

TISSUE INTEGRITY NSG 100 EXAM 3 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. What is the purpose of the PUSH scale?**
 - A. To assess wound healing progress based on size, tissue type, and drainage
 - B. To classify pressure injuries into stages
 - C. To measure patient pain during dressing changes
 - D. To calculate Braden risk score
- 2. Which type of skin cancer is most common and typically slower-growing in fair-skinned individuals?**
 - A. Melanoma
 - B. Squamous cell carcinoma
 - C. Basal cell carcinoma
 - D. Merkel cell carcinoma
- 3. When should wound cultures be obtained during infection assessment?**
 - A. When signs persist or worsen
 - B. Immediately after injury
 - C. Only for non-infected wounds
 - D. Never
- 4. What is the role of the interprofessional team in wound care?**
 - A. Isolated nursing care.
 - B. Only physicians are involved.
 - C. Nurses should work independently without others.
 - D. Collaborating among nurses, providers, dermatologists, surgeons, wound care nurses, and care managers.
- 5. Staples are commonly removed within how many days?**
 - A. 3-5 days
 - B. 7-14 days
 - C. 21-28 days
 - D. 60 days

- 6. Which of the following is NOT a factor assessed by the Braden Scale?**
- A. Pain level
 - B. Sensory perception
 - C. Moisture
 - D. Nutrition
- 7. Which dressing is most appropriate for high-exudate wounds?**
- A. Hydrofiber dressing.
 - B. Hydrocolloid dressing.
 - C. Foam dressing for dry wounds.
 - D. Alginate for dry wounds.
- 8. Which healing type involves healing from the inside of the wound outward, with granulation tissue forming a bed before epithelialization occurs?**
- A. Secondary intention healing
 - B. Tertiary intention healing
 - C. Regenerative healing
 - D. Primary intention healing
- 9. Which condition describes the partial or complete separation of wound layers?**
- A. Erythema
 - B. Dehiscence
 - C. Evisceration
 - D. Edema
- 10. 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

Answers

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

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Explanations

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1. What is the purpose of the PUSH scale?

- A. To assess wound healing progress based on size, tissue type, and drainage
- B. To classify pressure injuries into stages**
- C. To measure patient pain during dressing changes
- D. To calculate Braden risk score

The PUSH scale is used to monitor healing progression of a pressure ulcer over time by quantifying wound characteristics. It assigns scores to three key factors: wound size (length and width), amount of drainage (exudate), and tissue type present in the wound (such as granulation tissue, slough, or necrotic tissue). By tracking these values and summing them, clinicians can see whether the wound is healing, remaining stable, or deteriorating and adjust treatment accordingly. It is not used to classify the injury into stages or to measure pain or Braden risk scores.

2. Which type of skin cancer is most common and typically slower-growing in fair-skinned individuals?

- A. Melanoma
- B. Squamous cell carcinoma
- C. Basal cell carcinoma**
- D. Merkel cell carcinoma

Basal cell carcinoma is the most common skin cancer and is known for its slow, local growth rather than rapid, widespread spread. In fair-skinned individuals, UV damage over years can trigger abnormal growth of basal cells in the epidermis, leading to these cancers. They typically grow gradually, remain localized for a long time, and rarely spread to distant sites, which is why they're described as slow-growing and low-risk for metastasis. This makes them the best fit for the scenario of being the most common cancer in fair-skinned people and growing more slowly. In contrast, melanoma, while serious, is less common and can progress much more quickly and metastasize; squamous cell carcinoma is also common but tends to behave more aggressively than basal cell carcinoma and has a higher metastatic potential than basal cell carcinoma. Merkel cell carcinoma is rare and highly aggressive. Recognizing that basal cell carcinoma's prevalence and indolent course in fair-skinned individuals aligns with the description helps you identify it as the correct choice. Treatments like surgical excision or Mohs surgery are highly effective when caught early, reinforcing the importance of early detection.

3. When should wound cultures be obtained during infection assessment?

- A. When signs persist or worsen**
- B. Immediately after injury
- C. Only for non-infected wounds
- D. Never

Obtaining a wound culture is about confirming infection and guiding treatment when infection is actually present or likely to be worsening. You don't culture every wound right after injury because early on many wounds are not infected, and a culture could be misleading or unnecessary. A culture is most useful when signs of infection persist or worsen—such as increasing redness, warmth, swelling, purulent drainage, foul odor, or systemic symptoms—or when a patient isn't improving on initial, broad spectrum therapy. In those cases, sampling from the wound bed or purulent material (preferably deep tissue or a biopsy rather than a superficial swab) helps identify the causative organism and its antibiotic sensitivities so therapy can be targeted. If there are no infection signs and the wound is healing with standard care, a culture isn't indicated.

4. What is the role of the interprofessional team in wound care?

- A. Isolated nursing care.
- B. Only physicians are involved.
- C. Nurses should work independently without others.
- D. Collaborating among nurses, providers, dermatologists, surgeons, wound care nurses, and care managers.**

Wound healing is a multifactorial process that benefits from input from many professionals who bring different expertise to assessment, planning, and treatment. The interprofessional team approach ensures the wound is evaluated not only for local tissue status but also for systemic factors such as infection risk, vascular adequacy, nutrition, and underlying conditions, and that the plan is carried out across all care settings. The best answer reflects collaboration among nurses, providers, dermatologists, surgeons, wound care nurses, and care managers. Each member contributes a piece of the puzzle: nurses monitor wound progression and changes, physicians address medical management and underlying causes, dermatologists or surgeons provide specialized interventions when needed, wound care nurses apply and adjust advanced dressings and therapies, and care managers coordinate transitions, home care, and follow-up. This coordinated effort improves accuracy of wound assessment, ensures appropriate treatments, reduces gaps in care, and supports safe, efficient healing. Isolated nursing care, involvement of only physicians, or nurses working independently without others all miss essential teamwork aspects that drive effective wound management and patient safety.

5. Staples are commonly removed within how many days?

- A. 3-5 days
- B. 7-14 days**
- C. 21-28 days
- D. 60 days

Removing staples around 7-14 days matches when skin incisions have gained enough tensile strength to hold closed but before lingering too long risks skin irritation or infection. If staples are removed earlier (3-5 days), the wound may still be too fragile and could reopen. Waiting much longer (21-28 days or 60 days) offers little added benefit and increases the chance of irritation, infection, or removal-related trauma. Location and healing factors can adjust the exact timing, but the standard window is about one to two weeks after closure.

6. Which of the following is NOT a factor assessed by the Braden Scale?

- A. Pain level
- B. Sensory perception
- C. Moisture
- D. Nutrition**

Pain level is not a factor assessed by the Braden Scale. The Braden Scale evaluates risk for pressure ulcers across six domains: sensory perception, moisture, activity, mobility, nutrition, and friction/shear. Because nutrition is one of these domains, it is indeed assessed, while pain level is not part of the scale. Understanding this helps explain why nutrition influences risk on the Braden Scale, whereas pain does not.

7. Which dressing is most appropriate for high-exudate wounds?

- A. Hydrofiber dressing.**
- B. Hydrocolloid dressing.
- C. Foam dressing for dry wounds.
- D. Alginate for dry wounds.

When a wound is producing a lot of fluid, you want a dressing that soaks up drainage quickly while keeping the wound bed moist and preventing surrounding skin maceration. Hydrofiber dressings are made to absorb large amounts of exudate and then swell into a cohesive gel, trapping bacteria and debris and reducing leakage. This gel formation helps protect the wound and allows for easier dressing changes without losing a moist healing environment. The other options don't fit as well for heavy drainage: hydrocolloids are more occlusive and less absorbent, which can lead to maceration with lots of drainage; a dressing described as for dry wounds won't manage heavy exudate effectively; and while alginates can handle exudate, the dry-wound indication makes them less appropriate in this scenario.

8. Which healing type involves healing from the inside of the wound outward, with granulation tissue forming a bed before epithelialization occurs?

- A. Secondary intention healing**
- B. Tertiary intention healing
- C. Regenerative healing
- D. Primary intention healing

This pattern describes secondary intention healing. When a wound has tissue loss or can't be closed surgically, healing starts by filling the wound from the bottom up. Granulation tissue forms a vascular bed in the wound bed, providing the framework for new tissue. Once this bed is established, epithelial cells migrate over it to re-epithelialize the surface, effectively sealing the wound from the inside outward. Contraction also helps close the gap as myofibroblasts contract the wound margins. Because the wound heals through bed formation, slower tissue replacement, and more remodeling, it typically takes longer and leaves a larger scar than primary intention healing. In contrast, primary intention closes with edges opposed and minimal granulation, while tertiary intention delays closure to allow initial cleaning or tissue formation before final closure, blending features of both.

9. Which condition describes the partial or complete separation of wound layers?

- A. Erythema
- B. Dehiscence**
- C. Evisceration
- D. Edema

Dehiscence is the partial or complete separation of wound layers, meaning the edges of a surgical incision or wound pull apart and gaps form between tissue layers. This happens when the tissue can't stay held together by the healing process, often due to factors like infection, poor nutrition, excessive wound tension, or medications that weaken healing (such as steroids). It's a warning sign that healing is failing and the wound is opening up. Erythema means redness of the skin from inflammation and doesn't describe a separation of tissue. Edema is swelling from fluid buildup, also not about layers splitting. Evisceration is a more severe situation where internal organs protrude through the wound, which can occur if dehiscence progresses, but the defining feature of dehiscence is the actual separation of the wound layers themselves. If dehiscence occurs, prompt action is important: protect the wound by covering it with sterile saline-soaked dressings to keep tissues moist, minimize movement to reduce strain on the wound, and notify the surgical team for assessment and potential intervention. Identifying and addressing contributing factors like infection, poor nutrition, or drainage is also crucial for preventing progression.

10. 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.

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:

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

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