1. Which cleansing technique provides effective removal of bacteria and debris from the wound bed without damage to healing tissues?

a. Scrubbing and swabbing  
b. Whirlpool bath  
c. Irrigation  
d. Whirlpool soak

2. Autolytic debridement promotes in vivo digestion of necrotic tissue from the wound bed. Which of the following dressings is appropriate for this process?

a. Hydrocolloids  
b. Nonadherent pads  
c. Woven gauze  
d. Impregnated gauze strips

3. _______ and _______ are the preferred cleansing solutions for acute skin trauma.

a. Normal saline, potable tap water  
b. Normal saline, povidone-iodine  
c. Hydrogen peroxide, Betadine  
d. Povidone-iodine, potable tap water

4. Dressing changes are recommended with all of the following EXCEPT:

a. Leakage or strike-through of exudate through the dressing  
b. Desiccation of the wound bed  
c. Woven and nonwoven gauze remaining over the wound longer than one day
d. Accumulation of exudate under occlusive dressings

5. Which dressings are the most appropriate as primary dressings for partial- to full-thickness abrasions, avulsions, blisters, lacerations, and traumatic and postoperative incisions with adequate tissue approximation?

a. Woven and nonwoven gauze

b. Alginates, foams, and hydrocolloids

c. Nonadherent pads and adhesive strips and patches

d. Films, hydrogels, and dermal adhesives

6. What is the recommended pressure for the delivery of a solution to effectively cleanse the wound bed?

a. Between 2 and 4 pounds per square inch (psi)

b. Between 4 and 15 psi

c. Between 8 and 20 psi

d. Between 15 and 30 psi

7. Which of the following is TRUE regarding debridement techniques for acute skin trauma?

a. Chemical debridement using hydrogen peroxide can create an environment conducive for healing

b. Whirlpool baths and soaks are safe, rapid methods to remove devitalized tissue from the wound bed

c. Wet-to-dry debridement is selective in tissue removal and produces minimal pain and discomfort

d. If applicable, conservative sharp debridement can remove loosely adhering devitalized tissue on the wound bed
8. All but which of the following can reduce the risk of infection among acute skin trauma?
   a. Inspect the athlete, wound bed, and periwound tissues daily
   b. Utilize cleansing, debridement, and dressing techniques based on wound characteristics and patient needs
   c. Use systemic prophylactic antibiotics, through referral to a physician, for all acute skin trauma
   d. Apply topical antimicrobials for a limited period during the healing process

9. What can occur with the inappropriate use of nonocclusive dressings for acute skin trauma?
   a. Increase in rates of wound healing
   b. Decrease in rates of wound infection
   c. Increase in rates of wound desiccation
   d. Decrease in rates of wound pain

10. When should a patient with a partial- to full-thickness abrasion on the lower leg be referred to a physician for further evaluation?
    a. With the presence of moderate exudate initially over the wound bed
    b. With the presence of mild erythema initially in the periwound tissues
    c. With the presence of minimal debris initially in the wound bed
    d. With the presence of an increase in edema and drainage from the wound