NCLEX Med Surg – Burns Practice Test (Sample)

Study Guide

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Questions

1. What is a common side effect of corticosteroids used in burn management?

A. Increased appetite

B. Hypertension

C. Hypoglycemia

D. Weight loss

2. What assessment findings may indicate a transition from the resuscitative to the acute phase of burn care?

A. Improvement in laboratory values

B. Stabilization of hemodynamics and initiation of wound healing

C. Decrease in body temperature

D. Increased edema in the burn area

3. Which of the following signs may indicate an impending infection in a burn patient?

A. Decreased pain

B. Fever and increased purulence

C. Increased appetite

D. Improved wound healing

4. What information should the nurse prioritize reporting to the health care provider 8 hours after a patient suffers a thermal burn covering 50% of total body surface area?

A. Blood pressure is 95/48 per arterial line.

B. Serous exudate is leaking from the burns.

C. Cardiac monitor shows a pulse rate of 108.

D. Urine output is 20 mL per hour for the past 2 hours.

5. What is the priority nursing action for a patient who has suffered a burn injury while working on an electrical power line?

A. Obtain the blood pressure.

B. Stabilize the cervical spine.

C. Assess for the contact points.

D. Check alertness and orientation.

6. What clinical sign indicates a full-thickness burn?

A. Redness and swelling

B. Blisters and severe pain

C. Leathery, dry skin that may appear charred or waxy

D. Dull, soft skin with increased sensitivity

7. Which type of burn typically causes pain and redness but no blisters?

A. Full-thickness burn

B. Superficial partial-thickness burn

C. Deep partial-thickness burn

D. Superficial burn

8. Which of the following is a common development post-burn injury that needs to be monitored for?

A. Pressure sores

B. Hypothermia

C. Cardiac distress

D. Curling's ulcer

9. After 8 hours of admission, a patient with extensive burns shows agitation. What should the nurse do first?

A. Stay at the bedside and reassure the patient.

B. Administer the ordered morphine sulfate IV.

C. Assess orientation and level of consciousness.

D. Use pulse oximetry to check the oxygen saturation.

10. What type of fluid is most commonly administered during the initial burn resuscitation?

A. Sodium chloride solution

B. Glucose solution

C. Lactated Ringer’s solution

D. Normal saline solution

Answers

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

Explanations

1. What is a common side effect of corticosteroids used in burn management?

A. Increased appetite

B. Hypertension

C. Hypoglycemia

D. Weight loss

Corticosteroids are commonly used in burn management to reduce inflammation and prevent complications such as infections. One noteworthy side effect of corticosteroids is hypertension, as these medications can cause fluid retention and sodium retention, leading to increased blood pressure. This effect is particularly significant in patients who may already have underlying health issues or are under stress from their injuries. Corticosteroids can also impact metabolism, which could lead to changes in appetite and weight. However, while increased appetite is a possible side effect, it is not universally experienced. Other side effects commonly associated with corticosteroid use include hyperglycemia due to their influence on insulin resistance. Conversely, hypoglycemia and weight loss are not typical side effects of corticosteroids; rather, they tend to increase appetite and weight in some individuals. Thus, recognizing hypertension as a common side effect in patients receiving corticosteroids for burn management is crucial for monitoring and managing patient care effectively.

2. What assessment findings may indicate a transition from the resuscitative to the acute phase of burn care?

A. Improvement in laboratory values

B. Stabilization of hemodynamics and initiation of wound healing

C. Decrease in body temperature

D. Increased edema in the burn area

The transition from the resuscitative to the acute phase of burn care is characterized by significant physiological changes and clinical improvements. One key indicator of this transition is the stabilization of hemodynamics, which means that the patient's blood pressure and heart rate become stable and no longer show signs of shock or fluid volume deficit typically observed in the early phase after a burn injury. Additionally, the initiation of wound healing is a critical sign that indicates the body is moving beyond the immediate life-threatening concerns of fluid loss and metabolic imbalance. During this transition, patients may experience improved circulation, reduced fluid replacement needs, and a more stable overall condition that allows for focused interventions on wound management and rehabilitation. The beginning of wound healing suggests that the body is starting to repair itself, which is a positive indicator that the acute phase is commencing, and ongoing care can now shift towards supportive treatments for recovery and rehabilitation. In contrast, improvements in laboratory values alone may not adequately reflect the complexities of the patient's condition in the transition phase, while decreased body temperature or increased edema in the burn area would likely suggest ongoing issues rather than resolution and progression toward recovery. Therefore, the stabilization of hemodynamics combined with the initiation of wound healing accurately reflects a successful transition into the acute phase of care for

3. Which of the following signs may indicate an impending infection in a burn patient?

A. Decreased pain

B. Fever and increased purulence

C. Increased appetite

D. Improved wound healing

The presence of fever and increased purulence is a significant indicator that an infection may be developing in a burn patient. Fever often signifies that the body is responding to an infection, as it activates the immune response to combat pathogens. Increased purulence indicates the production of pus, which is a common manifestation of infection, suggesting that there is an accumulation of bacteria and dead cells at the site of the burn. Recognizing these signs is crucial in managing burn patients, as early detection of infection can lead to prompt treatment, potentially preventing further complications. Monitoring these symptoms allows healthcare providers to take necessary actions, such as starting antibiotics or evaluating the burn for further intervention. In contrast, decreased pain might suggest a number of factors unrelated to infection, including nerve damage or a reduction in inflammation. Increased appetite typically indicates general well-being and recovery rather than an impending infection, and improved wound healing is a positive sign that indicates the patient is recovering, rather than signaling an infection.

4. What information should the nurse prioritize reporting to the health care provider 8 hours after a patient suffers a thermal burn covering 50% of total body surface area?

A. Blood pressure is 95/48 per arterial line.

B. Serous exudate is leaking from the burns.

C. Cardiac monitor shows a pulse rate of 108.

D. Urine output is 20 mL per hour for the past 2 hours.

The priority information to report in this scenario is the urine output of 20 mL per hour for the past 2 hours for a patient who has suffered a significant thermal burn covering 50% of total body surface area. This low urine output is indicative of potential acute kidney injury or inadequate renal perfusion, which can develop due to hypovolemia caused by fluid loss from the burn injury. In burns of this magnitude, patients experience extensive fluid loss through damaged skin, leading to hypovolemic shock if not managed appropriately with fluid resuscitation. Monitoring urine output is essential as it reflects kidney function and systemic perfusion. A urine output of less than 30 mL per hour typically raises concern for renal complications. Thus, the nurse should prioritize notifying the healthcare provider about this concerning finding, as it requires prompt intervention to prevent further complications. In contrast, while changes in blood pressure, serum exudate, and increased heart rate are important and may indicate changes in the patient's condition, the urine output is a more direct measure of renal function and fluid status in the context of a significant burn injury. Addressing potential renal failure through fluid resuscitation and monitoring can directly impact the patient's outcomes.

5. What is the priority nursing action for a patient who has suffered a burn injury while working on an electrical power line?

A. Obtain the blood pressure.

B. Stabilize the cervical spine.

C. Assess for the contact points.

D. Check alertness and orientation.

In the case of a burn injury sustained while working on an electrical power line, the priority nursing action is to stabilize the cervical spine. This is crucial because patients who suffer electrical burns may have associated injuries, including potential trauma to the spine or head, especially if they fell from a height or were thrown due to the electrical shock. Stabilizing the cervical spine helps to prevent further injury, particularly in cases of fracture or dislocation. Additionally, electrical burns can cause significant internal injuries that may not be immediately apparent, and the stability of the spine is essential in any assessment or intervention to ensure the patient's safety. This action is in alignment with trauma protocols where maintaining spinal alignment is critical in a potentially unstable patient. While obtaining blood pressure, assessing for contact points, and checking alertness and orientation are important actions in the overall management of burn injuries, they do not take precedence over ensuring the integrity of the spinal column in a situation that may involve significant traumatic risk. Addressing potential spinal injury first helps to guide subsequent care and assessments safely.

6. What clinical sign indicates a full-thickness burn?

A. Redness and swelling

B. Blisters and severe pain

C. Leathery, dry skin that may appear charred or waxy

D. Dull, soft skin with increased sensitivity

A full-thickness burn, also known as a third-degree burn, is characterized by damage that extends through the epidermis and dermis, affecting deeper tissues. The clinical sign indicating a full-thickness burn includes leathery, dry skin that may appear charred or waxy. This appearance results from significant tissue destruction, where the skin loses its normal elasticity and toughness. The burnt area often lacks sensation because nerve endings are destroyed, which differs from superficial or partial-thickness burns, where pain and sensitivity are more pronounced due to intact nerve fibers. Understanding the characteristics of different burn types is crucial in clinical settings, as it influences treatment decisions, potential complications, and the need for surgical intervention. The distinctive leathery texture and the unique color variations in full-thickness burns serve as key identifiers in diagnosing the severity of the injury.

7. Which type of burn typically causes pain and redness but no blisters?

A. Full-thickness burn

B. Superficial partial-thickness burn

C. Deep partial-thickness burn

D. Superficial burn

The type of burn that typically causes pain and redness but no blisters is a superficial burn. Superficial burns, also known as first-degree burns, affect only the outer layer of the skin, known as the epidermis. This type of burn is characterized by redness, minor swelling, and discomfort or pain, but it does not progress to the formation of blisters. The skin remains intact, which is a key distinction from other types of burns that cause blisters due to deeper skin tissue damage. Superficial burns usually heal within a few days without scarring, as the epidermis can regenerate effectively. Awareness of this type of burn is essential for providing appropriate care and teaching individuals about proper burn management. In contrast, deeper burns, such as full-thickness and partial-thickness burns, involve more extensive injury to the skin layers and result in blisters or more severe symptoms.

8. Which of the following is a common development post-burn injury that needs to be monitored for?

A. Pressure sores

B. Hypothermia

C. Cardiac distress

D. Curling's ulcer

Curling's ulcer is a condition that can commonly develop after a burn injury, and it is important to monitor for this complication. After a severe burn, the body undergoes a significant amount of stress, which can lead to gastrointestinal ischemia and mucosal injury. This type of ulcer is a specific form of stress ulcer that occurs in the stomach due to the physiological stress induced by severe burns. Patients with burn injuries are at an increased risk of developing Curling's ulcer due to factors such as reduced blood flow to the stomach lining, increased acid production, and the overall stress response of the body. Regular monitoring through assessments and possibly endoscopic evaluations may be necessary to identify any signs of gastric bleeding or ulceration early. Preventive measures might include the use of medications like proton pump inhibitors or histamine-2 (H2) blockers to help protect the stomach lining in patients with significant burns. Recognizing the signs and the potential for this complication is crucial in the management of burn patients to ensure timely intervention and to minimize morbidity. Thus, monitoring for Curling's ulcer is a critical aspect of care in burn patients, making it the correct answer in this context.

9. After 8 hours of admission, a patient with extensive burns shows agitation. What should the nurse do first?

A. Stay at the bedside and reassure the patient.

B. Administer the ordered morphine sulfate IV.

C. Assess orientation and level of consciousness.

D. Use pulse oximetry to check the oxygen saturation.

In the scenario presented, the nurse's priority should be to ensure the patient's safety and physiological stability. When a patient with extensive burns exhibits agitation, it is essential to first assess their oxygenation status. The development of agitation in burn patients can often signal inadequate oxygenation, pain, or anxiety related to their condition. Checking oxygen saturation with pulse oximetry allows the nurse to assess whether the patient is experiencing any respiratory distress or hypoxia, which could contribute to their agitation. By utilizing pulse oximetry, the nurse can gather critical data to determine the next steps in management. If oxygen saturation is low, supplemental oxygen may be required. If it is within normal range, the nurse can then consider other factors such as pain management or psychological support. In this context, ensuring adequate oxygenation takes precedence over administration of medications for pain relief, focusing on physiological assessment before addressing possible pain or anxiety-related issues.

10. What type of fluid is most commonly administered during the initial burn resuscitation?

A. Sodium chloride solution

B. Glucose solution

C. Lactated Ringer's solution

D. Normal saline solution

During the initial burn resuscitation phase, Lactated Ringer's solution is most commonly administered due to its electrolyte composition that is more closely aligned with the body's plasma. This solution contains sodium, potassium, calcium, and lactate, which helps to restore fluid balance and provides essential electrolytes necessary for cellular function during the acute phase of burn injury. The lactate component of this solution also plays a role in buffering acidosis, which can occur in burn patients due to tissue damage and fluid loss. Lactated Ringer's is particularly beneficial because it helps provide a more balanced physiologic response in patients who require extensive fluid resuscitation. While sodium chloride solutions and normal saline could also be used in fluid resuscitation, they do not offer the electrolyte balance provided by Lactated Ringer's solution and may contribute to hyperchloremic acidosis if used exclusively. Glucose solutions are not appropriate for initial resuscitation as they do not provide the necessary electrolytes and could exacerbate hyperglycemia in critically injured patients.