy does not fit within this context, as it pertains to vision and the retina, which is unrelated to skin and sweat gland function. Therefore, autonomic neuropathy is uniquely positioned to explain the symptoms of decreased sweating and skin oil production leading to heel fissures and cracks.

**3. True or False: Hydrophilic moisturizers should be used for irradiated skin.**

**A. True**

**B. False**

**C. Only aloe vera**

**D. Pure water**

Hydrophilic moisturizers are indeed beneficial for irradiated skin. This type of skin often becomes dry and sensitive as a result of radiation therapy, which can lead to additional discomfort and complications such as skin breakdown. Hydrophilic moisturizers work by attracting and holding moisture in the skin, thereby preventing further drying and promoting healing. They provide a protective barrier that can help soothe the irritation, and their ingredients typically support skin hydration and repair. In contrast, the other options do not provide the comprehensive benefits that hydrophilic moisturizers do for irradiated skin. While aloe vera may offer some soothing effects, it may not provide the same level of hydration and long-term moisture retention as a hydrophilic moisturizer. Pure water, while hydrating, does not contain the emollients or occlusives found in hydrophilic moisturizers that help to effectively lock in moisture and improve skin barrier function.

**4. What is the most critical intervention for managing a chronic venous ulcer?**

**A. Compression.**

**B. Revascularization.**

**C. Antibiotic therapy.**

**D. Wound debridement.**

Compression is the cornerstone of managing a chronic venous ulcer because it addresses the underlying issue of venous insufficiency, which is often the primary cause of these ulcers. By applying compression, the normal venous return is facilitated, reducing venous hypertension and preventing further fluid leakage into the surrounding tissue. This helps to decrease swelling, improve blood flow, and promote healing of the ulcer. In the context of chronic venous ulcers, while revascularization can be beneficial in select cases where arterial involvement is also a concern, it is not the primary intervention for venous ulcers. Antibiotic therapy may be necessary if there is an infection, but it does not address the venous insufficiency that leads to ulcer formation. Similarly, wound debridement can help by removing necrotic tissue but does not effectively manage the underlying venous problems that need to be addressed to promote healing. Therefore, compression therapy stands out as the most critical intervention in successfully managing chronic venous ulcers.

**5. Which finding is indicative of severe Toxic Epidermal Necrolysis?**

**A. Localized rash**

**B. Epidermal sloughing over 30% of BSA**

**C. No lesions present**

**D. Pruritic rash without pain**

The finding that indicates severe Toxic Epidermal Necrolysis (TEN) is significant epidermal sloughing, with at least 30% of the body surface area (BSA) affected. TEN is a serious and potentially life-threatening condition characterized by widespread peeling of the skin and mucous membranes, resembling extensive burns. This extensive detachment of the epidermis is critical in diagnosing the severity of the condition. In the context of TEN, the extent of the skin damage correlates with the clinical presentation and the potential risks, such as infection, fluid loss, and electrolyte imbalance. Therefore, identifying a sloughing of more than 30% of the BSA helps healthcare providers gauge the urgency of the situation, initiate appropriate interventions, and monitor for complications. Other findings, like localized rash or pruritic rash, do not reflect the systemic implications and seriousness of TEN and would not meet the criteria for a severe classification of this condition. The absence of lesions also completely rules out the possibility of TEN, as it inherently involves significant epidermal involvement.

**6. Which type of skin tear involves a partial flap loss that cannot cover the wound bed?**

**A. Type I**

**B. Type II**

**C. Type III**

**D. Type IV**

The correct answer is Type II. This classification of skin tear is characterized by a partial loss of the flap of skin, where the edges are no longer able to cover the wound bed completely. In Type II skin tears, the dermis remains attached, but the flap of skin is either partially missing or not able to re-approximate to protect the wound area effectively. Understanding this classification is critical for wound care management, as it guides the nurse in selecting appropriate treatments and interventions. Properly identifying the type of skin tear helps determine the most effective wound healing strategy and in preventing complications related to infections or further tissue damage.

**7. Patients with radiation-based skin reactions should avoid products containing what ingredients?**

- A. Pure lanolin
- B. Petrolatum**
- C. Vaseline
- D. Natural oils

Patients experiencing radiation-based skin reactions are advised to avoid products containing petrolatum. This is due to the occlusive nature of petrolatum, which can trap heat and moisture in the skin, potentially exacerbating the inflammatory process and irritation that occurs as a result of radiation therapy. When skin is affected by radiation, it becomes more sensitive and vulnerable, hence it is crucial to use products that maintain a balance of moisture without causing additional irritation or a warm, trapped environment. While some other substances, such as pure lanolin and certain natural oils, might have soothing properties and may not have the same occlusive effects as petrolatum, caution still needs to be exercised with skin care products to ensure that they do not further irritate the sensitive skin. Understanding the specific needs of the skin following radiation treatment is essential for promoting healing and comfort. Thus, avoiding petrolatum is particularly prudent to prevent further complications in the healing process.

**8. What is the initial management step for a wound with foul smelling exudate and elevated WBCs?**

- A. Broad spectrum antibiotics
- B. Culture and sensitivity plus broad spectrum antibiotics**
- C. Wound debridement
- D. Topical antiseptic application

The initial management step for a wound presenting with foul-smelling exudate and elevated white blood cell counts is to perform culture and sensitivity testing alongside the administration of broad-spectrum antibiotics. This approach is essential for several reasons. First, the foul odor is indicative of a possible infection, which may be caused by specific pathogens. Culture and sensitivity testing allows for the identification of the microorganisms responsible for the infection and their susceptibilities to various antibiotics. This ensures that the treatment is targeted and effective, reducing the risk of inappropriate antibiotic use that could lead to resistance. Simultaneously, initiating broad-spectrum antibiotics provides immediate coverage against a wide range of potential pathogens while waiting for the culture results. This dual strategy addresses the urgency of the infection while allowing for a more tailored approach based on the specific microbial findings once available. In contrast, while wound debridement, topical antiseptics, or reliance solely on broad-spectrum antibiotics might address symptoms or provide some level of treatment, they do not combine the essential elements of diagnosis and effective immediate management necessary for a wound showing signs of significant infection. Therefore, the combination of culture and sensitivity testing with broad-spectrum antibiotics is the most comprehensive initial management step in this scenario.

**9. Which topical dressing should be considered for a patient with Stevens-Johnson syndrome?**

- A. Petrolatum contact layer dressing**
- B. An occlusive transparent dressing**
- C. Dry gauze with no contact layer**
- D. Hydrocolloid dressing**

For a patient with Stevens-Johnson syndrome, a petrolatum contact layer dressing is highly suitable due to its protective properties. This dressing serves to create a barrier against external contaminants while providing moisture to the wound bed, thus promoting an optimal healing environment. The use of a petrolatum layer prevents adherence to the fragile and often denuded skin typical of Stevens-Johnson syndrome, minimizing trauma during dressing changes and protecting the wound from irritation. In contrast, other dressing options may not provide the same level of protection or moisture balance. An occlusive transparent dressing, for instance, while useful in certain situations, might not adequately protect the extremely sensitive skin experiencing severe inflammation and potential exudate. Dry gauze without a contact layer could adhere to the wound, causing pain and further damage to the affected tissue upon removal. Hydrocolloid dressings may also not be the best choice, as they can maintain moisture but may not provide the necessary level of protection for compromised skin that is prone to breakdown. Thus, the petrolatum contact layer dressing is the most appropriate choice for managing the delicate skin integrity and wound healing in patients suffering from Stevens-Johnson syndrome.

**10. What typical manifestation can be expected after radiation therapy, specifically regarding changes in skin texture?**

- A. Red or tan pigmented skin**
- B. Increased oiliness**
- C. Darkened moles**
- D. Thickened epidermis**

After radiation therapy, one typical manifestation concerning changes in skin texture is red or tan pigmented skin. This response occurs because radiation can lead to an inflammatory reaction in the skin, causing alterations in pigmentation. Erythema, often seen as red, can develop shortly after treatment, followed by potential tan or brown pigmentation changes as the skin heals. The process is part of the skin's response to injury and is commonly observed in patients undergoing radiation therapy. The other options do not accurately reflect typical changes after radiation therapy. Increased oiliness is not a common reaction; instead, patients may experience dryness. Darkened moles may not be directly related to radiation, and thickened epidermis is not a typical manifesting sign, as radiation generally causes more superficial damage leading to thinning and sensitivity rather than thickening. Thus, the skin's response to radiation therapy primarily results in pigmentation changes, making red or tan pigmented skin the expected outcome.

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://certifiedwoundcarenurse.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**