

TISSUE INTEGRITY TEST 6 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://tissueintegrity6.examzify.com>



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	15

SAMPLE

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

SAMPLE

- 1. What is the first step in the correct wound irrigation sequence?**
 - A. Place Waterproof Pad Under the Patient
 - B. Remove the Gloves
 - C. Pour Sterile Solution Into Sterile Irrigation Containers
 - D. Allow the Solution to Gently Flow Over Wound
- 2. Maceration of the skin is most closely associated with which wound care factor?**
 - A. Excess moisture exposure
 - B. Excessive dryness
 - C. Insufficient cleansing
 - D. High temperatures
- 3. What is the role of vitamin A in wound healing?**
 - A. Quickens fibroplasia
 - B. Acts as an antioxidant
 - C. Promotes wound closure
 - D. Encourages collagen formation
- 4. Which nutrient deficiency may impair the inflammatory response in wound healing?**
 - A. Zinc
 - B. Proteins
 - C. Vitamin A
 - D. Vitamin C
- 5. What amount of fluid per kilogram per day should the nurse encourage the patient to drink for proper wound healing?**
 - A. 15-20 mL
 - B. 20-25 mL
 - C. 25-30 mL
 - D. 30-35 mL

- 6. Which statement about the purposes of wound dressings is true?**
- A. Dressings absorb drainage to promote wound healing.
 - B. Dressings provide a completely sterile environment without moisture.
 - C. Dressings are irrelevant to reducing infection exposure.
 - D. Dressings only serve cosmetic function.
- 7. What is the most important nursing intervention for a patient who has impaired physical mobility related to incisional pain?**
- A. Reposition the patient at least once every 90 minutes.
 - B. Apply a dressing to the area to support moist wound healing.
 - C. Apply a moisture barrier to the incisional area at least three times daily.
 - D. Pack open areas of the wound with gauze moistened with antibiotic solution
- 8. Reviewing the primary health care provider's orders for negative-pressure wound therapy (NPWT) settings involves which step of the nursing process?**
- A. Planning
 - B. Evaluation
 - C. Assessment
 - D. Implementation
- 9. A patient at very high risk of pressure ulcer development on the Braden Scale would have which score?**
- A. 8
 - B. 10
 - C. 13
 - D. 17
- 10. Which statement describes the purpose of applying a liquid skin barrier on periwound skin?**
- A. It moisturizes the skin
 - B. It dries the skin completely
 - C. It protects periwound skin from moisture and irritants
 - D. It accelerates scar formation

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the first step in the correct wound irrigation sequence?

- A. Place Waterproof Pad Under the Patient
- B. Remove the Gloves
- C. Pour Sterile Solution Into Sterile Irrigation Containers**
- D. Allow the Solution to Gently Flow Over Wound

Maintaining a sterile field is essential for wound irrigation. Pouring sterile solution into sterile irrigation containers creates a clean reservoir that you will use to irrigate the wound, preventing contamination of the fluid and the wound itself. This step ensures you have a ready, uncontaminated source of irrigation fluid before you start directing any flow to the wound. The other actions are important parts of the procedure but come after this setup: placing a waterproof pad protects the surface, removing gloves is part of cleanup, and letting the solution flow over the wound is the irrigation action itself, which should occur once the sterile setup is in place.

2. Maceration of the skin is most closely associated with which wound care factor?

- A. Excess moisture exposure**
- B. Excessive dryness
- C. Insufficient cleansing
- D. High temperatures

Maceration happens when skin stays wet for a prolonged period, causing the outer layers to soften, swell, and pale. In wound care, this softening occurs when there's excess moisture or exudate around the wound, which weakens the protective barrier of the surrounding skin and increases the risk of skin breakdown. That's why excess moisture exposure is the factor most closely linked to maceration. Excessive dryness makes skin brittle and cracked rather than softened, insufficient cleansing isn't the direct cause of maceration, and high temperatures aren't the primary driver (though heat can increase sweating, the core issue remains sustained moisture).

3. What is the role of vitamin A in wound healing?

- A. Quickens fibroplasia
- B. Acts as an antioxidant
- C. Promotes wound closure**
- D. Encourages collagen formation

Vitamin A supports wound healing by promoting epithelialization—the growth and migration of skin cells to cover the wound surface. When epithelial cells can proliferate and move across the wound bed, the wound closes and the barrier is restored. This direct effect on re-epithelialization makes wound closure the most recognizable outcome of adequate vitamin A during healing. While vitamin A also helps regulate inflammation and can influence remodeling, its key impact in this context is speeding closure through epithelialization rather than primarily acting as an antioxidant or driving collagen formation.

4. Which nutrient deficiency may impair the inflammatory response in wound healing?

- A. Zinc
- B. Proteins
- C. Vitamin A**
- D. Vitamin C

Nutritional status shapes the inflammatory phase of wound healing, and vitamin A plays a key role in immune function and barrier integrity. Adequate vitamin A supports the normal activity of immune cells like neutrophils and macrophages and helps maintain healthy epithelia. When vitamin A is deficient, immune cell function can falter and epithelial barriers may be compromised, leading to a weaker inflammatory response and slower healing. Other nutrients are important for healing in different ways—zinc supports immune function and tissue remodeling, vitamin C drives collagen synthesis, and proteins provide the building blocks for new tissue. But the inflammatory response specifically hinges more directly on vitamin A's influence on immune cell performance and epithelial maintenance, making its deficiency the most impactful for this aspect of wound healing.

5. What amount of fluid per kilogram per day should the nurse encourage the patient to drink for proper wound healing?

- A. 15-20 mL
- B. 20-25 mL
- C. 25-30 mL
- D. 30-35 mL**

Adequate hydration supports wound healing by keeping tissues well hydrated, ensuring good blood flow to the wound, delivering oxygen and nutrients, and helping remove waste. Water also aids collagen synthesis and cell migration into the wound bed, which are key steps in healing. For adults with normal kidney function, a practical target is about 30 to 35 mL of fluid per kilogram of body weight per day. This range helps meet the increased needs of healing skin and prevents dehydration that can slow repair. If there's fever, significant wound drainage, or other factors, fluids may need to be adjusted upward under medical guidance. Ranges lower than this—such as 15-20, 20-25, or 25-30 mL/kg/day—are typically not sufficient to support optimal wound healing.

6. Which statement about the purposes of wound dressings is true?

- A. Dressings absorb drainage to promote wound healing.**
- B. Dressings provide a completely sterile environment without moisture.
- C. Dressings are irrelevant to reducing infection exposure.
- D. Dressings only serve cosmetic function.

The main idea is that wound dressings are used to manage drainage and moisture to support healing. Absorbing drainage helps prevent excessive wetness that can irritate surrounding skin (maceration) and harbor bacteria, while still allowing a moist wound bed that promotes cell migration and tissue repair. This balance—keeping the wound clean, protected, and appropriately moist—facilitates faster and better healing. Completely sterile, moisture-free environments aren't realistic or beneficial for most wounds, because some moisture supports healing processes and absolute sterility isn't achievable in practice. Dressings also reduce infection exposure by acting as a barrier and by removing excess exudate that can carry bacteria. Finally, dressings serve more than cosmetic purposes; they play a central role in protection, moisture management, and infection control to aid healing.

7. What is the most important nursing intervention for a patient who has impaired physical mobility related to incisional pain?

- A. Reposition the patient at least once every 90 minutes.**
- B. Apply a dressing to the area to support moist wound healing.
- C. Apply a moisture barrier to the incisional area at least three times daily.
- D. Pack open areas of the wound with gauze moistened with antibiotic solution

If a patient has impaired physical mobility from incisional pain, the top priority for protecting tissue integrity is regularly repositioning to relieve pressure. Pressures over bony prominences restrict blood flow, so turning the patient at appropriate intervals (to redistribute pressure) maintains tissue perfusion, reduces the risk of pressure ulcers, and supports overall healing of the incision. Pain control is important, but without frequent repositioning, skin breakdown can still occur. Wound dressing and barrier applications are important for skin care, but they don't address the fundamental risk created by prolonged pressure from immobility. Packing an open wound with antibiotic-moistened gauze isn't appropriate for a typical closed incision and doesn't tackle the mobility-related risk to skin integrity.

8. Reviewing the primary health care provider's orders for negative-pressure wound therapy (NPWT) settings involves which step of the nursing process?

- A. Planning
- B. Evaluation
- C. Assessment**
- D. Implementation

Reviewing NPWT orders to confirm and interpret the prescribed device settings is about gathering and appraising information about the patient's current status. In the nursing process, assessment involves collecting data and establishing a baseline—wound characteristics, device parameters, and safety considerations. This step ensures the plan aligns with the patient's condition and flags any unclear or unsafe aspects before care proceeds. Planning comes next, focusing on goals and selecting interventions; implementation is carrying out those actions; evaluation checks outcomes after care. So, this review of orders belongs to assessment because it prepares and informs subsequent decisions and actions.

9. A patient at very high risk of pressure ulcer development on the Braden Scale would have which score?

- A. 8**
- B. 10
- C. 13
- D. 17

On the Braden Scale, the total score ranges from 6 to 23, and lower scores mean a greater risk of developing a pressure ulcer. Very high risk is typically defined as 9 or less. An 8 fits this category because it reflects significant limitations across multiple domains (such as sensory perception, moisture, activity, mobility, nutrition, and friction/shear), placing the patient at the highest risk. A score of 10 indicates high risk but not as severe as 8; 13 suggests a moderate level of risk; and 17 indicates relatively low risk.

10. Which statement describes the purpose of applying a liquid skin barrier on periwound skin?

- A. It moisturizes the skin
- B. It dries the skin completely
- C. It protects periwound skin from moisture and irritants**
- D. It accelerates scar formation

The main idea here is protection of the skin around the wound. A liquid skin barrier creates a thin, protective film on periwound skin that shields it from moisture and irritants coming from wound drainage, cleansing solutions, adhesives, and other care products. This barrier helps prevent maceration and friction, preserving skin integrity so the surrounding area remains healthier and less prone to breakdown during dressings changes and ongoing care. It isn't meant to moisturize the skin, nor does it dry it completely, and it doesn't speed up scar formation. By keeping irritants and excess moisture out, it supports a better environment for healing.

SAMPLE

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://tissueintegrity6.examzify.com>

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

SAMPLE