

NCLEX Med Surg - Burns Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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

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

- 1. After the first 8 hours of fluid replacement using the Parkland formula, what rate should the nurse infuse IV fluids for a patient with a 40% TBSA burn?**
 - A. 350 mL/hour**
 - B. 523 mL/hour**
 - C. 938 mL/hour**
 - D. 1250 mL/hour**

- 2. What is the best preventive measure against accidental burns for an elderly patient moving into an independent living facility?**
 - A. Stop her from smoking**
 - B. Cook for her**
 - C. Install tap water anti-scald devices**
 - D. Be sure she uses an open space heater**

- 3. Which complication is commonly associated with burns affecting the respiratory system?**
 - A. Pulmonary embolism**
 - B. Infection**
 - C. Respiratory distress syndrome**
 - D. Chronic obstructive pulmonary disease**

- 4. What is a common side effect of corticosteroids used in burn management?**
 - A. Increased appetite**
 - B. Hypertension**
 - C. Hypoglycemia**
 - D. Weight loss**

- 5. Which characteristic is true regarding alkali burns?**
 - A. They are easier to neutralize than acid burns.**
 - B. They tend to penetrate deeper than acid burns.**
 - C. They are less severe than acid burns.**
 - D. They primarily affect only the superficial layers of the skin.**

- 6. Which laboratory result requires priority action by the nurse for a patient who had a large burn 48 hours ago?**
- A. Hematocrit 53%**
 - B. Serum sodium 147 mEq/L**
 - C. Serum potassium 6.1 mEq/L**
 - D. Blood urea nitrogen 37 mg/dL**
- 7. Which criteria would justify transferring a burn patient to a specialized burn center?**
- A. Any minor burn**
 - B. Burns greater than 10% BSA in adults**
 - C. Burns greater than 10% BSA in children and those involving critical areas**
 - D. Superficial burns only**
- 8. What laboratory test is crucial for assessing kidney function in burn patients?**
- A. Hemoglobin and hematocrit levels**
 - B. Blood urea nitrogen (BUN) and creatinine levels**
 - C. Electrolyte panel**
 - D. Liver function tests**
- 9. Which of the following is an appropriate fluid resuscitation approach for burn patients?**
- A. Normal saline at 100 mL/h**
 - B. Lactated Ringer's at 2-4 mL/kg/%TBSA**
 - C. Maintenance fluid of D5W**
 - D. Isotonic solutions only when hypotensive**
- 10. Which interventions are expected in the care of a patient with serious burn injuries?**
- A. Daily cleansing and debridement**
 - B. Application of topical antimicrobial agents**
 - C. Administration of diuretics**
 - D. Escharotomy**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. After the first 8 hours of fluid replacement using the Parkland formula, what rate should the nurse infuse IV fluids for a patient with a 40% TBSA burn?

- A. 350 mL/hour
- B. 523 mL/hour
- C. 938 mL/hour**
- D. 1250 mL/hour

To understand the calculation related to fluid replacement in burn patients, it's essential to apply the Parkland formula, which is commonly used to estimate the fluid needs of a burn victim in the first 24 hours after injury. The formula estimates that a patient requires 4 mL of Ringer's Lactate per kilogram of body weight for every percentage of Total Body Surface Area (TBSA) burned. In this scenario, the patient has a burn of 40% TBSA. If you assume the patient weighs 70 kg (which is a common value used for such calculations), you begin by calculating the total fluid requirement using the formula: Total fluid requirement in the first 24 hours = 4 mL x weight (kg) x TBSA (%) = 4 mL x 70 kg x 40 = 11,200 mL over 24 hours. The first 8 hours, you would infuse half of this total, which means: Fluid requirement for the first 8 hours = 11,200 mL / 2 = 5,600 mL. To establish the infusion rate for these first 8 hours, divide the total volume by the number of hours: Infusion rate = 5,600 mL / 8 hours = 700 mL/hour.

2. What is the best preventive measure against accidental burns for an elderly patient moving into an independent living facility?

- A. Stop her from smoking
- B. Cook for her
- C. Install tap water anti-scald devices**
- D. Be sure she uses an open space heater

The best preventive measure against accidental burns for an elderly patient moving into an independent living facility is to install tap water anti-scald devices. These devices are specifically designed to regulate water temperature, ensuring that the water delivered to taps and faucets does not exceed a preset temperature that could cause burns. This is particularly important for elderly individuals who may have decreased sensitivity to temperature changes, making them more vulnerable to scalds from hot water. Preventive measures such as stopping smoking or cooking for the individual may help reduce the risk of burns in specific scenarios, but they do not address the broader issue of thermal injuries that can occur during daily activities such as bathing and cooking. Furthermore, using an open space heater can pose significant risks, as heaters can easily overheat or be placed too close to combustible materials, leading to fire hazards and potential burns. By installing tap water anti-scald devices, the risk of accidental burns in common household situations is significantly minimized, promoting safety in the living environment.

3. Which complication is commonly associated with burns affecting the respiratory system?

- A. Pulmonary embolism**
- B. Infection**
- C. Respiratory distress syndrome**
- D. Chronic obstructive pulmonary disease**

Respiratory distress syndrome is a significant complication associated with burns that impact the respiratory system. When burns occur, particularly in areas near the face, neck, or chest, there is a high risk of airway injury due to smoke inhalation, chemical exposure, or thermal injury. This can lead to inflammation and swelling in the airways, resulting in rapid onset of respiratory distress. In severe cases, the body's response to injury can escalate to acute respiratory distress syndrome (ARDS), clinically characterized by severe hypoxemia, decreased lung compliance, and radiological evidence of bilateral infiltrates, leading to respiratory failure. Managing a patient with burn injuries to the respiratory system often includes close monitoring and supportive care, such as mechanical ventilation if necessary. While pulmonary embolism, infection, and chronic obstructive pulmonary disease are serious concerns related to overall health and healing, they do not directly result from the immediate respiratory effects of burn injuries. Infections may occur due to compromised skin integrity, pulmonary embolism is typically more associated with immobility or other risk factors, and chronic obstructive pulmonary disease is a chronic condition rather than an acute complication following burns.

4. 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.

5. Which characteristic is true regarding alkali burns?

- A. They are easier to neutralize than acid burns.
- B. They tend to penetrate deeper than acid burns.**
- C. They are less severe than acid burns.
- D. They primarily affect only the superficial layers of the skin.

The characteristic of alkali burns that is true is that they tend to penetrate deeper than acid burns. This is largely due to the chemical nature of alkalis, which can cause more severe tissue damage by denaturing proteins and saponifying fats. Alkalis remain active and cause damage as they can continue to penetrate tissues that are exposed to them. Unlike acids, which can cause immediate protein coagulation and tend to restrict their damage to more superficial layers, alkalis do not have the same binding behavior. This allows them to invade deeper tissue layers, potentially leading to more profound and extensive injury. Understanding this difference is crucial in the management of burn injuries, as deeper burns may require advanced medical intervention, including surgical procedures, to prevent complications and promote healing.

6. Which laboratory result requires priority action by the nurse for a patient who had a large burn 48 hours ago?

- A. Hematocrit 53%
- B. Serum sodium 147 mEq/L
- C. Serum potassium 6.1 mEq/L**
- D. Blood urea nitrogen 37 mg/dL

A serum potassium level of 6.1 mEq/L is indicative of hyperkalemia, which can occur as a complication in patients with large burns. After a significant burn injury, cellular damage and hemolysis can lead to the release of potassium from the cells into the bloodstream, elevating serum potassium levels. Hyperkalemia can have serious consequences including cardiac dysrhythmias, muscle weakness, and potential cardiac arrest. In this scenario, a potassium level above the normal range (typically 3.5 to 5.0 mEq/L) requires immediate nurse intervention due to the high risk of life-threatening complications. Monitoring heart rhythm, administering medications to lower potassium levels (such as calcium gluconate or insulin and glucose), and evaluating renal function are critical steps in managing this situation effectively. The other laboratory values, while important, do not present the same level of acute risk. An elevated hematocrit may indicate hemoconcentration due to fluid loss from burn injuries, a serum sodium level of 147 mEq/L suggests hypernatremia, which may signal dehydration, and an elevated blood urea nitrogen level can indicate dehydration or renal impairment, but these conditions are generally less urgent than the critical implications of severe hyperkalemia.

7. Which criteria would justify transferring a burn patient to a specialized burn center?

A. Any minor burn

B. Burns greater than 10% BSA in adults

C. Burns greater than 10% BSA in children and those involving critical areas

D. Superficial burns only

Transferring a burn patient to a specialized burn center is justified under specific circumstances that warrant advanced care. Burns greater than 10% total body surface area (BSA) in children are particularly concerning due to their smaller body size and the corresponding impact of significant fluid loss or other complications. Additionally, when burns involve critical areas such as the face, hands, feet, genitalia, perineum, or major joints, there are heightened risks for functional impairment, cosmetic issues, or complications that require specialized management that burn centers offer. Specialized burn centers are equipped with the necessary facilities and personnel trained in managing complex burn injuries, providing critical care, performing surgical interventions, rehabilitative services, and psychosocial support. This resource availability is especially vital for vulnerable populations like children, who may require more intensive observation and multidisciplinary care pathways as part of their recovery process. In contrast, criteria like minor burns, superficial burns, or burns greater than 10% BSA in adults do not automatically necessitate transfer to a burn center. Adults can often be managed effectively in standard acute care settings for larger percentage burns, particularly if there are no complications or critical areas involved.

8. What laboratory test is crucial for assessing kidney function in burn patients?

A. Hemoglobin and hematocrit levels

B. Blood urea nitrogen (BUN) and creatinine levels

C. Electrolyte panel

D. Liver function tests

In the context of assessing kidney function in burn patients, measuring blood urea nitrogen (BUN) and creatinine levels is essential. Both BUN and creatinine are waste products that are normally filtered out of the blood by the kidneys. In burn patients, the risk of acute kidney injury (AKI) is elevated due to factors such as hypovolemia, tissue damage, and the release of nephrotoxic substances from burned tissue. BUN levels indicate the amount of urea nitrogen in the blood, which can rise with decreased kidney function, dehydration, or a high-protein diet. Similarly, creatinine levels serve as a more specific indicator of renal function since creatinine is produced from muscle metabolism and is primarily eliminated by the kidneys. When the kidneys are not functioning properly, creatinine levels will increase, reflecting a decline in glomerular filtration rate (GFR). This combination of tests is crucial for not only diagnosing kidney dysfunction but also for monitoring the ongoing kidney health of burn patients as they recover. Tracking these levels allows healthcare providers to intervene timely with appropriate treatments, such as fluid resuscitation or adjustments in medications that are renally excreted, thus minimizing further complications in burn management. Other tests listed, while

9. Which of the following is an appropriate fluid resuscitation approach for burn patients?

- A. Normal saline at 100 mL/h**
- B. Lactated Ringer's at 2-4 mL/kg/%TBSA**
- C. Maintenance fluid of D5W**
- D. Isotonic solutions only when hypotensive**

The appropriate fluid resuscitation approach for burn patients is based on the severity of burns and the percentage of total body surface area (TBSA) affected. In the case of major burn injuries, particularly when TBSA is significant, using Lactated Ringer's solution at a rate of 2-4 mL/kg/%TBSA for the first 24 hours post-injury is established as a standard guideline. This method helps replenish fluids lost due to evaporative water loss and other physiological changes that occur following burns. It aids in maintaining hemodynamic stability, preventing shock, and supporting organ function. Using Lactated Ringer's is preferred because it closely resembles the electrolyte composition of the body's plasma and helps mitigate the risk of electrolyte imbalances. This solution also has benefits in managing the acidosis often seen in burn patients due to tissue injury and hypoperfusion. Other approaches suggested, such as administering normal saline at a fixed rate or using maintenance fluids of D5W, do not address the specific needs for fluid replacement in burn patients, particularly in the acute phase. Normal saline may not provide the necessary electrolytes and fluid volume required following significant injuries, while D5W is inappropriate as a primary resuscitation fluid because it does not contain

10. Which interventions are expected in the care of a patient with serious burn injuries?

- A. Daily cleansing and debridement**
- B. Application of topical antimicrobial agents**
- C. Administration of diuretics**
- D. Escharotomy**

Daily cleansing and debridement are essential interventions in the care of a patient with serious burn injuries. This practice is vital for several reasons. First, it helps to remove necrotic tissue, which can become a breeding ground for infection and complicates healing. Keeping the burn area clean reduces the risk of infection and supports the body's natural healing processes. Furthermore, daily cleansing allows healthcare professionals to assess the burn wounds accurately and monitor for any signs of complications, such as infection or delayed healing. Debridement, whether mechanical or chemical, promotes granulation tissue formation by preparing the wound bed, which in turn enhances the chances of successful healing. While other options, such as the application of topical antimicrobial agents, administration of diuretics, and escharotomy, play important roles in burn management, they serve specific purposes that may not be a daily routine as cleansing and debridement are. Topical antimicrobial agents are typically applied after cleansing, and diuretics are used selectively based on specific indications, such as in cases of major burns when fluid overload is a concern. Escharotomy is usually performed in acute cases where there is concern about circulation due to eschar, rather than an everyday intervention. Thus, daily cleansing and debridement remain foundational

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://nclexmedsurgburns.examzify.com>

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