

Comprehensive Nursing and Surgical Care Burn, Trauma, and Preoperative Management 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

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- 1. Which airway management maneuver is the first step for hypopharyngeal obstruction in the PACU?**
 - A. Perform head-tilt or jaw-thrust maneuver**
 - B. Administer bronchodilator**
 - C. Intubate immediately**
 - D. Suction only**

- 2. A patient has a family history of anesthesia fever. This history indicates an increased risk for which condition?**
 - A. Malignant hyperthermia**
 - B. Serotonin syndrome**
 - C. Neuroleptic malignant syndrome**
 - D. Malaria**

- 3. What is the most indicative sign of wound infection?**
 - A. Red, warm, tender incision with pain**
 - B. Fever and night sweats**
 - C. White, non-tender scar tissue around wound**
 - D. Itchy sensation only**

- 4. In electrical burn injuries, which parameter is used to monitor renal function?**
 - A. Heart rhythm monitoring**
 - B. BUN/Creatinine**
 - C. Entrance/exit wounds assessment**
 - D. ARDS monitoring**

- 5. Which measure helps reduce scarring after a burn injury?**
 - A. Apply pressure garments as prescribed**
 - B. Moonwalk nightly**
 - C. Avoid wound care**
 - D. Sun exposure improves healing**

- 6. If a pot of boiling water spills on a child's chest, what is the immediate first-aid action?**
- A. Immediately soak the chest (including clothing) with cool water**
 - B. Remove the clothing and apply butter**
 - C. Apply ice directly to the skin**
 - D. Cover with dry gauze and call for help**
- 7. How can hypertrophic scarring be prevented?**
- A. Apply pressure garments as prescribed**
 - B. Ice packs continuously**
 - C. Sun exposure**
 - D. Vigorous daily massage**
- 8. How can burn contractures be prevented?**
- A. Splinting devices**
 - B. Pressure irrigation**
 - C. Immediate arterial clamping**
 - D. Early wound closure only**
- 9. Which combination strongly indicates wound infection?**
- A. Red, warm, tender incision with pain**
 - B. Dry surrounding skin with no changes**
 - C. Uniform pale scar tissue**
 - D. Absence of drainage**
- 10. What is the therapeutic INR range for warfarin therapy?**
- A. 1-2**
 - B. 2-3**
 - C. 3-4**
 - D. 0.8-1.2**

Answers

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

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Explanations

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1. Which airway management maneuver is the first step for hypopharyngeal obstruction in the PACU?

- A. Perform head-tilt or jaw-thrust maneuver**
- B. Administer bronchodilator**
- C. Intubate immediately**
- D. Suction only**

Relief of a hypopharyngeal obstruction in the PACU begins with simple airway opening maneuvers. A head-tilt or jaw-thrust is used to lift the tongue and soft tissues away from the posterior pharynx, opening the airway quickly and noninvasively. This step restores patency without instrumentation and is safe to try immediately as the first action. Bronchodilators target bronchospasm, which is not the cause of a hypopharyngeal obstruction, so they aren't the first move here. Suctioning alone may help clear secretions but won't reliably open a collapsed or tongue-occluded airway. Intubation becomes necessary only if the airway remains obstructed after attempting these maneuvers or if there are signs of airway compromise that require definitive airway control. If cervical spine injury is a concern, favor the jaw-thrust to minimize neck movement.

2. A patient has a family history of anesthesia fever. This history indicates an increased risk for which condition?

- A. Malignant hyperthermia**
- B. Serotonin syndrome**
- C. Neuroleptic malignant syndrome**
- D. Malaria**

A family history of anesthesia-induced fever points to malignant hyperthermia. This is a hereditary, life-threatening reaction that occurs in susceptible individuals when exposed to certain anesthetic agents, particularly volatile inhaled anesthetics and the muscle relaxant succinylcholine. In those with the genetic predisposition, these triggers cause an uncontrolled release of calcium from the muscle cell stores, leading to a hypermetabolic crisis. The body rapidly generates heat and CO₂, muscles become rigid, heart rate and temperature rise, and there can be acidosis and even muscle breakdown. Knowing there is a family history signals a higher risk, so clinicians take precautions to avoid triggering agents and be ready to treat promptly with dantrolene and supportive measures. Serotonin syndrome and neuroleptic malignant syndrome can cause high fever and systemic illness, but they are related to serotonergic drugs or antipsychotics, not to anesthetic triggers or a family history. Malaria causes fever from infection, not from anesthesia exposure or hereditary risk.

3. What is the most indicative sign of wound infection?

- A. Red, warm, tender incision with pain**
- B. Fever and night sweats**
- C. White, non-tender scar tissue around wound**
- D. Itchy sensation only**

Early wound infection is most clearly indicated by local inflammatory changes at the incision. Redness, warmth, tenderness, and pain at the wound site reflect increased blood flow, edema, and irritation from bacterial invasion, making this combination the strongest sign that the wound itself is infected. Fever and night sweats can occur with infection but are systemic and less specific to the wound. White, non-tender scar tissue suggests healing without infection, and itching alone is not an infection indicator.

4. In electrical burn injuries, which parameter is used to monitor renal function?

- A. Heart rhythm monitoring**
- B. BUN/Creatinine**
- C. Entrance/exit wounds assessment**
- D. ARDS monitoring**

Electrical burn injuries can cause significant muscle damage that releases myoglobin into the bloodstream, risking acute kidney injury. To monitor how well the kidneys are filtering, clinicians look at waste products in the blood. The most informative measures are BUN and creatinine, with creatinine being a more reliable indicator of glomerular filtration rate because it rises when kidney function declines. BUN can vary with hydration status and protein intake, so it's helpful but not as specific. Urine output is also watched closely because it provides an immediate read on kidney function. Other options don't assess renal function: heart rhythm monitoring checks for electrical heart issues, entrance and exit wounds describe burn extent, and ARDS monitoring relates to lung injury and respiratory failure.

5. Which measure helps reduce scarring after a burn injury?

- A. Apply pressure garments as prescribed**
- B. Moonwalk nightly**
- C. Avoid wound care**
- D. Sun exposure improves healing**

Using pressure garments to manage burn scars works because constant, evenly distributed pressure over the healing area modulates scar formation. The steady pressure reduces blood flow and fibroblast activity in the scar tissue, which lowers the amount of collagen produced. It also helps align collagen fibers more parallel to the skin surface, leading to a thinner, flatter scar with less stiffness and itching. For best results, wear the garments after the wound has closed, following the clinician's schedule for many months to a year, and ensure a proper fit to avoid skin breakdown. Other options don't support scar reduction. There isn't a proven benefit to "moonwalk nightly" for scars, and neglecting wound care would impair healing and likely worsen scarring. Sun exposure does not improve healing and can cause pigmentation changes in scars, so protecting healing skin from sun is advised.

6. If a pot of boiling water spills on a child's chest, what is the immediate first-aid action?

- A. Immediately soak the chest (including clothing) with cool water**
- B. Remove the clothing and apply butter**
- C. Apply ice directly to the skin**
- D. Cover with dry gauze and call for help**

Cooling the burn with cool running water immediately is the most important first step. This quickly removes heat from the skin, helps limit tissue damage, and reduces pain, which is especially crucial in a child whose skin is more sensitive to injury. If possible, remove clothing around the chest so the water can reach the burn, but don't pull away fabric that's stuck to the skin. Let the cool water run over the area for about 10 to 20 minutes. After cooling, cover with a clean, nonstick dressing if available and monitor the child for signs that need medical attention. Do not apply butter or oil, which can trap heat and cause infection, and do not put ice on the burn, as it can cause further tissue damage. While calling for help is important if the burn is large or signs of serious injury appear, the immediate action is cooling the burn.

7. How can hypertrophic scarring be prevented?

- A. Apply pressure garments as prescribed**
- B. Ice packs continuously**
- C. Sun exposure**
- D. Vigorous daily massage**

Applying pressure garments as prescribed helps prevent hypertrophic scarring by providing constant, uniform external pressure that influences scar formation as it heals. Hypertrophic scars arise from excess collagen deposition and disorganized fibers; the sustained pressure reduces blood flow to the scar, lowers fibroblast activity and collagen synthesis, and promotes more organized remodeling. This leads to flattening of the scar, reduced height, and better color and pliability as the scar matures. Pressure garments are used after the wound has closed and epithelialized, typically for many months to a year or more, under medical guidance. In contrast, ice packs offer only temporary vasoconstriction and do not alter scar progression; sun exposure can worsen scar pigment and appearance; vigorous daily massage may irritate the healing tissue and is not the preventive approach for hypertrophic scarring.

8. How can burn contractures be prevented?

- A. Splinting devices**
- B. Pressure irrigation**
- C. Immediate arterial clamping**
- D. Early wound closure only**

Burn contractures happen when healing tissues shorten and pull joints out of their normal length and alignment. The most effective way to stop this from happening is to hold joints in a functional position during healing using splinting devices. Splints maintain the length of skin, fascia, and tendons around the joint, control the amount and direction of tension, and allow gradual, safe range of motion as the wound heals. This direct support helps prevent the tightening that leads to contractures, especially around the hands, elbows, knees, and neck. While good wound care and prompt closure can reduce scar burden, they don't by themselves guarantee contracture prevention without proper positioning and movement strategies.

9. Which combination strongly indicates wound infection?

- A. Red, warm, tender incision with pain**
- B. Dry surrounding skin with no changes**
- C. Uniform pale scar tissue**
- D. Absence of drainage**

Recognizing local signs of wound infection. Redness around the incision, warmth to touch, and tenderness with pain reflect an inflammatory and infectious process at the wound site. Redness and warmth come from increased blood flow and vasodilation as the body's immune response tries to fight invading bacteria; tenderness and heightened pain indicate tissue irritation from ongoing infection. In contrast, dry surrounding skin, a uniform pale scar, or absence of drainage suggest normal healing rather than infection. Note that lack of drainage doesn't rule out infection, but among these options, the presence of redness, warmth, and tenderness with pain is the strongest indicator of an infected wound.

10. What is the therapeutic INR range for warfarin therapy?

- A. 1-2**
- B. 2-3**
- C. 3-4**
- D. 0.8-1.2**

Maintaining the right therapeutic window for anticoagulation is essential. For most patients on warfarin, the goal is an INR of about 2.0 to 3.0. This range provides enough anticoagulation to prevent clotting (like stroke or DVT) while keeping bleeding risk acceptably low. If the INR falls below 2.0, the risk of clotting rises; if it rises above 3.0, bleeding risk increases. Some situations, such as certain mechanical heart valves, may require a slightly higher target (around 2.5-3.5), but the typical therapeutic range is 2-3. The other ranges shown are either subtherapeutic or overly anticoagulated for routine therapy. Regular monitoring and dose adjustments are key to staying within this window.

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.

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

<https://burntraumaperiopmgmt.examzify.com>

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