

 **COMPETENCY EXAM: WOUND CARE BASICS**

Facility Name: _____

Nurse Name: _____

Date: _____ **Score:** ____/10

Instructions: Circle the correct answer. Passing score is 8/10.

1. When measuring a wound using the "Clock Method," the length is measured from: A) Side to side (09:00 to 03:00) B) Head to Toe (12:00 to 06:00) C) The longest part of the wound regardless of direction D) Diagonally

2. You are assessing a pressure injury. You see full-thickness skin loss with visible subcutaneous fat, but NO bone, tendon, or muscle is exposed. How do you stage this? A) Stage 2 B) Stage 3 C) Stage 4 D) Unstageable

3. Which of the following is the "Golden Rule" for dressing selection? A) Always use wet-to-dry gauze for every wound. B) If the wound is wet, dry it; if the wound is dry, wet it. C) Put Betadine on everything to kill bacteria. D) Change the dressing every hour.

4. A patient has a "Venous Stasis Ulcer" with heavy drainage and swelling (edema) in the lower leg. What is the most critical component of healing this wound? A) Elevating the legs and applying Compression (if ordered). B) Hanging the legs off the side of the bed. C) Applying a heating pad. D) Leaving the wound open to air to dry out.

5. For an "Arterial Ulcer" (ischemic wound), which intervention could be harmful? A) Keeping the wound dry. B) Applying tight compression wraps. C) protecting the foot from trauma. D) Painting stable gangrene with Betadine.

6. You are treating a Skin Tear where the skin flap is still intact (Category 1). What should you do? A) Cut the flap off immediately. B) Gently roll the flap back over the wound to cover it. C) Scrub the wound vigorously. D) Apply strong adhesive tape directly over the flap.

7. Which of the following findings requires an IMMEDIATE call to Dr. Singh (do not wait for weekly rounds)? A) The wound measurements are the same as last week. B) The wound bed is pink and granulating. C) You can probe or see bone (Osteomyelitis risk). D) The surrounding skin is dry.

8. According to the "Singh Standard," who is responsible for entering Dr. Singh's verbal orders into the EMR? A) Dr. Singh enters them remotely. B) The facility Medical Director. C) The Nurse accompanying Dr. Singh during rounds (You). D) Admissions Coordinator.

9. When documenting a wound encounter, which statement provides the best liability protection for the facility? A) "Dressing changed." B) "Wound looks good." C) "Dr. Singh (MD) at bedside. Examined wound. Performed debridement. New orders received and RP notified." D) "Doctor visited."

10. Using the CEAP classification for Venous Disease, what does "C6" indicate? A) Spider veins. B) Simple ankle swelling. C) An active, open venous leg ulcer. D) Healed skin.

 **ANSWER KEY (For DON/Admin Use Only)**

1. **B** (Head to Toe / 12:00 to 06:00)
2. **B** (Stage 3 - Fat visible, no bone)
3. **B** (If wet, dry it; if dry, wet it)
4. **A** (Elevation and Compression manage the edema)
5. **B** (Compression cuts off blood flow in arterial wounds)
6. **B** (Roll the flap back - it acts as a biological dressing)
7. **C** (Bone exposure is a medical emergency/severe infection risk)
8. **C** (The Nurse must transcribe verbal/written orders immediately)
9. **C** (Detailed note proving MD presence and family notification)
10. **C** (Active Venous Ulcer)