Pressure Ulcers eCourse: Module 5.2 – Quiz II

1.	What factors determine how often we should reposition an individual?
	a. Staff availabilityb. Patient health conditionc. Skin conditiond. Support surfaces
2.	It is safe to drag individuals across surfaces during transfer or repositioning. True False
3.	Patient variables that will influence the frequency of repositioning are:
	a. Tissue toleranceb. Activity and mobilityc. Medical conditiond. Ability to pay
4.	Cushions and other support surfaces should be used to redistribute pressure. True False
5.	We should put a pillow under calves to elevate and reduce pressure on the: a. Knees b. Legs c. Ankles d. Heels
6.	Education about the importance of repositioning should be offered to: a. Patient or resident b. Their families c. Significant others d. Care staff

7.	Patients with pressure ulcers should be encouraged and assisted to increase their activity and mobility.
	True False
8.	Which category of support surface does not require electricity?
	a. Static b. Dynamic c. Alternating pressure d. Low-air-loss e. Air-fluidized
9.	Which type of support surface contains chambers filled with air or water that periodically circulates to create alternating low- and high- pressure areas?
	a. Staticb. Alternating pressurec. Low-air-lossd. Air-fluidized
10.	The air-fluidized mattress is the best overall support surface to use for the treatment of pressure ulcers.
	True False
11.	Which type of support surface also circulates cool air to promote evaporation and temperature reduction?
	a. Staticb. Alternating pressurec. Low-air-losse. Air-fluidized
12.	Which support surface has a fluid-like surface that redistributes pressure on the skin, thereby helping prevent pressure ulcers and promote wound healing?
	a. Staticb. Alternating pressurec. Low-air-lossd. Air-fluidized

13.	selection of support surfaces used.
	True False
14.	Which support surfaces are the best for patients that are moderate to high risk for developing pressure ulcers, or who already have a full-thickness ulcer?
	a. Static b. Alternating pressure c. Low-air-loss d. Air-fluidized
15.	High specification foam was found to be a regular mattress in preventing pressure ulcers in moderate to high risk patients.
	a. More effective than b. Less effective than c. Similar to
16.	The term "envelopment" means the depth of penetration or sinking into a support surface.
	True False
17.	We need to take into account the ability of a support surface to control:
	a. Moisture b. Temperature c. Incontinence d. Friction e. Shear
18.	You should position off any areas that have Category / Stage III, IV or unstageable pressure ulcers.
	True False

19.	What should be done if a pressure ulcer deteriorates or fails to heal?	
	a. Re-evaluate ulcer and patient	

- b. Change interventions
- c. Change care staff
- d. Change support surface
- 20. Low-air-loss beds produce better healing of Category III and IV ulcers than do foam mattresses.

True False

- 21. What should be done with frequently seated patients with Stage I and II pressure ulcers?
 - a. Use a pressure-redistribution cushion
 - b. Position on deep tissue injury
 - c. Minimize seating time
 - d. Change surface if necessary

Answers to Module 5.2 - Quiz II

Q1 b,c,d False – Never drag – use transfer aids to reduce friction and shear on the patient's skin. Q2 Q3 a,b,c True Q4 Q5 d Q6 a,b,c,d Q7 True – But within the safe limits of any medical conditions. Q8 Q9 b False – Despite all the research done to date, we still cannot determine the most Q10 effective surface for prevention and treatment of pressure ulcers. Q11 С d Q12 Q13 True – This is because frequent manual repositioning may not be possible. Q14 b,c Q15 а Q16 False – "Envelopment" means the ability of a support surface to conform or fit around irregularities in the body; "immersion" means the depth of penetration or sinking into a support surface. Q17 a,b,d,e Q18 True – We need to keep the patient off these areas as much as possible. Q19 a,b,d Q20 True Q21 a,c,d