Nursing

WOCNCB-CWOCN
WOCNCB® Certified Wound,Ostomy, and Continence Nurse Exam

Questions And Answers PDF Format:

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Version = **Product**

Latest Version: 6.0

Question: 1

To reduce the 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. stop smoking.
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 mmHg) 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 the affected limb above the heart for 1 to 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 0.5 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 to increase. Diet requirements for wound healing are 1.25 to 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

Which infection control precaution(s) 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, such as washing hands and wearing gloves and personal protective equipment (PPE) as needed for contact with bodily fluids, are 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

What does it indicate if a patient with cognitive impairment who is receiving pain medication around the clock has short periods of hyperventilation, cries out frequently, is lying rigidly with fists clenched, and is increasingly combative?

A. inadequate pain control
B. excess sedation from pain medication
C. adverse effects of pain medication
D. increasing dementia

Answer: A

Explanation:

The patient is exhibiting nonverbal indications of pain. The Pain Assessment in Advanced Dementia (PAINAD) scale is as follows:
• Respirations: Rapid and labored breathing as pain increases, with short periods of hyperventilation or Cheyne-Stokes respirations.
• Vocalization: Negative in speech or speaking quietly and reluctantly, may moan or groan. As pain increases, may call out, moan or groan loudly, or cry.
• Facial expression: May appear sad or frightened, may frown or grimace, especially with activity. Body language: May be tense, fidgeting, or pacing, and as pain increases rigid, clenched fists, or lying in fetal position and increasingly combative.
• Consolability: Less distractible or consolable.

Question: 8

The preferred type of exercise to treat scars is

A. strengthening.
B. active-assisted.
C. passive.
D. active.

Answer: D

Explanation:
Active exercise is the preferred type to treat scars because the patient remains in control of the exercise regimen and the degree of stretching, although the exercise program should be prescribed for the patient and monitored for effectiveness. With active assist, the therapist or equipment (such as weights and pulleys) assists the patient to complete an exercise, but the patient should be as active as possible. With passive exercise, the patient remains dependent on others to carry out the stretching exercises. Strengthening exercises are indicated if muscle strength is impaired.

Question: 9

The BEST positioning to prevent pressure ulcers is

A. 30-degree tilt position, turning 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 because 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

infected pressure ulcer?

A. maggots must be covered with an occlusive dressing
B. maggots must be left in the wound for 4 hours
C. maggots should be cleaned from the wound with hydrogen peroxide
D. maggots must have an oxygen supply

Answer: D

Explanation:
Because maggots are living things, they must have an oxygen supply, so they cannot be covered with hydrogels or other occlusive dressings. Maggots are applied to an open wound, but should not be applied to exposed vessels because they may cause bleeding. A special cage is applied to encase the maggots and allow air to circulate. The maggots are left in place for 48 hours and then wiped out with gauze and the wound irrigated with NS.

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