Tissue Integrity NSG 100 Exam 3 Practice (Sample)

Study Guide

Everything you need from our exam experts!

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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

1. Eschar is typically which color?

A. Red granulation tissue

B. Black or brown necrotic tissue

C. Yellow slough

D. White fibrous tissue

2. Which statement characterizes primary intention wound healing?

A. Wound edges left open to drain, requiring extended healing time.

B. Wound edges are brought together with adhesives to close the wound.

C. Wound edges are approximated with sutures or staples, resulting in minimal tissue loss and faster healing.

D. Wound healing occurs with excessive scarring due to poor technique.

3. Which term describes a raised skin lesion?

A. Papule

B. Macule

C. Macule and vesicle

D. Plaque

4. What is the function of vernix caseosa in newborns?

A. It cleanses the skin

B. It moisturizes the skin

C. It protects the skin

D. It causes skin irritation

5. Which statement describes a Stage 1 pressure injury?

A. Stage 2: Partial-thickness skin loss

B. Stage 3: Full-thickness tissue loss with fat visible

C. Stage 1: Intact skin with non-blanchable redness

D. Stage 4: Full-thickness tissue loss with bone exposure

6. What term describes healing where wound edges are approximated after a short delay?

A. Tertiary (delayed primary) healing

B. Primary intention healing

C. Secondary intention healing

D. Regenerative healing

7. Which healing type often results in the most scar formation and longest healing time?

A. Primary intention healing

B. Regenerative healing

C. Tertiary (delayed primary) healing

D. Secondary intention healing

8. Delayed primary closure refers to which healing type?

A. Primary intention healing

B. Secondary intention healing

C. Regenerative healing

D. Tertiary (delayed primary) healing

9. A small surgical incision is cleanly closed with sutures shortly after injury.

A. Wound closure by granulation

B. Primary intention healing

C. Secondary intention healing

D. Tertiary (delayed primary) healing

10. Which sign in wound drainage most suggests infection?

A. Clear drainage

B. Foul odor

C. Absence of drainage

D. Minimal drainage

Answers

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

Explanations

1. Eschar is typically which color?

A. Red granulation tissue

B. Black or brown necrotic tissue

C. Yellow slough

D. White fibrous tissue

Eschar represents dead, nonviable tissue in a wound. It is typically dark, dry, and leathery, usually black or brown. This color comes from dried necrotic tissue and blood products, reflecting lack of blood flow to that area. In contrast, red granulation tissue is healthy, new tissue indicating healing; yellow slough is moist, necrotic tissue that is looser and often needs removal; white fibrous tissue is scar tissue. The dark color of eschar helps clinicians distinguish necrotic tissue from the other wound bed appearances.

2. Which statement characterizes primary intention wound healing?

A. Wound edges left open to drain, requiring extended healing time.

B. Wound edges are brought together with adhesives to close the wound.

C. Wound edges are approximated with sutures or staples, resulting in minimal tissue loss and faster healing.

D. Wound healing occurs with excessive scarring due to poor technique.

Primary intention healing happens when the wound edges are brought together so they approximate closely, typically with sutures or staples. This close alignment minimizes tissue loss, keeps tissue planes in proper position, and supports rapid healing with less scar formation and lower infection risk. That's why the statement describing edges being approximated with sutures or staples, leading to minimal tissue loss and faster healing, is the best fit for primary intention. Leaving edges open to drain leads to healing by secondary intention, with more granulation tissue and a longer healing process. Using adhesives to close can close some wounds, but primary intention is classically about bringing edges together with sutures or staples. Excessive scarring due to poor technique is an outcome, not the defining mechanism of primary intention.

3. Which term describes a raised skin lesion?

A. Papule

B. Macule

C. Macule and vesicle

D. Plaque

A raised skin lesion is described as a palpable elevation above the surface. A papule fits this best: it is a solid, elevated lesion that is typically less than 1 centimeter in diameter and lacks fluid. That solid, raised nature differentiates it from flat spots (macules), fluid-filled blisters (vesicles), or larger, plateau-like elevations (plaques). So the term that describes a raised, solid skin lesion is papule.

4. What is the function of vernix caseosa in newborns?

A. It cleanses the skin

B. It moisturizes the skin

C. It protects the skin

D. It causes skin irritation

Vernix caseosa serves as a protective coating for a newborn's skin. It forms a barrier that shields delicate fetal skin from the constant exposure to amniotic fluid and from friction during passage through the birth canal, helping prevent maceration and injury. Its lipid-rich composition, along with antimicrobial components, also helps limit water loss and reduce infection risk, supporting skin integrity after birth. So, the primary role is protecting the skin, even though it may also contribute to moisture retention; it is not a cleanser, it does not cause irritation, and its main purpose isn't to moisturize alone.

5. Which statement describes a Stage 1 pressure injury?

A. Stage 2: Partial-thickness skin loss

B. Stage 3: Full-thickness tissue loss with fat visible

C. Stage 1: Intact skin with non-blanchable redness

D. Stage 4: Full-thickness tissue loss with bone exposure

Stage I pressure injuries show intact skin with non-blanchable redness. The skin hasn't broken or formed an open wound, but the area remains red and does not turn pale when pressed. That non-blanchable redness signals early tissue damage from pressure even though the surface looks still whole. In lighter skin, you'll see a red patch; in darker skin, the change may be a color shift, warmth, edema, or firmness rather than obvious redness. This distinguishes it from later stages, which involve actual tissue loss. Describing partial-thickness skin loss would indicate a Stage II injury, with skin break or blistering. Full-thickness loss with fat visible describes Stage III, and full-thickness loss with bone exposure describes Stage IV.

6. What term describes healing where wound edges are approximated after a short delay?

A. Tertiary (delayed primary) healing

B. Primary intention healing

C. Secondary intention healing

D. Regenerative healing

The key idea is closing a wound after giving it a short delay to address infection risk and viability. In tertiary (delayed primary) healing, the wound is left open or only lightly managed at first so drainage and debridement can occur and the bed can be cleaned. After a short period, once the wound looks clean and likely to heal well, the edges are brought together and closed with sutures or staples. This combines the safety of letting problems be resolved before closure with the benefits of a nearer-to-primary closure for a better cosmetic result. It differs from immediate primary healing, where closure happens right away, and from secondary healing, where the wound is left to heal on its own without surgically closing the edges. Regenerative healing refers to tissue regrowth rather than the timing of closure.

7. Which healing type often results in the most scar formation and longest healing time?

A. Primary intention healing

B. Regenerative healing

C. Tertiary (delayed primary) healing

D. Secondary intention healing

The main idea is that how a wound heals—whether edges are closed or left open—dictates both how long healing takes and how much scar forms. In secondary intention healing, the wound edges are not brought together and there is often tissue loss. The body fills the gap with granulation tissue, then contracts the wound and slowly re-epithelializes from the sides. This process requires more new tissue, more collagen remodeling, and more time overall, which leads to a larger scar. In contrast, primary intention has the edges neatly approximated, minimal tissue loss, little granulation tissue, and rapid epithelialization, resulting in a small scar and quicker healing. Delayed primary healing sits between the two, but typically doesn't produce as much scarring as secondary. So, secondary intention is the pattern most associated with substantial scar formation and the longest healing time.

8. Delayed primary closure refers to which healing type?

A. Primary intention healing

B. Secondary intention healing

C. Regenerative healing

D. Tertiary (delayed primary) healing

Wound healing patterns depend on when the wound is closed. Delayed primary closure is the approach where the wound is intentionally left open for a short time to let infection risk, edema, or drainage improve, and then closed later. This is the tertiary form of healing. It sits between primary intention (immediate closure) and secondary intention (healing by granulation and contraction with the wound left open). This method aims to reduce infection risk while still achieving a good cosmetic result when closure occurs. Regenerative healing is not the pattern described by this closure strategy.

9. A small surgical incision is cleanly closed with sutures shortly after injury.

A. Wound closure by granulation

B. Primary intention healing

C. Secondary intention healing

D. Tertiary (delayed primary) healing

This scenario demonstrates healing by primary intention. When wound edges are cleanly approximated and closed soon after injury, the tissue loss is minimal and the edges are brought together tightly, allowing rapid epithelialization across the incision with only a thin scar. Because the wound is closed early, there's less exposed tissue to infection, less granulation tissue to form, and less overall inflammation, leading to faster healing and stronger initial wound integrity. In contrast, healing by secondary intention occurs when edges cannot be approximated or there is significant tissue loss; the wound heals from the bottom up through granulation tissue, contraction, and later epithelialization, resulting in longer healing time and more scarring. Tertiary (delayed primary) healing involves leaving a wound open for a period to allow contamination or edema to resolve, then closing it later, combining elements of both approaches.

10. Which sign in wound drainage most suggests infection?

A. Clear drainage

B. Foul odor

C. Absence of drainage

D. Minimal drainage

Wound infection is most often signaled by drainage that has a foul odor. This odor reflects bacterial activity producing volatile compounds, which is more specific for infection than the other drainage patterns. Clear drainage is typically normal and seen in healing wounds, absence of drainage doesn't indicate infection on its own, and minimal drainage can occur in non-infected, healing wounds. If foul odor accompanies other clues like increased warmth, redness, or purulent drainage, it strongly suggests an infectious process.

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://tissueintegritynsg100exam3.examzify.com

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