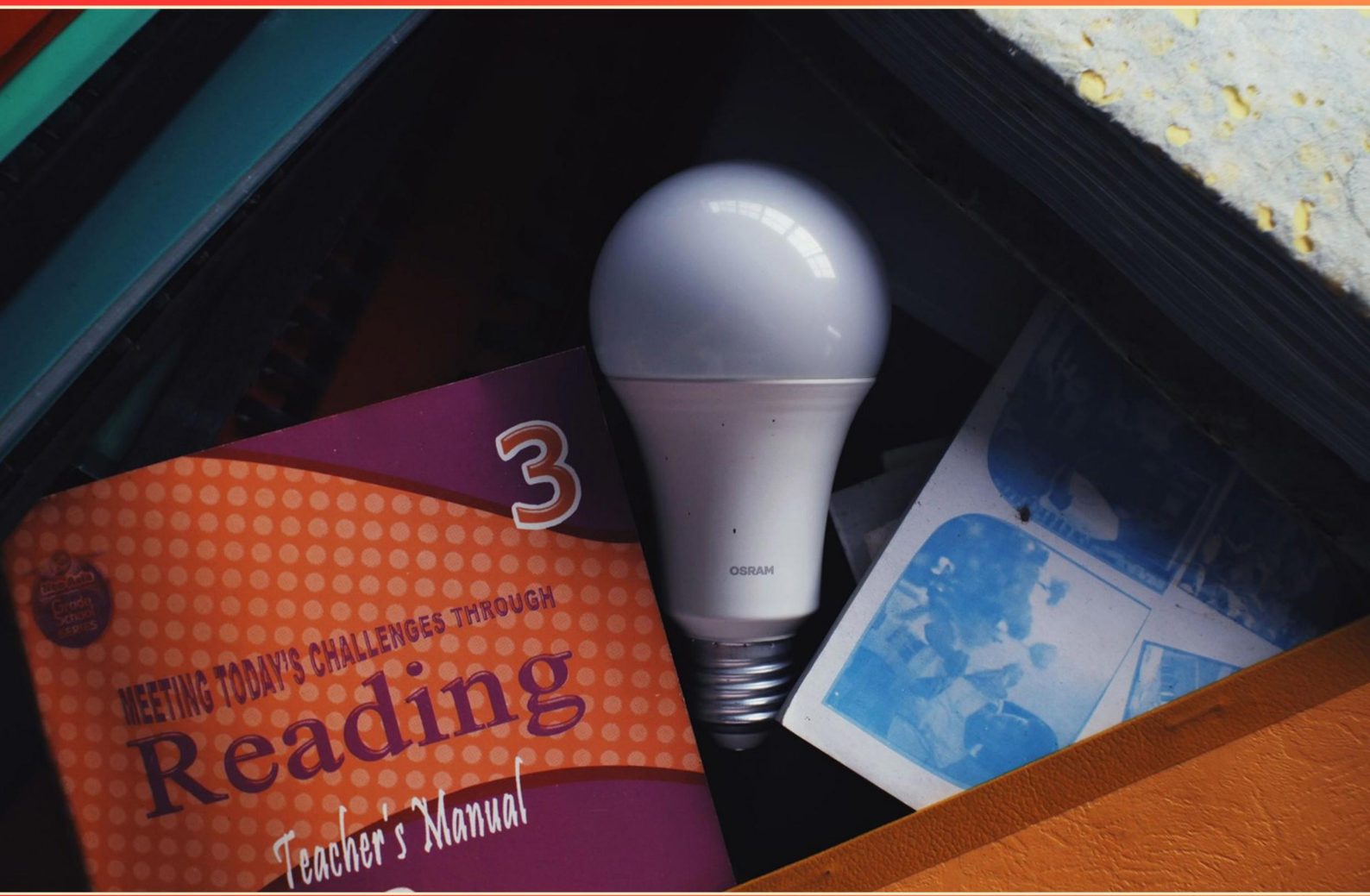
NCLEX MED SURG – BURNS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. What is the best nursing action to prevent cross-contamination when caring for a patient with exposed full-thickness burn wounds?

A. Use sterile gloves when removing old dressings

B. Wear gowns, caps, masks, and gloves during all patient care

C. Administer IV antibiotics to prevent bacterial colonization

D. Turn room temperature up to at least 70° F during dressing changes

2. In burn management, when is surgical intervention indicated?

A. When there is a need for excision of necrotic tissue or skin grafting

B. Only in cases of third-degree burns

C. When there is no improvement with conservative treatment

D. For all burn patients regardless of severity

3. Which nursing assessment best evaluates the effectiveness of esomeprazole for a burn patient?

A. Bowel sounds

B. Stool frequency

C. Abdominal distention

D. Stools for occult blood

4. What should a nurse expect regarding urine output in a patient with severe burns during the first 24-48 hours?

A. The amount of urine will increase during this period.

B. The amount of urine will be reduced in the first 24-48 hours.

C. Urine output will be highest immediately after the injury.

D. Urine output is expected to remain stable.

5. What is a key characteristic of a full-thickness burn?

A. Severe pain and blisters

B. No pain and waxy white skin

C. Redness and blanching with pressure

D. Minimal edema and pain

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6. What laboratory result would indicate reduced renal status in a patient who experienced a major burn?

A. Elevated creatinine clearance

B. Reduced glomerular filtration rate (GFR)

C. Decreased specific gravity

D. Reduced BUN level

7. What factors determine the severity of an electrical burn?

A. The patient's age and health.

B. Duration and type of current involved.

C. The location of the burn on the body.

D. The amount of skin affected by the burn.

8. What is a key nursing intervention during the acute phase of burn injury?

A. Monitoring for signs of infection

B. Administering pain medication

C. Assessing nutritional needs

D. Implementing physical therapy

9. What factor contributes to elevated specific gravity in burn patients post-injury?

A. Increased glomerular filtration rate.

B. Dehydration and reduced kidney perfusion.

C. Fluid overload due to IV administration.

D. Stable body fluid levels.

10. What is a common complication of extensive third-degree burns that nurses need to monitor?

A. Hypothermia

B. Hypertension

C. Hyperglycemia

D. Hypokalemia

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Answers

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1. B
2. A
3. D
4. B
5. B
6. B
7. B
8. A
9. B
10. A

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Explanations

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1. What is the best nursing action to prevent cross-contamination when caring for a patient with exposed full-thickness burn wounds?

A. Use sterile gloves when removing old dressings

B. Wear gowns, caps, masks, and gloves during all patient care

C. Administer IV antibiotics to prevent bacterial colonization

D. Turn room temperature up to at least 70° F during dressing changes

Wearing gowns, caps, masks, and gloves during all patient care is critical when treating a patient with exposed full-thickness burn wounds. This approach adheres to strict infection control protocols aimed at minimizing the risk of cross-contamination. Full-thickness burns are particularly vulnerable to infection due to the loss of the skin's natural barrier function and the presence of open wounds that can easily become contaminated with pathogens from the environment or caregivers. Using a comprehensive set of protective gear ensures that healthcare providers do not introduce bacteria from their clothing or skin into the wound area. This is especially important since patients with extensive burns have a compromised immunological response and are at heightened risk for infections, which can lead to severe complications such as sepsis. Although using sterile gloves when removing old dressings is important, it only addresses a part of the care process. Comprehensive protective measures, including garments that cover other potential sources of contamination, provide a higher level of safety for both the patient and the caregiver. Administering IV antibiotics might be necessary for treating existing infections but does not by itself prevent cross-contamination. Similarly, adjusting the room temperature might enhance patient comfort, yet it has no direct impact on preventing infections. Thus, the choice to wear complete protective equipment is the most

2. In burn management, when is surgical intervention indicated?

A. When there is a need for excision of necrotic tissue or skin grafting

B. Only in cases of third-degree burns

C. When there is no improvement with conservative treatment

D. For all burn patients regardless of severity

Surgical intervention in burn management is indicated primarily when there is a necessity for excision of necrotic tissue or skin grafting. Necrotic tissue, which is tissue that has died due to the severity of the burn, can lead to complications such as infection, delayed healing, and scarring. Excision of this tissue is critical to promote healing and prepare the wound bed for potential skin grafting. Skin grafting is often required for deeper burns, particularly third-degree burns, to restore skin integrity and functionality. While other options might suggest various situations for surgical intervention, they do not adequately capture the primary indications for surgery in burn treatment. For instance, while third-degree burns often require surgical intervention, not all cases do; superficial burns might heal well with conservative treatment. Surgical intervention is not universally indicated for all burn patients or solely based on lack of improvement with conservative treatment as each burn requires individualized assessment and management.

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3. Which nursing assessment best evaluates the effectiveness of esomeprazole for a burn patient?

A. Bowel sounds

B. Stool frequency

C. Abdominal distention

D. Stools for occult blood

To evaluate the effectiveness of esomeprazole in a burn patient, assessing stools for occult blood is particularly relevant. Esomeprazole is a proton pump inhibitor that reduces gastric acid secretion. In burn patients, gastric mucosal integrity is often compromised due to stress and potential implications of hypersecretion of gastric acid, leading to an increased risk of gastrointestinal bleeding. Testing stools for occult blood helps identify any underlying bleeding in the gastrointestinal tract, which can be a significant concern in this patient population. If esomeprazole is effective, the reduction of gastric acidity should help protect the gastric mucosa and reduce the instances of ulceration and potential bleeding. Therefore, the presence of occult blood in the stools would indicate that esomeprazole may not be effectively preventing or healing gastric ulcers, while a negative result would suggest that the medication is doing its job in protecting the gastrointestinal lining. Bowel sounds, stool frequency, and abdominal distention provide general information about gastrointestinal function but do not directly assess the effects of esomeprazole on gastric mucosal protection. Thus, evaluating stools for occult blood is the most pertinent assessment for determining the effectiveness of esomeprazole in this context.

4. What should a nurse expect regarding urine output in a patient with severe burns during the first 24-48 hours?

A. The amount of urine will increase during this period.

B. The amount of urine will be reduced in the first 24-48 hours.

C. Urine output will be highest immediately after the injury.

D. Urine output is expected to remain stable.

In the context of severe burns, patients typically experience reduced urine output during the first 24-48 hours due to several physiological responses to the injury. Initially, burns lead to a significant loss of intravascular volume as a result of fluid shift from the vascular space to interstitial tissues, primarily due to increased capillary permeability. This phenomenon is known as burn shock. As a result, the body activates compensatory mechanisms, such as the release of antidiuretic hormone (ADH) and aldosterone, attempting to conserve fluid and maintain blood pressure. During this time, renal perfusion is often compromised, which can lead to oliguria, or decreased urine output. This is a critical period where the kidneys may receive less blood flow, and thus, the urine volume is expected to be lower. The decreased urine output serves as an indicator of the body's response to a state of hypovolemia and potential shock. Monitoring urine output in burn patients is essential for assessing the adequacy of fluid resuscitation and renal function, making awareness of this initial decrease crucial for nursing care. Therefore, the expectation of reduced urine output aligns with the pathophysiological processes occurring in severe burn cases during this early post-injury phase.

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5. What is a key characteristic of a full-thickness burn?

A. Severe pain and blisters

B. No pain and waxy white skin

C. Redness and blanching with pressure

D. Minimal edema and pain

A key characteristic of a full-thickness burn is the presence of no pain and waxy white skin. This type of burn extends through the entire dermis and affects underlying tissues, resulting in damage to the nerve endings. As a result, individuals with a full-thickness burn may not experience pain in the burned area, which is a crucial aspect of this injury's severity. The skin may appear waxy, white, and leathery due to the destruction of the skin structures and the loss of blood supply to the area. This visual appearance, along with the lack of sensation, distinguishes full-thickness burns from superficial or partial-thickness burns, which would typically present with significant pain and blisters. Understanding these key characteristics is vital for assessing burn severity and determining appropriate treatment interventions.

6. What laboratory result would indicate reduced renal status in a patient who experienced a major burn?

A. Elevated creatinine clearance

B. Reduced glomerular filtration rate (GFR)

C. Decreased specific gravity

D. Reduced BUN level

A reduced glomerular filtration rate (GFR) is indicative of impaired kidney function, which is particularly relevant in the context of a major burn injury. In severe burns, the body experiences significant volume loss and alterations in blood flow, which can lead to acute kidney injury. The kidneys filter waste products from the blood, and as their function declines, the GFR decreases. This reduced GFR reflects the kidneys' decreased ability to clear waste effectively, resulting in the accumulation of waste products in the blood. In burn patients, factors such as shock, dehydration, and direct tissue damage can contribute to renal compromise, making the assessment of GFR vital for monitoring renal status. An elevated GFR would suggest adequate kidney function, while decreased levels would signify potential renal impairment. Thus, a reduced GFR is a critical indicator of declining renal status in the aftermath of a major burn, highlighting the kidneys' compromised ability to filter blood effectively.

7. What factors determine the severity of an electrical burn?

A. The patient's age and health.

B. Duration and type of current involved.

C. The location of the burn on the body.

D. The amount of skin affected by the burn.

The severity of an electrical burn is primarily determined by the duration and type of current involved. When assessing electrical burns, it's crucial to consider the path the electrical current takes through the body, the duration of exposure, and whether the current is alternating or direct. Alternating current can cause more significant damage because it can lead to prolonged muscle contractions, increasing the time the current passes through the body. The duration of exposure to the electrical source directly correlates to the extent of tissue damage. Longer exposure can lead to deeper tissue injuries, as the current generates heat that can harm internal structures, not just the skin. Other factors, such as the patient's age, health, location of the burn, and the amount of skin affected, can influence the overall impact and recovery process, but they do not directly determine the severity of the electrical injury in the same way that current flow and duration do. These secondary factors may affect healing and complications but are not the primary determinants of the initial severity of the burn itself.

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8. What is a key nursing intervention during the acute phase of burn injury?

A. Monitoring for signs of infection

B. Administering pain medication

C. Assessing nutritional needs

D. Implementing physical therapy

Monitoring for signs of infection is critical during the acute phase of burn injury because the skin plays a vital role in protecting the body against pathogens. When the skin is damaged, as in the case of burns, there is a significant risk of infection due to the loss of this barrier. During the acute phase, wounds may be open and healing can be compromised, creating an environment conducive to bacterial growth. Early detection of infections can prevent systemic complications, such as septicemia, which can be life-threatening. Nurses should monitor vital signs, observe the condition of the burn wound, assess for any change in discharge or odor, and check for signs such as increased fever or changes in mental status. Effective and timely intervention in combating infection can significantly impact the overall recovery and prognosis of patients with burn injuries. Other interventions, while important in their own right, are secondary to the immediate need for infection prevention during this critical phase. For example, administering pain medication is essential for comfort but does not address the risk of infection directly. Assessing nutritional needs and implementing physical therapy are supportive measures that can be prioritized after ensuring that the patient is stable and infection-free.

9. What factor contributes to elevated specific gravity in burn patients post-injury?

A. Increased glomerular filtration rate.

B. Dehydration and reduced kidney perfusion.

C. Fluid overload due to IV administration.

D. Stable body fluid levels.

In patients who have experienced burns, elevated specific gravity is primarily influenced by dehydration and reduced kidney perfusion. Following a significant burn injury, the body often undergoes a profound inflammatory response, leading to fluid loss through the compromised skin barrier. This loss can result in hypovolemia, which is characterized by a decrease in plasma volume. As dehydration sets in, the kidneys respond to conserve water, which increases the concentration of urine. This concentration is reflected in a higher specific gravity value. Reduced kidney perfusion occurs due to the overall decrease in circulating blood volume, making the kidneys less able to filter and excrete waste effectively. In contrast, increased glomerular filtration rate would typically indicate better kidney function and hydration status, leading to a lower specific gravity. Fluid overload from intravenous administration usually results in a dilutional effect, leading to a lower specific gravity as well. Lastly, stable body fluid levels would suggest normal hydration and kidney function, which would not contribute to elevated specific gravity.

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10. What is a common complication of extensive third-degree burns that nurses need to monitor?

A. Hypothermia

B. Hypertension

C. Hyperglycemia

D. Hypokalemia

A common complication of extensive third-degree burns that nurses need to monitor is hypothermia. Third-degree burns, which extend through the full thickness of the skin, result in the loss of skin's protective barrier and thermoregulation function. The skin plays a crucial role in maintaining body temperature by serving as an insulator and helping to regulate heat loss. When extensive areas of the skin are burned, the body's ability to retain heat is severely compromised, increasing the risk of hypothermia. This is particularly critical in burn patients, who may also be exposed to cold environments or may have undergone fluid resuscitation that can alter their temperature stability. Hypothermia can lead to further physiological complications and may impair wound healing, so ongoing monitoring and interventions to maintain normothermia are vital in the care of burn patients. Monitoring for other changes in metabolic status and serum levels, such as hyperglycemia due to stress response or electrolyte imbalances like hyperkalemia, is also essential, but the immediate risk associated with extensive third-degree burns and the disruption of body temperature regulation makes hypothermia a primary concern.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://nclexmedsurgburns.examzify.com

We wish you the very best on your exam journey. You've got this!

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