Pressure Ulcer Knowledge Questionnaire

Circle the BEST answer:

1) Which statement(s) are true about pressure ulcers:
   a. They are localized areas of tissue damage
   b. They tend to occur at bony sites
   c. They are caused by prolonged pressure
   d. The patient/resident’s nutrition status affects the development of a pressure ulcer
   e. All of the above

2) Which sites are the most susceptible to pressure ulcer development
   a. Sacrum and heels
   b. Temporal (side) area of the head
   c. Soft tissue areas
   d. Abdominal area
   e. All of the above

3) Which of the following patients/residents would be considered most “at risk” to develop a pressure ulcer
   a. A healthy, active 22-year-old new mother
   b. A 28-year-old patient in a leg traction
   c. An immobile 65-year-old patient who has had a stroke
   d. A physically active 80-year-old nursing home resident
   e. None of the above
4) To prevent pressure ulcers from developing, which of the following steps should NOT be taken?
   a. Routinely observe high-risk bony skin areas
   b. Turn patient/residents only upon their request
   c. Minimize pressure
   d. Keep the skin dry and clean
   e. Depending on the patient/resident’s condition, encourage physical activity and a balanced diet

5) In a home health care agency, who should be actively involved in the reduction of a patient/resident’s pressure ulcer?
   a. Physician/ Nurse
   b. Home health/hospice aides
   c. Family members
   d. Dietitian/ therapist
   e. All of the above

6) A resident/patient is at risk for pressure ulcers when they are or have:
   a. Bed or chair bound (immobility)
   b. Poor nutritional status
   c. Moisture from urine and feces or wound drainage
   d. Sensory impairment (such as stroke or dementia)
   e. All of the above

7) A pressure ulcer can form in:
   a. Less than 2 hours
   b. 24 hours
   c. 3 days
   d. 1 week
   e. 2 weeks
8) Residents/patients are assessed for risk of pressure ulcers:
   a. On admission, and then routinely
   b. When there is a change in condition
   c. When we remember
   d. When the physician orders it
   e. a and b

9) According to best guidelines, residents and patients who are at risk of developing a pressure ulcer should be evaluated for which of the following:
   a. Minimizing pressure by repositioning every 2 hours
   b. Use of pressure reduction surfaces
   c. Nutritional status
   d. Incontinence
   e. All of the above

10) Which of the following repositioning techniques are key in preventing pressure:
   a. Turning residents/patients at least every two hours while in bed
   b. Repositioning residents/patients confined to a chair at least hourly
   c. Floating heels
   d. Padding between bony areas
   e. All of the above
Please circle “True” if you think the statement is true and “False” if you think the statement is false.

11) Over two million people develop pressure ulcers a year in the US
   True False

12) A pressure ulcer can lead to death
   True False

13) Donut devices or ring cushions help to prevent pressure ulcers
   True False

14) Obese patients/residents are rarely malnourished and therefore at lower risk of developing pressure ulcers
   True False

15) A daily bath or sponge bath will prevent pressure ulcers
   True False

16) Friction or shear may occur when sliding a person up in bed
   True False

17) A blister on a resident’s/patient’s heel is not a concern
   True False

18) Erythema or redness on any resident/patient that is nonblanchable should be documented/reported
   True False

19) Bony prominences (areas) should not have direct contact with one another
   True False

20) Massaging a bony prominence (area) promotes circulation and prevents pressure ulcers
   True False