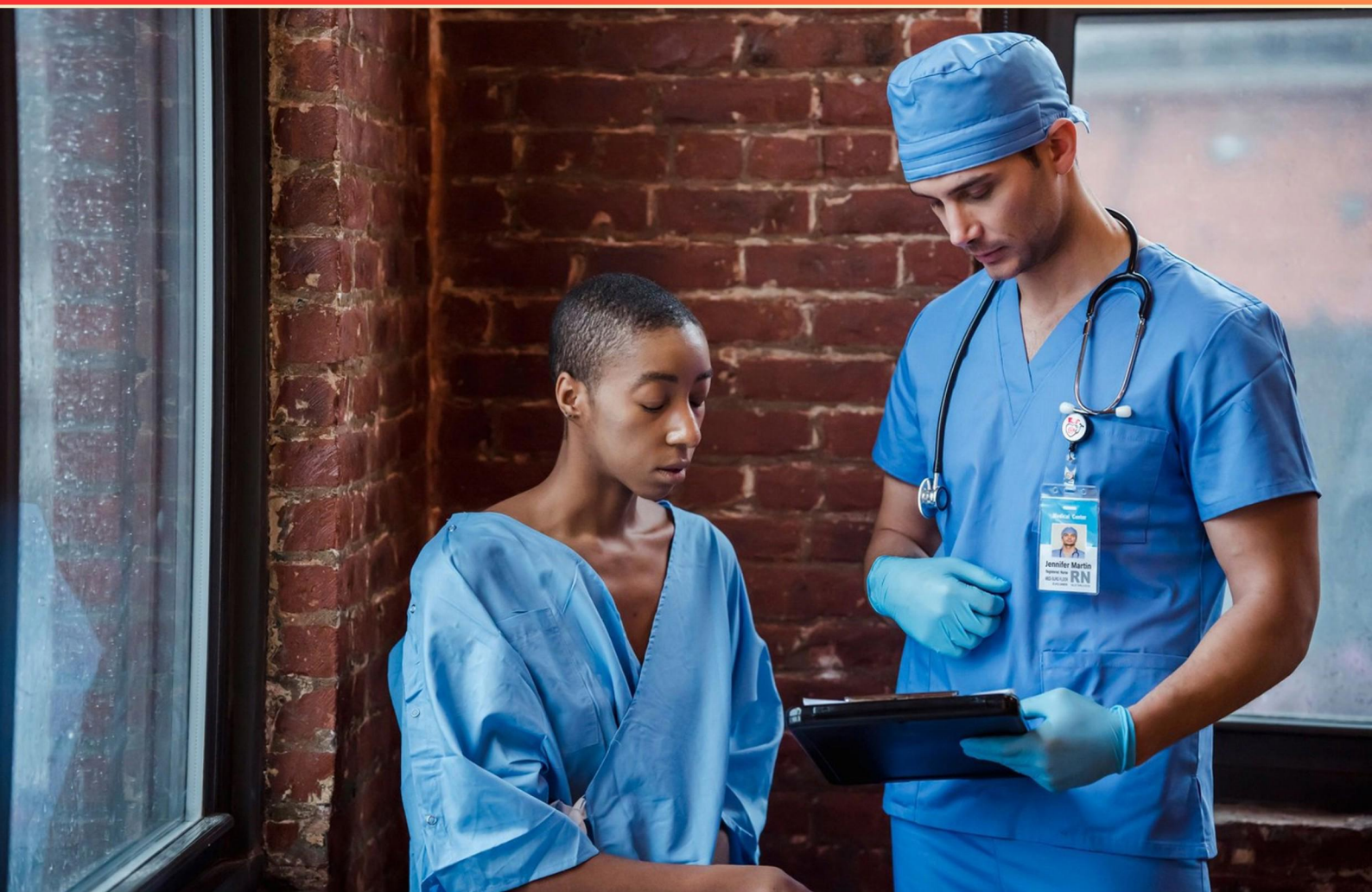


COMPREHENSIVE NURSING AND SURGICAL CARE BURN, TRAUMA, AND PREOPERATIVE MANAGEMENT PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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. During management of pulmonary embolism, which laboratory value is used to monitor anticoagulation effect?**
 - A. aPTT
 - B. Sodium
 - C. Creatinine
 - D. ALT

- 2. What are the essential components of informed consent for elective surgery?**
 - A. Description of the procedure and alternatives, potential risks and benefits, chance of complications, alternatives, voluntariness, and patient comprehension
 - B. Description of the procedure only
 - C. Risks and benefits only
 - D. Voluntariness only

- 3. Which measure should be consistently performed to lower VAP risk?**
 - A. Head of bed elevated
 - B. Oral care
 - C. Hand hygiene
 - D. Daily radiographs

- 4. In intravenous drug users presenting with fever and productive cough, which diagnoses are likely?**
 - A. Tuberculosis; Pneumocystis pneumonia
 - B. Asthma and bronchitis
 - C. Lung cancer and COPD
 - D. Pulmonary edema and atelectasis

- 5. How should a burn patient be managed in terms of fluid type and monitoring during resuscitation?**
 - A. Lactated Ringer's solution as primary fluid; monitor hourly urine output (0.5–1 mL/kg/h) and adjust rate; avoid hypotonic fluids
 - B. Normal saline; monitor blood pressure only
 - C. Dextrose-containing fluids; no urine output targets
 - D. Lactated Ringer's but avoid monitoring urine output

- 6. Which statement is true regarding DVT prophylaxis in the setting of bleeding risk?**
- A. Pharmacologic prophylaxis is used in all patients regardless of bleeding risk
 - B. Mechanical methods are used when pharmacologic prophylaxis is contraindicated
 - C. Prophylaxis is unnecessary
 - D. Only postoperative prophylaxis is used
- 7. 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
- 8. For a COPD patient who is hypoxemic with a PaO₂ of 55, what should be done?**
- A. Prepare for intubation
 - B. Increase oxygen to 100% without ventilation
 - C. Start diuretics
 - D. Bronchodilator therapy only
- 9. For a 70 kg adult burn patient, what is the urine output target per hour during resuscitation?**
- A. 35–70 mL/h
 - B. 10–20 mL/h
 - C. 100–150 mL/h
 - D. 0–5 mL/h
- 10. Which of the following is a core strategy to prevent ventilator-associated pneumonia?**
- A. Head of bed elevated
 - B. Oral care
 - C. Hand hygiene
 - D. Prophylactic antibiotics for all patients

Answers

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

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Explanations

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1. During management of pulmonary embolism, which laboratory value is used to monitor anticoagulation effect?

- A. aPTT
- B. Sodium
- C. Creatinine
- D. ALT

When managing a pulmonary embolism with unfractionated heparin, the effect of the anticoagulant is monitored with the activated partial thromboplastin time (aPTT). Heparin works by enhancing antithrombin III, which slows the intrinsic and common coagulation pathways. The aPTT measures how long blood takes to clot through these pathways, so adjusting heparin dosing to keep the aPTT in a therapeutic range (typically about 1.5 to 2.5 times the normal value, depending on the lab) ensures effective anticoagulation while limiting bleeding risk. The other values—sodium, creatinine, and ALT—assess electrolytes, kidney function, and liver function, respectively, and do not reflect how anticoagulation is affecting clotting. Hence they're not used to monitor anticoagulation therapy.

2. What are the essential components of informed consent for elective surgery?

- A. Description of the procedure and alternatives, potential risks and benefits, chance of complications, alternatives, voluntariness, and patient comprehension
- B. Description of the procedure only
- C. Risks and benefits only
- D. Voluntariness only

Informed consent for elective surgery centers on patient autonomy and a decision made with real understanding. The most complete consent explains what will be done and why, and it also covers viable alternatives, including doing nothing. It should spell out the potential benefits and the risks, with enough detail about possible complications to help the patient weigh outcomes. The likelihood or probability of those risks and complications should be conveyed when possible so the patient can appreciate what to expect. Crucially, the patient must be able to understand what's being described and feel free to decide without pressure. This means assessing decision-making capacity, using plain language, and providing interpreters if needed. The consent process also includes ensuring the patient has time to ask questions and confirming comprehension before proceeding. Documentation should reflect that a real understanding was reached and that the patient consented voluntarily, with any anesthesia-related risks discussed when relevant. This approach is necessary because it protects patient rights, supports meaningful decisions, and promotes safer care. A statement that omits any of these elements—procedure details, alternatives, risks, voluntariness, or comprehension—would be incomplete.

3. Which measure should be consistently performed to lower VAP risk?

A. Head of bed elevated

B. Oral care

C. Hand hygiene

D. Daily radiographs

Preventing aspiration of secretions is key to lowering VAP risk. Elevating the head of the bed to about 30–45 degrees reduces gravity-driven movement of oropharyngeal and gastric contents toward the lungs, which is a major route of pneumonia in ventilated patients. This simple, consistently applied position change directly targets the most common mechanism of VAP. Other measures matter—oral care helps decrease bacterial load in the mouth, and hand hygiene reduces overall infection transmission—but they don't prevent aspiration as reliably as maintaining an elevated head of the bed. Daily radiographs, while useful for monitoring, do not prevent VAP.

4. In intravenous drug users presenting with fever and productive cough, which diagnoses are likely?

A. Tuberculosis; Pneumocystis pneumonia

B. Asthma and bronchitis

C. Lung cancer and COPD

D. Pulmonary edema and atelectasis

When someone uses intravenous drugs and presents with fever and a productive cough, infections driven by immunosuppression and exposure are most likely. Tuberculosis and Pneumocystis jirovecii pneumonia are classic pulmonary infections seen in individuals who may have HIV or other immune compromise, and they commonly present with fever plus cough. Tuberculosis often causes sustained fever with cough and may be accompanied by night sweats and weight loss, reflecting its contagious, chronic nature. Pneumocystis pneumonia is a quintessential opportunistic infection in HIV-positive patients and presents with fever, cough, and usually progressive dyspnea; sputum may be scant, but cough and fever are characteristic. The other options describe conditions that are less likely to present with this fever-plus-cough pattern in this patient population. Asthma and bronchitis are not typically associated with fever. Lung cancer and COPD are more chronic and less likely to present acutely with fever and productive cough. Pulmonary edema and atelectasis can cause cough, but fever is not a defining feature unless an infection is also present. So, TB and Pneumocystis pneumonia best fit the clinical scenario given the patient's risk factors and symptom combination.

5. How should a burn patient be managed in terms of fluid type and monitoring during resuscitation?

- A. Lactated Ringer's solution as primary fluid; monitor hourly urine output (0.5–1 mL/kg/h) and adjust rate; avoid hypotonic fluids**
- B. Normal saline; monitor blood pressure only
- C. Dextrose-containing fluids; no urine output targets
- D. Lactated Ringer's but avoid monitoring urine output

During burn resuscitation, the priority is to restore circulating volume with an isotonic fluid that best matches plasma composition and supports acid–base balance. Lactated Ringer's is preferred because it provides electrolytes similar to plasma and a bicarbonate precursor (lactate) to help counter burn related metabolic acidosis, helping maintain perfusion without causing excessive chloride load. The most reliable indicator to guide resuscitation is urine output. Aim for about 0.5–1 mL/kg/hour and adjust the IV rate to keep that target, updating hourly. This direct measure of kidney perfusion reflects adequacy of circulating volume better than blood pressure alone, which can stay normal even when perfusion is insufficient. Avoid hypotonic fluids, which can exacerbate cellular edema and hyponatremia. Dextrose containing fluids aren't ideal for initial resuscitation because they don't provide appropriate intravascular support and can worsen glycemic control. Monitor for signs of fluid overload in addition to urine output, and tailor the rate to maintain stable urine output and perfusion.

6. Which statement is true regarding DVT prophylaxis in the setting of bleeding risk?

- A. Pharmacologic prophylaxis is used in all patients regardless of bleeding risk
- B. Mechanical methods are used when pharmacologic prophylaxis is contraindicated**
- C. Prophylaxis is unnecessary
- D. Only postoperative prophylaxis is used

When bleeding risk is present, the goal is to prevent venous thromboembolism without worsening bleeding. Pharmacologic anticoagulants can increase bleeding, so they're not always safe. In this setting, nonpharmacologic mechanical methods—such as sequential compression devices or graduated compression stockings—are used to promote venous return and reduce DVT risk while avoiding anticoagulation. Once bleeding risk subsides, pharmacologic options can be considered. Why the other ideas don't fit: giving pharmacologic prophylaxis to all patients ignores the danger of bleeding; prophylaxis isn't unnecessary because DVT risk remains high; and prophylaxis isn't limited to the postoperative period—it's used based on risk assessment throughout the perioperative period, including before and after surgery as appropriate.

7. 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.

8. For a COPD patient who is hypoxemic with a PaO₂ of 55, what should be done?

- A. Prepare for intubation**
- B. Increase oxygen to 100% without ventilation
- C. Start diuretics
- D. Bronchodilator therapy only

When a COPD patient is hypoxemic with a PaO₂ of 55 mmHg, the immediate concern is ventilatory failure and the need to secure the airway. In COPD, oxygen therapy must be used carefully to avoid worsening CO₂ retention, so simply pushing oxygen to 100% without addressing ventilation is risky. A PaO₂ this low signals significant gas-exchange impairment and the potential for rapid deterioration, especially if there's fatigue, rising CO₂, or confusion. Preparing for intubation and initiating mechanical ventilation allows you to support both oxygenation and ventilation, correct acidemia if present, and protect the airway as the patient stabilizes. Oxygen alone without ventilation does not address the underlying ventilatory failure and can worsen hypercapnia in COPD. Diuretics would help only if there's fluid overload contributing to dyspnea, not to the acute hypoxemia. Bronchodilator therapy helps bronchodilation but, by itself, does not resolve the need for airway protection and ventilatory support when PaO₂ is this low.

9. For a 70 kg adult burn patient, what is the urine output target per hour during resuscitation?

- A. 35–70 mL/h**
- B. 10–20 mL/h
- C. 100–150 mL/h
- D. 0–5 mL/h

During burn resuscitation, urine output serves as a real-time gauge of adequate intravascular volume and tissue perfusion. The target for adults is about 0.5 mL of urine per kilogram of body weight per hour, reflecting the need to maintain kidney perfusion without overloading fluids. For a 70 kg adult, that comes to roughly 35 mL per hour. In practice, many clinicians use a practical range up to about 1 mL/kg/hr, yielding 35–70 mL/h, to accommodate variability in losses and perfusion. Keeping urine output in this range helps balance preventing under-resuscitation, which risks hypoperfusion, with avoiding fluid overload. Values significantly lower point to insufficient resuscitation, while substantially higher outputs may indicate over-resuscitation or diuresis.

10. Which of the following is a core strategy to prevent ventilator-associated pneumonia?

- A. Head of bed elevated
- B. Oral care
- C. Hand hygiene**
- D. Prophylactic antibiotics for all patients

Preventing the transmission of pathogens via hands is the most effective way to lower ventilator-associated pneumonia risk. Hands are a major vehicle for moving bacteria from caregivers, equipment, and the environment into the patient's airway and endotracheal tube, so consistent hand hygiene—washing with soap and water or using an alcohol-based rub before touching the patient, after contact with secretions, and after removing gloves—is the single most impactful measure. When hands are clean, the likelihood of introducing respiratory pathogens during suctioning, repositioning, or care activities drops dramatically, which can substantially reduce the chance that bacteria colonize the oropharynx or lower airways and lead to pneumonia. Other measures, like elevating the head of the bed, providing routine oral care, and using targeted antiseptics, support the overall prevention bundle but depend on clean hands to be effective. Prophylactic antibiotics for everyone are not recommended because they don't reliably prevent VAP and contribute to antibiotic resistance and other harms.

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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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