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Question: 1

When managing a burn wound, which intervention promotes wound healing by providing a moist environment and preventing bacterial contamination?

- A. Applying a dry sterile dressing.
- B. Using a topical antiseptic solution.
- C. Performing daily wound debridement.
- D. Applying an occlusive dressing.

Answer: D

Explanation: Applying an occlusive dressing promotes wound healing by providing a moist environment and preventing bacterial contamination. It helps to maintain a physiologically ideal environment for wound healing. Applying a dry sterile dressing may lead to wound desiccation and delayed healing. Topical antiseptic solutions can damage healthy tissue and delay healing. Daily wound debridement is important for removing necrotic tissue but does not provide a moist environment or prevent bacterial contamination.

Question: 2

In the initial management of a burn patient within the first 72 hours, which intervention is a priority?

- A. Administering tetanus prophylaxis.
- B. Initiating fluid resuscitation.
- C. Applying topical antimicrobial agents.
- D. Documenting the extent of the burn.

Answer: B

Explanation: Initiating fluid resuscitation is a priority in the initial management

of a burn patient. The goal is to restore and maintain adequate tissue perfusion and prevent hypovolemic shock. Administering tetanus prophylaxis, applying topical antimicrobial agents, and documenting the extent of the burn are important interventions but are not the highest priority in the immediate management of the patient.

Question: 3

When assessing pain in a burn patient, which pain assessment tool is most appropriate for patients who are unable to self-report pain?

- A. Numeric Rating Scale (NRS).
- B. Visual Analog Scale (VAS).
- C. Behavioral Pain Scale (BPS).
- D. Wong-Baker FACES Pain Rating Scale.

Answer: C

Explanation: The Behavioral Pain Scale (BPS) is the most appropriate pain assessment tool for burn patients who are unable to self-report pain. The BPS assesses pain based on behavioral indicators such as facial expression, body movements, and vocalizations.

Question: 4

In the pathophysiology of burn injuries, the zone of coagulation refers to:

- A. The area of the burn with the least severe tissue damage.
- B. The area of the burn with the highest degree of tissue damage.
- C. The area of the burn where blood flow is compromised.
- D. The area of the burn where an infection is most likely to occur.

Answer: B

Explanation: The zone of coagulation is the area of the burn with the highest degree of tissue damage. This zone experiences irreversible tissue necrosis and is surrounded by the zones of stasis and hyperemia. The severity of tissue damage decreases as you move away from the zone of coagulation.

Question: 5

During the acute care phase of burn management, which intervention is crucial for preventing contractures?

- A. Early mobilization and range-of-motion exercises.
- B. Administration of intravenous antibiotics.
- C. Application of a splint or cast.
- D. Regular wound dressing changes.

Answer: A

Explanation: Early mobilization and range-of-motion exercises are crucial for preventing contractures during the acute care phase of burn management. Immobilization and prolonged bed rest can lead to joint stiffness and contractures. Regular movement and exercises help maintain joint mobility and prevent contractures. Administration of intravenous antibiotics, application of a splint or cast, and regular wound dressing changes are important interventions in burn care but are not specifically aimed at preventing contractures.

Question: 6

When providing psychosocial support to a burn patient, which intervention is most appropriate for addressing body image concerns?

- A. Encouraging the patient to avoid looking at the burn wounds.

- B. Promoting open communication about the patient's feelings and concerns.
- C. Minimizing the importance of physical appearance in conversations with the patient.
- D. Suggesting that the patient focus on the positive aspects of their recovery.

Answer: B

Explanation: Promoting open communication about the patient's feelings and concerns is the most appropriate intervention for addressing body image concerns in a burn patient. Encouraging avoidance of looking at the burn wounds may contribute to avoidance behavior and hinder psychological healing. Minimizing the importance of physical appearance may invalidate the patient's feelings and concerns. While focusing on the positive aspects of recovery is important, it does not directly address the patient's body image concerns.

Question: 7

In the assessment of a burn wound, which finding indicates an infection?

- A. Pallor and coolness of the surrounding skin.
- B. Absence of pain or discomfort at the burn site.
- C. Foul odor and purulent drainage from the wound.
- D. Formation of a thick, black eschar over the burn.

Answer: C

Explanation: Foul odor and purulent drainage from the wound indicate an infection in a burn wound. These signs are suggestive of bacterial colonization or infection. Pallor and coolness of the surrounding skin may indicate compromised circulation. Absence of pain or discomfort at the burn site can be a concerning sign of nerve damage. The formation of a thick, black eschar is characteristic of a full-thickness burn but does not necessarily indicate

infection.

Question: 8

A patient with a burn injury is experiencing pain, agitation, and delirium. Which assessment finding is consistent with pain-related agitation?

- A. Increased blood pressure and heart rate.
- B. Excessive sleepiness and lethargy.
- C. Inability to concentrate and disorientation.
- D. Profound muscle weakness and flaccidity.

Answer: A

Explanation: Increased blood pressure and heart rate are consistent with pain-related agitation in a patient with a burn injury. Pain can cause sympathetic nervous system activation, leading to increased sympathetic outflow, vasoconstriction, and increased heart rate and blood pressure. Excessive sleepiness and lethargy, inability to concentrate and disorientation, and profound muscle weakness and flaccidity are not characteristic of pain-related agitation.

Question: 9

During the reconstruction phase of burn care, which procedure is commonly performed to improve functional and cosmetic outcomes?

- A. Skin grafting.
- B. Escharotomy.
- C. Debridement.
- D. Wound irrigation.

Answer: A

Explanation: Skin grafting is commonly performed during the reconstruction phase of burn care to improve functional and cosmetic outcomes. Skin grafting involves transplanting healthy skin from one area of the body (donor site) to the burned area (recipient site). Escharotomy, debridement, and wound irrigation are procedures performed during the acute care phase of burn management.



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