Medical Professional

CWS

Certified Wound Specialist (CWS) exam

For More Information – Visit link below:

https://www.examsempire.com/

Product Version

1. **Up to Date products, reliable and verified.**
2. **Questions and Answers in PDF Format.**

Latest Version: 6.0

Question: 1

To reduce risk of ulcerations, a patient with controlled bilateral peripheral pitting edema and brownish discoloration of skin around the ankles and anterior tibial areas should be advised to

A. wear sandals.
B. wear compression stockings.
C. use off-loading methods.
D. avoid elevating feet above the heart.

Answer: B

Explanation:
Therapeutic compression stockings (Class II, 30 to 40 mm Hg) are used to prevent ulceration in those with varicose veins and stable venous insufficiency (indicated by brownish discoloration) after edema is controlled or with existing ulcers when edema recedes. Patients should also elevate feet when sitting. Therapy may include lying down and elevating affected limb above the heart for 1-2 hours two times daily and during the night. While everyone should stop smoking, it is more critical for those with peripheral arterial insufficiency.

Question: 2

TransCyte® is indicated for treatment of

A. venous ulcers.
B. arterial ulcers.
C. surgical wounds.
D. burns (partial to full-thickness)

Answer: D

Explanation:
TransCyte®, which uses human neonatal fibroblasts on a nylon mesh protected by a silicone layer, is indicated for partial or full-thickness burns as a temporary covering before autografting as well as for partial thickness burns that will not require autografting. TransCyte® must be applied to a clean wound base that has been freshly debrided. After application, TransCyte® is secured with compression dressing or negative pressure and can last up to 100 days although it must be removed if infection occurs or fluid begins to accumulate below the TransCyte®.

Question: 3

The dietary requirement of protein to promote wound healing is

A. 0.25 to 0.4 g/kg per day.
B. 0.5 to 0.75 g/kg per day.
C. 0.76 to 1.24 g/kg per day.
D. 1.25 to 1.5 g/kg per day.

Answer: D

Explanation:
Protein is critical for wound healing, and because metabolic rate increases in response to a wound, protein needs increase. Diet requirements for wound healing: 1.25-1.5 g/kg per day. A patient weighing 150 lb./68 kg would usually require about 60 g of protein daily but that need would increase to 85 to 102 g daily, so the patient would need to markedly increase intake of high protein foods or take dietary supplements. Meat, for example, contains only 7 g of protein per ounce.

Question: 4

According to CDC guidelines, which infection control precautions should be used when caring for a patient with osteomyelitis and a fistula infected with Staphylococcus aureus?

A. Standard and contact
B. Contact only
C. Standard only
D. Standard and droplet

Answer: A

Explanation:
Standard precautions-washing hands, wearing gloves and personal protective equipment (PPE) as needed for contact with bodily fluids-is used with all patients. However, patients with draining wounds, such as a fistula, should also have contact precautions, which require the use of PPE, including gown and gloves for all contact with the patient or the patient's immediate environment. The patient should be maintained in a private room or cohorted and should remain more than 3 feet away from other patients.

Question: 5

An example of a wound that will probably undergo secondary healing is

A. a split-thickness graft.
B. an infected wound.
C. an extensive contaminated dog bite wound.
D. a clean laceration.

Answer: B

Explanation:
Secondary healing: Leaving the wound open to close through granulation and epithelialization. Used with contaminated "dirty" or infected wounds to prevent abscess formation and allow drainage. Primary healing: Involves a wound that is surgically closed by suturing, flaps, or split or full-thickness grafts to completely cover the wound. Used for surgeries or repair of wounds or lacerations, especially when the wound is essentially "clean." Tertiary healing: Involves first debriding the wound and allowing it to begin healing while open and then later closing the wound. Used for contaminated wounds, such as severe animal bites, or wounds related to mixed trauma.

Question: 6

When considering orthotics and shoe inserts for a patient with a neuropathic foot, which type of insert provides pressure relief?

A. Soft
B. Semi-soft
C. Rigid
D. Semi-rigid

Answer: D

Explanation:
Semi-rigid inserts provide some cushioning as well as pressure relief. Soft inserts are used primarily for cushioning and to absorb shock. Rigid inserts, usually made from plastic, are used to maintain alignment or control abnormal motion. Accommodative inserts are inserts of multiple layers, reduced by half with compression. Shoes should be made of soft leather and should have enough depth to allow for inserts. Other modifications can include rocker soles, heel wrap, lateral flare, and mid-foot bolsters.

Question: 7

Compression of tissue impairs circulation and can result in ischemia and pressure injury when the skin perfusion pressure falls to below

A. 5 to 10 mm Hg.
B. 10 to 20 mm Hg.
C. 30 to 40 mm Hg.
D. 50 to 60 mm Hg.

Answer: C

Explanation:
Compression of tissue impairs circulation and can result in ischemia and pressure injury when the skin perfusion pressure falls to below 30 to 40 mm Hg. Normal skin perfusion pressure may range from 50

mm Hg to 100 mm Hg. Skin perfusion pressure, which measures blood flow to a wound, may be assessed by applying sensors that detect oxygen about the wound in a normal room environment. The test may also be conducted in a hyperbaric chamber with the patient breathing 100% oxygen to determine if the oxygen content increases with hyperbaric oxygen treatment.

Question: 8

The 5 basic elements of a skin assessment include (1) temperature, (2) color, (3) moisture, (4) integrity, and (5)

A. pain.
B. turgor.
C. sensation.
D. edema.

Answer: B

Explanation:
The 5 basic elements of a skin assessment include:
1. Temperature: Normally warm to the touch. Cool may indicate impaired circulation, and hot may indicate inflammation.
2. Color: Varies according to ethnicity, but pallor may indicate impaired circulation, hyperpigmentation/hypopigmentation may indicate impaired circulation, disease or skin condition (altered melanin deposition).
3. Moisture: May vary from dry to moist, depending on general condition and skin disorders.
4. Integrity: Should be intact and free from open areas.
5. Turgor: Pinched skin should return to normal shape rapidly. Turgor may slow with dehydration and aging skin.

Question: 9

The best positioning to prevent pressure ulcers is

A. 30-degree tilt position, turning at least every 2 hours.
B. 90-degree lateral side-lying position, turning every 2 hours.
C. prone position on alternating pressure mattress.
D. supine position on alternating pressure mattress.

Answer: A

Explanation:
Because the 90-degree side-lying lateral position results in ischemia over bony prominences, patients should be positioned in the 30-degree tilt position as this causes less circulatory impairment. Goals for repositioning and a turning schedule of at least every 2 hours should be established for each individual, with documentation required. Devices, such as pillows or foam, should be used to correctly position

patients so that bony prominences are protected and not in direct contact with each other. Pressure can occur even with alternating pressure mattresses.

Question: 10

If the healthcare provider is using the NERDS mnemonic to identify a superficial infection, the D stands for

A. degeneration.
B. data.
C. dusky.
D. debris.

Answer: D

Explanation:
Debris. NERDS mnemonic to identify a superficial infection:
N: Non-healing wound is present.
E: Exudate is present from the wound.
R: Red and bleeding surface granulation tissue evident.
D: Debris include yellow or black necrotic tissue on the surface of the wound.
S: Smell or malodor present from the wound.

Thank You for Trying Our Product

Special 16 USD Discount Coupon: NSZUBG3X

Email: support@examsempire.com

Check our Customer Testimonials and ratings available on every product page.

Visit our website.

https://examsempire.com/