

Tissue Integrity Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

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- 1. What are attributes in relation to a concept?**
 - A. Outcomes that derive from the concept**
 - B. Defining characteristics of the concept**
 - C. Events that must happen before the concept**
 - D. Common misconceptions about the concept**
- 2. Which of the following is NOT an interrelated concept to tissue integrity?**
 - A. Mobility**
 - B. Gas exchange**
 - C. Stress management**
 - D. Nutrition**
- 3. Why is patient education important for those with impaired tissue integrity?**
 - A. To ensure patients remain sedentary**
 - B. To promote self-care and prevent further skin issues**
 - C. To increase their dependency on nursing staff**
 - D. To discourage any form of skin assessment at home**
- 4. Which vitamins are particularly important for wound healing?**
 - A. Vitamins A and C, and zinc**
 - B. Vitamins B and D, and calcium**
 - C. Vitamins E and K, and magnesium**
 - D. Minerals Iron and Potassium, and vitamin C**
- 5. What intervention should a nurse implement to assist an older adult at risk of pressure ulcers?**
 - A. Keep the head of the bed elevated 45 degrees**
 - B. Encourage daily massages over bony prominences**
 - C. Use low-air-loss mattresses**
 - D. Adjust the client's position every 3 hours**

- 6. What does granulation tissue primarily form on?**
- A. The external surfaces of the body**
 - B. The surface of a healing wound**
 - C. The dermis layer of skin**
 - D. The epidermis layer of skin**
- 7. What effect does temporary hyperemia have on muscle tissues after intense exercise?**
- A. Decreases oxygen supply**
 - B. Enhances muscle performance**
 - C. Induces muscle fatigue**
 - D. Impairs muscle function**
- 8. What does wound dehiscence signify?**
- A. Complete healing of a wound**
 - B. The partial or total separation of wound layers**
 - C. The formation of new tissue**
 - D. The absence of infection in a wound**
- 9. Which term describes a dark, leathery scab?**
- A. Exudate**
 - B. Eschar**
 - C. Crust**
 - D. Encrustation**
- 10. Which of the following is NOT one of the six categories of impaired tissue integrity?**
- A. Trauma or injury**
 - B. Electrocution**
 - C. Loss of perfusion**
 - D. Infections and infestations**

Answers

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

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Explanations

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1. What are attributes in relation to a concept?

- A. Outcomes that derive from the concept**
- B. Defining characteristics of the concept**
- C. Events that must happen before the concept**
- D. Common misconceptions about the concept**

Attributes in relation to a concept refer to the defining characteristics that describe and differentiate that concept from others. These attributes help to specify what the concept is and how it can be understood within a particular context. They provide a clear framework for identifying and discussing the concept, as they encompass the essential qualities that encapsulate its meaning and significance. For example, in discussing the concept of tissue integrity, the attributes may include aspects such as skin integrity, the presence of wounds or lesions, and the overall health of the tissue. These characteristics are crucial as they inform the assessment and treatment of issues related to tissue integrity. The other options provide different types of information that do not define the concept itself. Outcomes pertain to the results that arise from applying the concept, events necessarily relate to causal or temporal relationships, and misconceptions involve misunderstandings rather than the characteristics that outline the concept. Therefore, defining characteristics stands out as the correct and most relevant answer.

2. Which of the following is NOT an interrelated concept to tissue integrity?

- A. Mobility**
- B. Gas exchange**
- C. Stress management**
- D. Nutrition**

The concept of tissue integrity relates to the health and well-being of the body's tissues, which includes proper functioning and maintenance. Among the listed options, stress management is not directly interrelated with tissue integrity in the same way that the other concepts are. Mobility is crucial as physical activity and movement can affect blood flow, which is essential for delivering nutrients and oxygen to tissues, fostering healing, and maintaining tissue health. Gas exchange is vital as it ensures that oxygen reaches the tissues while carbon dioxide is expelled. Nutrition is key for providing the necessary building blocks and energy for maintaining and repairing tissues. While stress management does have indirect benefits for overall health and well-being, including the potential to influence conditions that may affect tissue integrity, it does not have a direct physiological impact on the integrity of tissue itself.

3. Why is patient education important for those with impaired tissue integrity?

- A. To ensure patients remain sedentary**
- B. To promote self-care and prevent further skin issues**
- C. To increase their dependency on nursing staff**
- D. To discourage any form of skin assessment at home**

Patient education is essential for individuals with impaired tissue integrity because it promotes self-care and helps prevent further skin issues. Educating patients about their condition enables them to understand the importance of maintaining skin health, recognizes the signs of potential complications, and encourages them to take proactive measures in their daily routines. This can include teaching proper skin care techniques, identifying risk factors that may exacerbate their condition, and emphasizing the importance of regular skin assessments. By empowering patients with knowledge, they become more engaged in their health and are less likely to experience additional complications, such as pressure sores or infections. This education plays a critical role in fostering independence and improving the overall quality of life for patients dealing with issues related to tissue integrity.

4. Which vitamins are particularly important for wound healing?

- A. Vitamins A and C, and zinc**
- B. Vitamins B and D, and calcium**
- C. Vitamins E and K, and magnesium**
- D. Minerals Iron and Potassium, and vitamin C**

Vitamins A and C, along with zinc, play a crucial role in the wound healing process. Vitamin A is essential for epithelialization and helps maintain the integrity of mucosal surfaces, which is vital for effective healing. It also aids in the inflammatory response and collagen synthesis, two key phases in the healing process. Vitamin C is well-known for its role in collagen synthesis, an essential component of the extracellular matrix that provides structure to tissues being repaired. It also has antioxidant properties that protect cells from damage, supporting overall healing. Zinc contributes to multiple aspects of wound healing, including collagen synthesis, immune function, and protein synthesis. A deficiency in zinc can significantly delay wound healing and increase the risk of infection. In contrast, other vitamins and minerals mentioned in the other options, such as those in group B, C, and D, do not play the same pivotal roles in the wound healing process as vitamins A and C and zinc. While they are important for overall health, their specific contributions to wound healing are not as pronounced.

5. What intervention should a nurse implement to assist an older adult at risk of pressure ulcers?

- A. Keep the head of the bed elevated 45 degrees**
- B. Encourage daily massages over bony prominences**
- C. Use low-air-loss mattresses**
- D. Adjust the client's position every 3 hours**

Using low-air-loss mattresses is an effective intervention for assisting an older adult at risk of pressure ulcers. These specialized mattresses are designed to provide a better distribution of body weight, reduce moisture, and enhance airflow, which helps to decrease pressure on the skin and bony prominences. Proper pressure redistribution is crucial for preventing the development of pressure ulcers, particularly in older adults who may have fragile skin and decreased mobility. Low-air-loss mattresses help to maintain skin integrity by minimizing skin breakdown and promoting comfort. This is especially important for individuals who are immobile or have limited ability to change positions independently. They work by using a system of air-filled bladders that can adjust pressure according to the patient's needs, thus preventing prolonged pressure on any one area of the body. In contrast, keeping the head of the bed elevated at a greater angle can increase pressure on certain areas and may lead to shearing forces, which can exacerbate the risk of skin breakdown. Encouraging daily massages over bony prominences does not prevent pressure ulcers and may, in fact, increase the risk of damage to the skin. Adjusting the client's position every three hours may be beneficial; however, more frequent repositioning is typically recommended to effectively reduce pressure buildup in vulnerable areas.

6. What does granulation tissue primarily form on?

- A. The external surfaces of the body**
- B. The surface of a healing wound**
- C. The dermis layer of skin**
- D. The epidermis layer of skin**

Granulation tissue is primarily associated with the healing process of wounds, forming on the surface of a healing wound. This type of tissue appears as a new, soft, pinkish tissue that fills the wound space, indicating that the healing process is actively happening. Granulation tissue is composed of new connective tissue and microscopic blood vessels that develop during the healing of a wounded area, facilitating recovery by providing a foundation for new cell growth. While granulation tissue can be found in different layers of the skin, its most prominent role is in the context of wound healing. It signifies the body's response to injury, showcasing the critical phase of healing where the body's reparative processes are actively working to restore integrity to the damaged tissue. This tissue will eventually be replaced by scar tissue as the healing progresses.

7. What effect does temporary hyperemia have on muscle tissues after intense exercise?

- A. Decreases oxygen supply**
- B. Enhances muscle performance**
- C. Induces muscle fatigue**
- D. Impairs muscle function**

Temporary hyperemia is a physiological response that occurs following intense exercise, characterized by an increase in blood flow to the muscle tissues. This enhanced blood flow serves several key purposes that contribute positively to muscle performance. During and after exercise, muscle tissues require additional oxygen and nutrients to facilitate recovery and repair. The temporary hyperemia that follows intense physical activity ensures that there is an adequate supply of oxygen and nutrients delivered to the exercising muscles, promoting efficient energy metabolism. Consequently, this can enhance muscle performance, as the muscles are better equipped to recover from fatigue and operate effectively. Moreover, this increase in blood flow also aids in the removal of metabolic waste products such as carbon dioxide and lactic acid, which, if accumulated, can lead to discomfort and reduced performance. By helping to clear these metabolites, temporary hyperemia allows the muscle tissues to function more optimally post-exercise. Overall, the role of temporary hyperemia in enhancing muscle performance is significant, as it supports recovery, maintains metabolic processes, and enables sustained physical activity.

8. What does wound dehiscence signify?

- A. Complete healing of a wound**
- B. The partial or total separation of wound layers**
- C. The formation of new tissue**
- D. The absence of infection in a wound**

Wound dehiscence indicates the partial or total separation of the layers of a surgical wound. This condition may occur after a surgical procedure when the sutures or staples that hold the wound together fail to maintain their integrity, leading to a reopening of the wound. Dehiscence can result from factors such as tension on the wound, infection, or inadequate healing due to underlying medical conditions. Recognizing wound dehiscence is crucial, as it may lead to complications, including infection, delayed healing, and increased recovery time. Monitoring surgical wounds for signs of dehiscence is an essential aspect of healthcare, as timely intervention can help mitigate these risks and support proper healing.

9. Which term describes a dark, leathery scab?

- A. Exudate
- B. Eschar**
- C. Crust
- D. Encrustation

The term that describes a dark, leathery scab is "eschar." Eschar refers specifically to the dead tissue that forms over a wound, particularly in cases where there is necrosis or significant tissue damage. This hardened layer can often appear black or dark brown and is typically associated with chronic wounds or burns. Understanding eschar is crucial in the context of wound healing and tissue integrity, as it can affect the healing process. Proper assessment and management of eschar are necessary to promote healing, which may involve debridement or other interventions depending on the extent of the underlying tissue damage. This makes recognizing eschar an important skill for healthcare professionals concerned with tissue integrity and wound care. In contrast, exudate refers to the fluid that leaks from blood vessels into surrounding tissues, indicating inflammation or infection. Crust refers to a dried serum or exudate that forms over a wound but doesn't necessitate the same depth or hardness associated with eschar. Encrustation implies a buildup of crust or debris but is less specific and does not carry the same significance regarding tissue death as eschar does.

10. Which of the following is NOT one of the six categories of impaired tissue integrity?

- A. Trauma or injury
- B. Electrocution**
- C. Loss of perfusion
- D. Infections and infestations

The correct answer highlights that electrocution is not classified as one of the six categories of impaired tissue integrity. The six main categories include trauma or injury, loss of perfusion, infections and infestations, thermal injury, mechanical injury, and pressure injuries. While electrocution can indeed cause tissue damage, it is often regarded as a specific type of trauma rather than a standalone category. The other options represent broader categories that encompass various forms of tissue damage: trauma or injury refers to physical harm; loss of perfusion addresses issues related to blood supply impacting tissue survival; and infections and infestations include biological insults to tissue integrity. Understanding the distinctions between categories helps healthcare professionals better diagnose and manage tissue integrity issues.