

Skin Integrity and Wound Healing Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. What term describes a wound with jagged edges resulting from a fall?**
 - A. Incision**
 - B. Scrape**
 - C. Crushing**
 - D. Laceration**

- 2. When selecting a wound dressing for a patient with diabetes, what is a crucial factor to consider?**
 - A. The dressing should be waterproof**
 - B. The dressing should accommodate foot deformities**
 - C. The dressing should be changed daily**
 - D. The dressing must be sterile at all times**

- 3. Which type of dressing is NOT commonly used for wounds?**
 - A. Hydrocolloid**
 - B. Foam**
 - C. Silicone**
 - D. Transparent film**

- 4. Which skin cells are primarily affected in a client with protein deficiency and poor skin turgor?**
 - A. Dermis cells**
 - B. Melanocytes**
 - C. Keratinocytes**
 - D. Langerhans cells**

- 5. What is a potential risk associated with necrotic tissue in a wound?**
 - A. It promotes rapid healing**
 - B. It can impede healing and promote infection**
 - C. It helps in tissue regeneration**
 - D. It has no impact on healing**

6. What are the signs of wound infection?

- A. Increased redness, swelling, pus, fever, and delayed healing**
- B. Decreased sensitivity and improved color**
- C. Dryness and scabbing of the wound**
- D. Bright red skin surrounding the wound**

7. Describe the role of fibroblasts in wound healing.

- A. Fibroblasts synthesize collagen and extracellular matrix**
- B. Fibroblasts produce antibodies to fight infection**
- C. Fibroblasts absorb excess fluids from the wound**
- D. Fibroblasts increase blood flow to the area**

8. What may be a consequence of scarring from a wound?

- A. Enhanced skin function**
- B. Impaired mobility in the affected area**
- C. Increased blood supply**
- D. Decreased sensitivity**

9. What is an appropriate nursing intervention to prevent dehiscence in an obese client recovering from abdominal surgery?

- A. Maintain bedrest with the head of the bed elevated at 20° and the knees flexed.**
- B. Identify the risk for impaired tissue integrity.**
- C. State a time frame for wound healing.**
- D. Provide client education on wound care.**

10. What is the primary purpose of debridement in wound care?

- A. To clean the wound with antiseptic**
- B. To remove dead or contaminated tissue**
- C. To apply a dressing**
- D. To increase blood flow**

Answers

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

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Explanations

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1. What term describes a wound with jagged edges resulting from a fall?

- A. Incision**
- B. Scrape**
- C. Crushing**
- D. Laceration**

The term that describes a wound with jagged edges resulting from a fall is known as a laceration. This type of wound typically occurs when the skin is torn or cut in a manner that creates irregular or non-smooth edges. Lacerations can arise from various sources of injury, such as falls, where the skin is impacted against a hard surface, causing it to tear rather than cleanly cut like in an incision. Understanding the characteristics of different types of wounds is important for appropriate assessment and treatment in wound healing practice.

2. When selecting a wound dressing for a patient with diabetes, what is a crucial factor to consider?

- A. The dressing should be waterproof**
- B. The dressing should accommodate foot deformities**
- C. The dressing should be changed daily**
- D. The dressing must be sterile at all times**

When selecting a wound dressing for a patient with diabetes, a crucial factor is the need for the dressing to accommodate foot deformities. Individuals with diabetes often experience complications such as neuropathy and peripheral vascular disease, which can lead to foot deformities and increase the risk of foot ulcers. A dressing that accommodates these deformities ensures proper fit, minimizes pressure points, and allows for necessary cushioning. This is particularly important because injuries on deformed areas may not heal properly if the dressing does not support the unique shape and pressure distribution of the foot. The other factors, such as waterproof qualities, frequency of changes, and maintaining sterility, are certainly important considerations but do not directly address the special needs created by the patient's foot deformities. A dressing that fits poorly due to a foot deformity could exacerbate the wound condition, while a dressing that is waterproof or requires daily changes may not be as essential as ensuring proper accommodation of the wound site. Sterility is generally critical in wound care, but it does not outweigh the need for a dressing that specifically caters to the complexities of diabetic foot considerations. Thus, accommodating foot deformities is essential for promoting effective healing and preventing further complications.

3. Which type of dressing is NOT commonly used for wounds?

- A. Hydrocolloid**
- B. Foam**
- C. Silicone**
- D. Transparent film**

Silicone dressings are not commonly used for all types of wounds compared to the other options listed. While silicone dressings do exist and are beneficial in specific situations, such as for scar management or sensitive skin, they are less frequently used as primary options for typical wound care needs. On the other hand, hydrocolloid, foam, and transparent film dressings are widely utilized in various aspects of wound management. Hydrocolloid dressings are excellent for managing exudative wounds and maintaining a moist healing environment. Foam dressings are often chosen for their absorbent properties and ability to cushion the wound, making them suitable for a range of wound types, including those with moderate to heavy exudate. Transparent film dressings provide a protective barrier while maintaining visibility of the wound, making them useful for superficial wounds and as a secondary dressing. Understanding the specific properties and best applications of each dressing type helps in making informed choices in wound management, highlighting why silicone dressings may not be the go-to option in many clinical scenarios.

4. Which skin cells are primarily affected in a client with protein deficiency and poor skin turgor?

- A. Dermis cells**
- B. Melanocytes**
- C. Keratinocytes**
- D. Langerhans cells**

In the context of protein deficiency and poor skin turgor, keratinocytes are the primary skin cells affected. Keratinocytes are the predominant cell type in the epidermis, the outermost layer of the skin, and they play a crucial role in maintaining skin integrity and structure. They are responsible for the production of keratin, a key protein that contributes to the skin's barrier function, protecting against dehydration and environmental damage. When there is a protein deficiency, the synthesis and turnover of keratinocytes can be impaired, leading to compromised skin barrier function and reduced skin turgor, which is the skin's elasticity and hydration level. Poor skin turgor often manifests as skin that appears loose or sagging, and can also predispose the skin to injuries or wounds. Therefore, given the critical role of keratinocytes in maintaining the skin's structural integrity, they are directly impacted by nutritional deficiencies, especially those involving fundamental proteins essential for skin health.

5. What is a potential risk associated with necrotic tissue in a wound?

- A. It promotes rapid healing
- B. It can impede healing and promote infection**
- C. It helps in tissue regeneration
- D. It has no impact on healing

Necrotic tissue poses a significant risk in wound healing primarily because it serves as a breeding ground for bacteria. This tissue is non-viable and can harbor pathogens, increasing the likelihood of infection. When necrosis is present, it interrupts the normal healing process as the body must first remove this dead tissue before it can effectively regenerate healthy skin and underlying structures. Furthermore, necrotic tissue can create a barrier that hinders the penetration of essential nutrients and oxygen to the wound site, both of which are crucial for proper healing. Therefore, the presence of necrotic tissue is detrimental and can lead to complications, including delayed healing and increased opportunities for infection.

6. What are the signs of wound infection?

- A. Increased redness, swelling, pus, fever, and delayed healing**
- B. Decreased sensitivity and improved color
- C. Dryness and scabbing of the wound
- D. Bright red skin surrounding the wound

The signs of wound infection are characterized by increased redness, swelling, pus, fever, and delayed healing. When a wound becomes infected, it typically exhibits inflammation, which manifests as redness and swelling due to increased blood flow and immune response to the infection. The presence of pus indicates the accumulation of dead white blood cells, bacteria, and tissue debris at the infection site. Fever is a systemic response that can occur when the body's immune system is combating an infection, as it raises body temperature to create an environment less favorable for bacteria. Delayed healing is another indicator, as an infection can prevent normal healing processes, prolonging recovery time. Together, these signs help healthcare providers identify and address wound infections promptly, ensuring proper treatment and management.

7. Describe the role of fibroblasts in wound healing.

- A. Fibroblasts synthesize collagen and extracellular matrix**
- B. Fibroblasts produce antibodies to fight infection
- C. Fibroblasts absorb excess fluids from the wound
- D. Fibroblasts increase blood flow to the area

Fibroblasts play a crucial role in the wound healing process primarily through their ability to synthesize collagen and produce the extracellular matrix (ECM). These cells are responsible for laying down the structural framework that supports tissue repair. During the healing process, fibroblasts migrate into the wound site and proliferate, which allows them to generate high levels of collagen, a critical protein that provides strength and structural integrity to the newly formed tissue. Additionally, fibroblasts contribute to the production of other components of the ECM, such as glycoproteins and proteoglycans, which provide a scaffold for cell attachment and facilitate the migration of other cell types involved in healing. This synthesis of collagen and ECM by fibroblasts is essential for progressing from the inflammatory phase to the proliferative phase of healing, ultimately leading to scar formation and tissue remodeling.

8. What may be a consequence of scarring from a wound?

- A. Enhanced skin function**
- B. Impaired mobility in the affected area**
- C. Increased blood supply**
- D. Decreased sensitivity**

Scarring from a wound can lead to impaired mobility in the affected area because scar tissue is typically less flexible and more rigid than the surrounding healthy tissue. As scar tissue forms, it can restrict the range of motion in joints or other structures nearby. This can result in stiffness and discomfort, limiting the individual's ability to move the affected area freely. Additionally, scar tissue may be adhered to underlying structures, further contributing to mobility issues. While it is true that scars may not enhance skin function, increase blood supply, or necessarily reduce sensitivity, the development of scar tissue is often intrinsically linked to functional limitations, especially if the scar forms over or near muscles, tendons, or joints.

9. What is an appropriate nursing intervention to prevent dehiscence in an obese client recovering from abdominal surgery?

- A. Maintain bedrest with the head of the bed elevated at 20° and the knees flexed.**
- B. Identify the risk for impaired tissue integrity.**
- C. State a time frame for wound healing.**
- D. Provide client education on wound care.**

Maintaining bedrest with the head of the bed elevated at 20° and the knees flexed is an effective nursing intervention to prevent dehiscence in an obese client recovering from abdominal surgery. This position helps to reduce tension on the abdominal sutures by minimizing the strain placed on the surgical site. Elevating the head of the bed provides comfort and assists with breathing while allowing the abdomen to relax. Flexing the knees can further relieve pressure on the surgical area, reducing the risk of stress and movements that might lead to wound separation. While recognizing risk factors, providing education, or stating time frames for healing are important aspects of postoperative care, they do not specifically address the mechanical forces that contribute to dehiscence. Proper positioning plays a crucial role in protecting the surgical site during recovery, particularly in clients with obesity who may have additional challenges with wound healing due to increased tissue tension.

10. What is the primary purpose of debridement in wound care?

- A. To clean the wound with antiseptic**
- B. To remove dead or contaminated tissue**
- C. To apply a dressing**
- D. To increase blood flow**

The primary purpose of debridement in wound care is to remove dead or contaminated tissue. This process is crucial for several reasons. First, dead tissue can serve as a breeding ground for bacteria, leading to infection and hindering the healing process. By removing this non-viable tissue, debridement helps to create a clean wound environment that promotes healing. Additionally, debridement can stimulate the surrounding healthy tissue and facilitate the formation of new tissue, thereby accelerating the healing process. It also allows for better assessment of the wound, as healthy tissue becomes more visible once the necrotic material is removed. Overall, debridement is an essential step in wound management to ensure that the wound can heal effectively and efficiently.

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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://skinintegwoundhealing.examzify.com>

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

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