

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 condition best describes the emergency exception to informed consent?**
 - A. When delay would result in death or serious harm to the patient**
 - B. When the patient is calm and coherent**
 - C. When the family agrees**
 - D. When the nurse approves**

- 2. For a perforated gastric ulcer, what is the recommended timing for surgical intervention?**
 - A. Without delay**
 - B. Within 72 hours**
 - C. After stabilization for several days**
 - D. Only if symptoms worsen**

- 3. Which goals indicate the emergent phase burn goals have been met?**
 - A. Urine output \geq 30 mL/hr; MAP \geq 70 mm Hg**
 - B. WBC count normal; temperature 98.6 F**
 - C. Pain score of 0; No edema**
 - D. Graft take rate; No infection**

- 4. Which practice helps prevent ventilator-associated pneumonia by maintaining oral hygiene?**
 - A. Head of bed elevated**
 - B. Oral care**
 - C. Hand hygiene**
 - D. Suctioning every hour**

- 5. Which nursing action should be performed before touching or caring for a ventilated patient to prevent VAP?**
 - A. Elevate the head of the bed**
 - B. Provide oral care**
 - C. Perform hand hygiene**
 - D. Change the ventilator circuit weekly**

- 6. What should be done if an 11-year-old needs emergency surgery and parents are unavailable?**
- A. Surgery performed without informed consent (emergency exception)**
 - B. Delay until parental consent is obtained**
 - C. Seek court order for minor's surgery**
 - D. Proceed after verbal assent from the patient**
- 7. Which clinical combination is most consistent with compensatory shock?**
- A. Narrow pulse pressure and cool skin with reduced urine output**
 - B. Wide pulse pressure and warm skin**
 - C. Hypertension with flushed skin**
 - D. Normal perfusion with tachycardia only**
- 8. What is the therapeutic INR value for warfarin therapy?**
- A. INR 2.8**
 - B. INR 1.0**
 - C. INR 3.6**
 - D. INR 4.5**
- 9. What does continuous bubbling in the water seal chamber indicate?**
- A. Air leak — notify provider**
 - B. Fluid leak — replace chamber**
 - C. Kinked tube — adjust**
 - D. No issue — continue monitoring**
- 10. Which elements are typically required to validate informed consent?**
- A. Patient signature; Provider signature; Witness signature**
 - B. Patient signature; Provider signature; Family signature**
 - C. Patient signature; Nurse signature; Witness signature**
 - D. Patient signature; Nurse signature; Provider signature**

Answers

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

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Explanations

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1. Which condition best describes the emergency exception to informed consent?

A. When delay would result in death or serious harm to the patient

B. When the patient is calm and coherent

C. When the family agrees

D. When the nurse approves

In emergencies, when the patient cannot give consent and delaying treatment would result in death or serious harm, clinicians may proceed with needed interventions without prior informed consent. This recognizes the duty to act quickly to save life or prevent serious injury when there isn't time to obtain consent and the patient lacks decision-making capacity. Efforts should still be made to contact a legally authorized surrogate and to document the situation and actions taken as soon as possible. Delaying for a calm, coherent patient isn't appropriate because they are capable of consenting. Family agreement isn't automatically a substitute for the patient's consent in an urgent situation, and a nurse's approval alone does not constitute consent.

2. For a perforated gastric ulcer, what is the recommended timing for surgical intervention?

A. Without delay

B. Within 72 hours

C. After stabilization for several days

D. Only if symptoms worsen

A perforated gastric ulcer is an abdominal emergency. When the stomach contents spill into the peritoneal cavity, chemical and bacterial peritonitis can develop rapidly, leading to sepsis and shock. Because the situation can deteriorate quickly, surgical repair should be performed as soon as the patient is resuscitated and stabilized—no unnecessary delay. Waiting days or even 72 hours substantially increases mortality and complications. The focus is on urgent control of the leak, thorough washout, and definitive repair as soon as feasible, rather than waiting for symptoms to worsen or for a longer stabilization period.

3. Which goals indicate the emergent phase burn goals have been met?

- A. Urine output \geq 30 mL/hr; MAP \geq 70 mm Hg**
- B. WBC count normal; temperature 98.6 F**
- C. Pain score of 0; No edema**
- D. Graft take rate; No infection**

In the emergent (resuscitation) phase after a major burn, the main aim is to restore circulating volume and ensure adequate tissue perfusion. The most direct way to gauge that success is through measures that reflect renal perfusion and overall blood flow, namely urine output and mean arterial pressure. When urine output is at least about 30 mL per hour and the mean arterial pressure is 70 mm Hg or higher, it indicates the kidneys and other organs are receiving enough blood flow despite the fluid shifts from the burn injury. These concrete targets are used to titrate fluid therapy and prevent hypovolemia in the first day or so after the burn. WBC count and temperature are inflammatory or infectious status indicators and can be variable in the immediate post-burn period, so they don't reliably show that resuscitation goals have been met. Pain control and edema are important aspects of care but do not specifically demonstrate adequate resuscitation in this phase. Graft take and absence of infection relate to later wound healing and grafting, not the emergent phase's fluid and perfusion goals.

4. Which practice helps prevent ventilator-associated pneumonia by maintaining oral hygiene?

- A. Head of bed elevated**
- B. Oral care**
- C. Hand hygiene**
- D. Suctioning every hour**

Keeping the mouth clean in a patient on a ventilator lowers the oropharyngeal bacterial load, which reduces the chance that saliva or secretions containing pathogens will be aspirated into the lungs and cause pneumonia. Regular oral care directly targets the mouth, removing plaque and debris and often using antiseptic mouth rinses, thereby minimizing the reservoir of bacteria that can lead to ventilator-associated pneumonia. While elevating the head of the bed helps reduce aspiration risk in general, it doesn't actively reduce oral bioburden. Hand hygiene prevents the spread of infections overall but doesn't address mouth bacteria, and suctioning secretions removes mucus but doesn't maintain oral cleanliness.

5. Which nursing action should be performed before touching or caring for a ventilated patient to prevent VAP?

- A. Elevate the head of the bed**
- B. Provide oral care**
- C. Perform hand hygiene**
- D. Change the ventilator circuit weekly**

Hand hygiene is the most critical action to prevent ventilator-associated pneumonia because it directly stops the transfer of bacteria from the clinician's hands to the patient and the ventilator system at the moment of contact. Endotracheal tubes bypass the upper airway defenses, so any microbes introduced during care can seed the lower respiratory tract and lead to VAP. Proper hand hygiene—using soap and water when hands are visibly soiled or an alcohol-based rub when they are not—greatly lowers this risk. Other measures like elevating the head of the bed, providing oral care, and changing the ventilator circuit are important parts of VAP prevention, but they do not address the immediate risk of pathogen transfer at first contact in the same foundational way. In particular, changing the circuit weekly is not routinely recommended and can increase contamination risk if not done according to protocol.

6. What should be done if an 11-year-old needs emergency surgery and parents are unavailable?

- A. Surgery performed without informed consent (emergency exception)**
- B. Delay until parental consent is obtained**
- C. Seek court order for minor's surgery**
- D. Proceed after verbal assent from the patient**

In an urgent situation where a child's life or serious health could be jeopardized, clinicians are allowed to proceed with needed treatment without waiting for parental consent. This uses the emergency exception to informed consent, recognizing that when time is critical and there's no ability to obtain consent, acting to save the child's life or prevent serious harm is ethically and legally appropriate. The medical team should perform the surgery to protect the child's health, documenting the emergency, the attempts to contact guardians, and the rationale for immediate action. Once the patient is stabilized, guardians should be informed and consent for ongoing care obtained as soon as feasible. Involve the child in discussion to the extent possible (assent), but remember that assent does not replace parental consent in life-saving decisions. Delaying care, seeking a court order, or relying on verbal assent from the child alone would not be appropriate in this time-critical scenario.

7. Which clinical combination is most consistent with compensatory shock?

- A. Narrow pulse pressure and cool skin with reduced urine output**
- B. Wide pulse pressure and warm skin**
- C. Hypertension with flushed skin**
- D. Normal perfusion with tachycardia only**

In the compensatory stage of shock, the body's sympathetic response constricts peripheral vessels and increases heart rate to preserve blood pressure and organ perfusion. This vasoconstriction narrows the pulse pressure, while skin becomes cool and clammy from reduced peripheral blood flow. The kidneys receive less blood, so urine output drops. Put together, narrow pulse pressure with cool skin and reduced urine output is the classic pattern of compensatory shock. The other scenarios don't fit this stage: wide pulse pressure with warm skin suggests vasodilation as seen in distributive shock; hypertension with flushed skin isn't typical of shock and its perfusion pattern; normal perfusion with tachycardia alone lacks the signs of impaired periphery and reduced renal output that characterize compensation.

8. What is the therapeutic INR value for warfarin therapy?

- A. INR 2.8**
- B. INR 1.0**
- C. INR 3.6**
- D. INR 4.5**

Warfarin's effect is tailored to a narrow therapeutic window measured by the International Normalized Ratio (INR). For most patients needing anticoagulation, the target INR is about 2.0 to 3.0. An INR of 2.8 sits squarely within this range, indicating effective anticoagulation without excessive bleeding risk. An INR of 1.0 would indicate little to no anticoagulation, while 3.6 or 4.5 exceeds the common target range and increases bleeding risk, unless a very specific valve type or condition requires a higher target. Hence, 2.8 is the appropriate therapeutic value in typical warfarin management.

9. What does continuous bubbling in the water seal chamber indicate?

- A. Air leak — notify provider**
- B. Fluid leak — replace chamber**
- C. Kinked tube — adjust**
- D. No issue — continue monitoring**

Continuous bubbling in the water-seal chamber signals an ongoing air leak in the chest drainage system. The water-seal chamber is expected to be quiet; bubbling means air is moving through the seal, coming from the pleural space or from a leak in the tubing or connections. This is not normal and can indicate a pneumothorax or a loose/disconnected tube, so the clinician should be notified right away to assess and manage the leak. While awaiting evaluation, check for external disconnections or loose connections, ensure the chest tube is patent, and verify that the system isn't kinked or damaged. The other options don't fit because a fluid leak would show fluid drainage issues rather than continuous air bubbling, a kinked tube would more likely reduce drainage or cause obstruction rather than create ongoing air leak, and continuing to monitor without addressing a persistent air leak would miss a potentially serious problem.

10. Which elements are typically required to validate informed consent?

- A. Patient signature; Provider signature; Witness signature**
- B. Patient signature; Provider signature; Family signature**
- C. Patient signature; Nurse signature; Witness signature**
- D. Patient signature; Nurse signature; Provider signature**

Informed consent is validated when there is clear documentation that the patient agreed to the procedure after being informed, and this involves three key signatures. The patient signs to show they authorize the procedure and understand it. The provider who obtained the consent signs to confirm that the necessary information was disclosed and questions were answered. A witness signs to attest that the process occurred in a voluntary and appropriate manner and that the patient appeared competent to decide. A family member's signature isn't required, and a nurse's signature doesn't by itself establish consent validity. Therefore, the combination of patient, provider, and witness signatures best fulfills the legal and ethical validation of informed consent.

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!

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