

Nursing

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Question: 1

A chronic ulcer resulting from peripheral vascular insufficiency may remain in which stage of healing for prolonged periods?

- A. Hemostasis
- B. Inflammation
- C. Proliferation
- D. Remodeling

Answer: B

Explanation:

Chronic ulcers with poor perfusion or other complicating factors, such as infection, may remain in the inflammatory phase of healing. If the macrophages that are activated during the inflammation stage are not able to adequately attract fibroblasts, then the angiogenesis, formation of collagen, and epithelization that are necessary for the wound to heal do not take place, so the wound remains stalled for long periods of time unless the complicating factors are aggressively treated and reversed.

Question: 2

A patient has second- and third-degree burns on 30% of the body and is in severe pain. Which method of debridement is MOST indicated?

- A. Autolytic debridement
- B. Enzymatic debridement
- C. Sharp instrument debridement
- D. Surgical debridement

Answer: D

Explanation:

Surgical debridement is most commonly used when very large amounts of tissue must be debrided, such as with extensive burns, or when there is a serious infection and immediate debridement is needed in order to effectively treat the wound infection. General anesthesia allows extensive debridement to be done without the patient suffering associated pain and trauma although postoperative pain is common. One advantage is that most debridement can be done in one procedure. Lasers may also be used for surgical debridement with pulsed lasers posing less risk to adjacent tissue than continuous lasers.

Question: 3

Which method of mechanical debridement may cause damage to granulation tissue and is generally contraindicated?

- A. Wet-to-dry dressings
- B. Whirlpool bath
- C. Irrigation under pressure
- D. Ultrasound treatment

Answer: A

Explanation:

In the past, wet-to-dry gauze dressings were frequently used for wound care, but wet-to-dry dressings have little use in current wound care unless the wound is very small, because the gauze adheres to the wound and can disrupt granulation or epithelization. While whirlpool bath may effectively cleanse debris from a wound, concerns about cross-infection have resulted in less frequent use. Ultrasound may effectively débride wounds. Irrigating a wound with pressurized solution can be effective if pressure remains in the optimal range (usually 8 to 12 psi).

Question: 4

Which of the following is a contraindication to negative pressure wound therapy?

- A. Chronic stage IV pressure ulcer
- B. Wound malignancy
- C. Unresponsive arterial ulcer
- D. Dehiscent surgical wound

Answer: B

Explanation:

Contraindications to negative pressure wound therapy (NPWT) include wound malignancy, untreated osteomyelitis, exposed blood vessels or organs, and nonenteric, unexplored fistulas. NPWT uses subatmospheric (negative) pressure with a suction unit and a semi-occlusive vapor-permeable dressing. The suction reduces periwound and interstitial edema, decompressing vessels, improving circulation, stimulating production of new cells, increasing rate of granulation and re-epithelization, and decreasing colonization of bacteria. NPWT is used for a variety of difficult-to-heal wounds, especially those that show less than 30% healing in four weeks of post-debridement treatment or those with excessive exudate.

Question: 5

Becaplermin (Regranex®) gel, a growth factor, is indicated for which type of wound?

- A. Venous stasis ulcer
- B. Pressure ulcer

- C. Sutured/stapled wound
- D. Diabetic ulcer

Answer: D

Explanation:

Becaplermin (Regranex®) gel is indicated for treatment of peripheral diabetic ulcers extending into subcutaneous tissue or deeper with adequate perfusion. Application follows debridement and usually about three weeks off-loading if healing is not adequate. Becaplermin is a growth factor derived from human platelets but is not approved for use with pressure ulcers and stasis ulcers and should not be used with closed (sutured/ stapled) wounds. Becaplermin is associated with increased risk of developing malignancy and increased risk of death from existing malignancy.

Question: 6

Burns to the hands that extend through the dermis with sloughing of outer layers of skin and extensive blistering are classified as



- A. first degree.
- B. second degree.
- C. third degree.
- D. full thickness.

Answer: B

Explanation:

This is a second-degree burn. Burns may be classified according to the degree of injury:

First degree: Superficial, affecting only the dermis, such as sunburn

Second degree: Extend through the dermis and involve blistering and sloughing of outer layers of skin

Third degree: Extend through the dermis into the underlying tissue

Burns, as well as other injuries, may also be classified as partial thickness (epidermis and into the dermis) and full thickness (through dermis into underlying tissue).

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