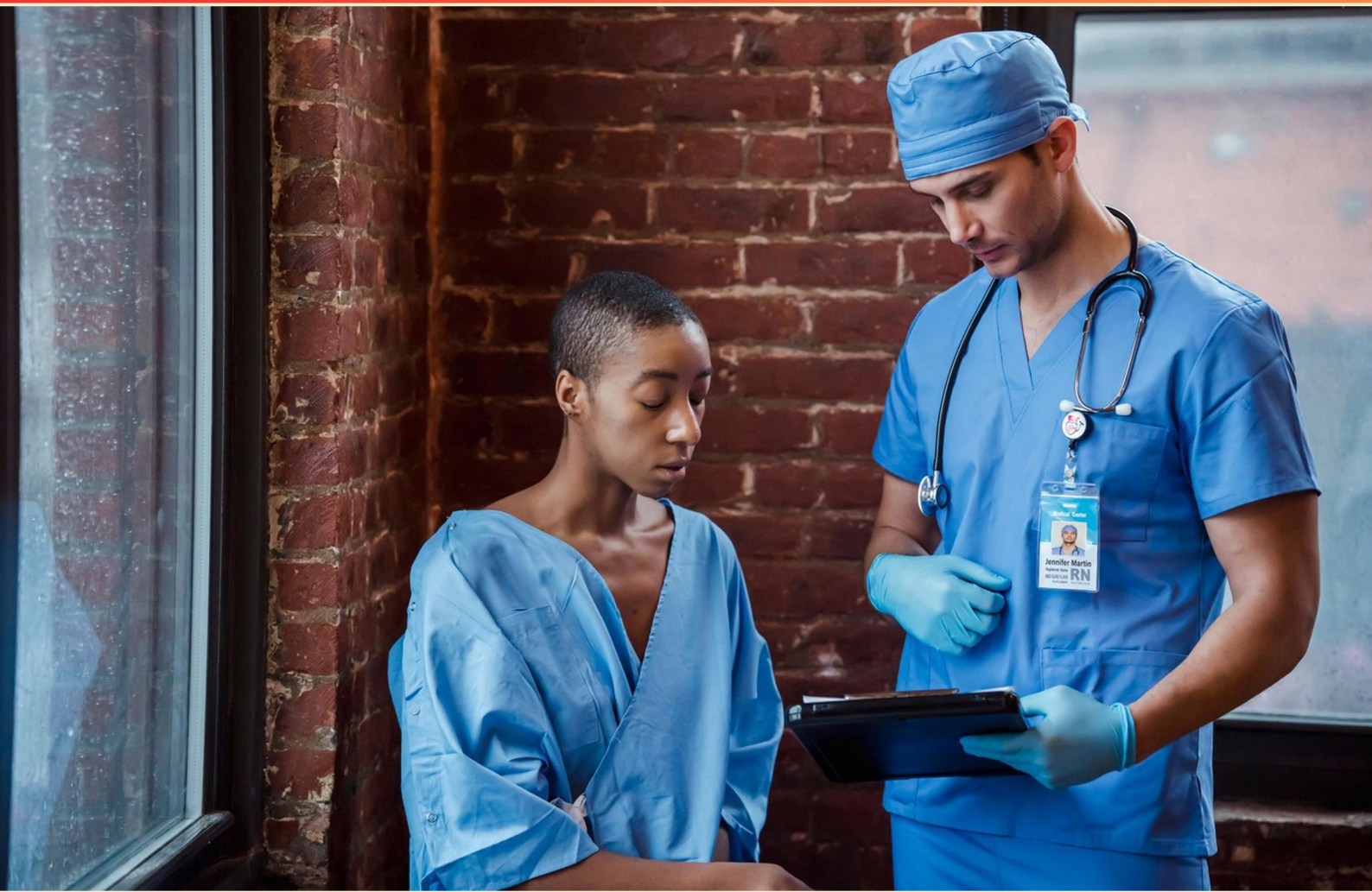


COMPREHENSIVE NURSING AND SURGICAL CARE BURN, TRAUMA, AND PREOPERATIVE MANAGEMENT PRACTICE EXAM (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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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. An assessment finding for pneumothorax?**
 - A. Diminished or absent breath sounds on the affected side
 - B. Rales at bases
 - C. Clear breath sounds bilaterally
 - D. Wheezing in all fields
- 2. For aspiration pneumonia, which referrals are indicated?**
 - A. Pulmonologist and speech therapist
 - B. Dermatologist and endocrinologist
 - C. Neurosurgeon and nephrologist
 - D. Cardiologist and gastroenterologist
- 3. If a patient with a chest burn due to boiling liquid requires immediate first aid, which action is appropriate?**
 - A. Immediately soak the chest including clothing with cool water
 - B. Apply ice to the chest
 - C. Rub the area with ointment
 - D. Delay cooling and cover with dry material
- 4. 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
- 5. Which practice is primarily aimed at reducing oral bacterial load to prevent VAP?**
 - A. Head of bed elevated
 - B. Oral care
 - C. Hand hygiene
 - D. Airway humidification

- 6. What is the priority in burn discharge teaching?**
- A. Apply prescribed topical antimicrobial agents and dressings
 - B. Start vigorous exercise
 - C. Apply sunblock after a week
 - D. Stop all medications
- 7. True or False: Silver sulfadiazine accelerates epithelialization in deep partial-thickness burns.**
- A. True
 - B. False
 - C. It accelerates epithelialization only in superficial burns
 - D. It has no effect on epithelialization
- 8. How can burn contractures be prevented?**
- A. Splinting devices
 - B. Pressure irrigation
 - C. Immediate arterial clamping
 - D. Early wound closure only
- 9. Which statement best describes the indications for early wound excision and grafting?**
- A. Reduces infection and shortens hospital stay.
 - B. Increases infection risk.
 - C. Has no effect on healing time.
 - D. Eliminates need for wound dressings.
- 10. Which nonpharmacologic strategy should be included in burn pain management when IV analgesics are insufficient?**
- A. Meditation and guided imagery
 - B. Continuous shouting and disruption
 - C. Prolonged immobilization
 - D. Cold water immersion for extended periods

Answers

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

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Explanations

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1. An assessment finding for pneumothorax?

- A. Diminished or absent breath sounds on the affected side**
- B. Rales at bases
- C. Clear breath sounds bilaterally
- D. Wheezing in all fields

A pneumothorax causes the lung to collapse on the affected side, so air movement and sound generation are reduced there. This leads to diminished or absent breath sounds when you listen with a stethoscope on that side. Rales at the bases come from fluid in the lungs, not a collapsed lung. Clear breath sounds on both sides don't reflect a localized collapse, and wheezing throughout points to airway constriction rather than a focal pneumothorax. In practice, you'd also assess for rapid breathing and chest pain and confirm with imaging.

2. For aspiration pneumonia, which referrals are indicated?

- A. Pulmonologist and speech therapist**
- B. Dermatologist and endocrinologist
- C. Neurosurgeon and nephrologist
- D. Cardiologist and gastroenterologist

When aspiration pneumonia is suspected, the goal is to treat the lung infection while preventing further aspiration by addressing swallowing safety. A pulmonologist is essential to manage the pneumonia itself—ordering imaging, selecting antibiotics, optimizing oxygenation, and guiding airway clearance. A speech-language pathologist is also crucial because dysphagia is a major risk factor for aspiration; they assess swallowing safety, may perform FEES or VFSS as needed, and provide therapy, diet modifications, and compensatory strategies to reduce aspiration risk. Other specialties aren't typically involved in the direct management of aspiration pneumonia unless there are specific unrelated conditions. So the combination of pulmonology and speech-language pathology best meets the needs in this scenario.

3. If a patient with a chest burn due to boiling liquid requires immediate first aid, which action is appropriate?

- A. Immediately soak the chest including clothing with cool water**
- B. Apply ice to the chest
- C. Rub the area with ointment
- D. Delay cooling and cover with dry material

Cooling the burn with cool running water as soon as possible is the most important first aid step. This immediate cooling draws heat away from the skin, limits tissue damage, and reduces pain and swelling. For a chest burn from boiling liquid, keep the water cool (not icy) and run it over the area for about 10 to 20 minutes. If clothing is not stuck to the skin, it can be removed to allow cooling to reach the skin and fabric; the key is that heat must be drawn away quickly. Avoid applying ice, ointments, or any rubbing, as these can worsen tissue injury or trap heat. Delaying cooling or covering with dry material keeps heat in and can worsen the injury.

4. 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.

5. Which practice is primarily aimed at reducing oral bacterial load to prevent VAP?

- A. Head of bed elevated
- B. Oral care**
- C. Hand hygiene
- D. Airway humidification

Reducing the bacteria present in the mouth is the key way to lower the risk of ventilator-associated pneumonia, because pathogens from the oropharynx can be aspirated into the lungs during mechanical ventilation. Meticulous oral care—brushing, suctioning secretions, and antiseptic rinses such as chlorhexidine—helps lessen the oropharyngeal bioburden, decreasing colonization by potentially harmful bacteria and the chance they reach the lower airways. Elevating the head of the bed helps reduce aspiration events in general but doesn't directly lower oral bacterial load. Hand hygiene mainly prevents transmission of pathogens to and from the environment or caregivers, not the mouth's bacterial burden. Airway humidification supports comfort and secretion management but doesn't significantly change oral flora.

6. What is the priority in burn discharge teaching?

- A. Apply prescribed topical antimicrobial agents and dressings**
- B. Start vigorous exercise
- C. Apply sunblock after a week
- D. Stop all medications

Preventing infection and protecting the wound environment is the top priority when teaching about burn discharge. Burn injuries create an open pathway for bacteria, so keeping the wound clean, moist, and protected with the prescribed topical antimicrobial agents and dressings helps minimize infection, supports proper healing, and reduces complications. Activities like vigorous exercise are important later in the recovery process, not the immediate focus for discharge instructions. Sunblock is part of long-term scar management, but not the immediate priority. Stopping medications would undermine pain control and infection prevention, so all prescribed meds should be continued as directed unless instructed otherwise.

7. True or False: Silver sulfadiazine accelerates epithelialization in deep partial-thickness burns.

- A. True
- B. False**
- C. It accelerates epithelialization only in superficial burns
- D. It has no effect on epithelialization

Epithelialization in burn wounds depends on keratinocyte migration from the wound edges and from adnexal structures in the dermis. An agent that is cytotoxic to these cells can slow healing even while it fights infection. Silver sulfadiazine provides broad antimicrobial coverage, but it can be toxic to keratinocytes and fibroblasts, which can delay reepithelialization. In deep partial-thickness burns, where healing relies on epidermal growth from remaining skin appendages, applying silver sulfadiazine is more likely to hinder epithelialization than accelerate it. So the statement is false: silver sulfadiazine does not accelerate epithelialization in deep partial-thickness burns. It may help with infection control, but its cytotoxic effects on key healing cells can slow the healing process. In practice, management often emphasizes removing nonviable tissue and considering grafting for deeper burns, with dressings or topical options chosen to support and not impede epithelialization.

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 statement best describes the indications for early wound excision and grafting?

- A. Reduces infection and shortens hospital stay.**
- B. Increases infection risk.
- C. Has no effect on healing time.
- D. Eliminates need for wound dressings.

Early wound excision and coverage with grafts aim to remove dead tissue and provide definitive wound closure as soon as the patient is stable. By promptly removing devitalized tissue, bacterial load is reduced and the wound bed becomes suitable for graft take. This combination minimizes ongoing infection risk and accelerates wound healing, which usually leads to a shorter overall hospital stay. While dressings are still needed after grafting to protect the new tissue and support healing, this approach does not eliminate the need for dressings; it focuses on achieving closure sooner to improve outcomes. If excision and grafting are delayed, infection risk remains higher and healing takes longer, contributing to a longer hospital stay.

10. Which nonpharmacologic strategy should be included in burn pain management when IV analgesics are insufficient?

- A. Meditation and guided imagery**
- B. Continuous shouting and disruption
- C. Prolonged immobilization
- D. Cold water immersion for extended periods

When burn pain remains high despite IV analgesics, nondrug strategies that calm the body and redirect attention can measurably reduce perceived pain. Meditation and guided imagery work by engaging the mind to trigger the relaxation response, lowering anxiety, reducing muscle tension, and dampening the brain's interpretation of pain signals. This creates a soothing state that complements pharmacologic treatment, can lessen the overall pain experience, and empowers the patient with coping tools that are safe and easy to implement. In practice, a clinician guides slow breathing and asks the patient to imagine a peaceful scene or a comfortable memory, helping shift focus away from the pain. Other approaches mentioned would not be helpful here. Shouting and disruption increase distress and discomfort, not relief. Prolonged immobilization can worsen stiffness and complications without providing analgesia. Cold water immersion for extended periods risks hypothermia and tissue damage and is not a safe or appropriate long-term pain management strategy in burn patients.

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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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