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**Nursing**

# NAWCO-AWCC

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**Question: 1391**

A clinician is evaluating a patient with compromised blood flow due to peripheral vascular disease. Which assessment parameter should be prioritized to determine the severity of the patient's condition and its potential impact on wound healing?

- A. Serum albumin levels
- B. Capillary refill time
- C. Body Mass Index (BMI)
- D. Pain assessment scale

Answer: B

Explanation: Capillary refill time is a quick measure of blood flow and perfusion. Delayed capillary refill indicates poor blood circulation, which directly impacts wound healing capacity.

**Question: 1392**

During a clinical trial on a novel wound care treatment, the researchers discover unexpected adverse effects in a subset of participants. What is the most appropriate action for the researchers to take regarding the dissemination of these findings?

- A. Wait until the trial is completed to report the findings
- B. Discuss the findings only with the participants affected
- C. Publish the findings without consulting the IRB
- D. Immediately inform the IRB and halt the trial

Answer: D

Explanation: Immediate reporting to the IRB is crucial to ensure participant safety and ethical standards, allowing for a reassessment of the trial's risk-benefit ratio.

**Question: 1393**

A nurse is educating a patient about the use of hydrocolloid dressings for their wound management. Which statement should the nurse include to ensure proper understanding of the dressing's function?

- A. Hydrocolloids are used exclusively for dry wounds.
- B. Hydrocolloids should be changed daily.
- C. Hydrocolloids promote a moist environment that aids in healing.
- D. Hydrocolloids do not allow for gas exchange.

Answer: C

Explanation: Hydrocolloid dressings promote a moist environment, which is beneficial for wound healing, contradicting the notion that they are only for dry wounds.

### Question: 1394

In assessing a wound, you observe a 3 cm x 5 cm ulcer with a yellow slough covering the wound bed. The edges are well-defined, and there is a slight odor. What does the presence of yellow slough indicate regarding the healing process?

- A. Infection or necrosis
- B. Granulation tissue formation
- C. Healthy epithelial migration
- D. Dry wound environment

Answer: A

Explanation: Yellow slough often indicates necrotic tissue or infection, which can hinder the healing process and must be addressed in the treatment plan.

### Question: 1395

A patient with a chronic venous ulcer has been treated with compression therapy for several weeks, but the wound has not progressed toward healing. What additional treatment should be considered to optimize the healing process?

- A. Introduction of a topical antiseptic to prevent infection
- B. Change to a hydrogel dressing to maintain moisture
- C. Assessment of venous function and potential surgical intervention
- D. Increase in the frequency of dressing changes

Answer: C

Explanation: Assessing venous function and considering surgical interventions, such as vein stripping or endovenous laser therapy, may be necessary when chronic venous ulcers do not respond to conservative management like compression therapy.

**Question: 1396**

In the selection of appropriate pressure redistribution strategies for a patient with a complex medical history and multiple comorbidities, how does the use of lateral rotation beds contribute to overall patient care?

- A. By reducing the risk of aspiration
- B. By enhancing mobility
- C. By providing continuous pressure relief
- D. By improving patient comfort

Answer: C

Explanation: Lateral rotation beds provide continuous pressure relief by periodically redistributing weight, which is essential for patients with complex medical histories at high risk for pressure ulcers.

**Question: 1397**

A post-operative patient develops a hematoma at the incision site. Which of the following symptoms would most likely indicate that this hematoma is evolving into a more serious complication?

- A. Localized swelling and bruising
- B. Persistent pain at the site
- C. Fever and increased heart rate
- D. Minimal drainage from the incision

Answer: C

Explanation: The combination of fever and increased heart rate suggests a potential systemic infection or complications arising from the hematoma, necessitating prompt assessment.

**Question: 1398**

During a wound care meeting, a discussion arises about the use of alginates in managing wounds with heavy exudate. What critical aspect of alginates makes them particularly effective in such scenarios?

- A. They are non-adherent.
- B. They absorb moisture and gel upon contact with exudate.
- C. They provide a cooling effect.
- D. They enhance granulation tissue formation.

Answer: B

Explanation: Alginates absorb moisture and form a gel when in contact with exudate, which is effective for managing wounds with heavy drainage.

**Question: 1399**

A patient from a different cultural background refuses a standard wound care treatment due to personal beliefs. As a clinician, what is the best approach to respect the patient's preferences while ensuring appropriate care?

- A. Provide alternative treatment options that align with their beliefs
- B. Insist on the treatment for the patient's well-being
- C. Document the refusal and proceed with the standard care
- D. Refer the patient to another clinician without further discussion

Answer: A

Explanation: Offering alternative treatment options shows respect for the patient's cultural beliefs and preferences while still aiming to provide effective wound care.

**Question: 1400**

A patient with a long-standing ulcer has been prescribed several medications. Which aspect of the medication history is critical to explore to understand its effects on wound healing?

- A. Dosage frequency
- B. Duration of each medication
- C. Side effects experienced
- D. Drug interactions

Answer: D

Explanation: Understanding potential drug interactions is vital as they can adversely affect wound healing or the effectiveness of prescribed treatments.

**Question: 1401**

In a scenario where a patient's religious beliefs oppose certain medical treatments for wound care, what is the clinician's best approach to ensure ethical practice?

- A. Educate the patient on the importance of the treatment
- B. Collaborate with the patient to find compatible treatment options
- C. Dismiss the beliefs if they contradict medical advice
- D. Document the beliefs and proceed with the recommended treatment

Answer: B

Explanation: Collaborating with the patient respects their religious beliefs while finding a treatment that aligns with both the patient's values and medical needs.

**Question: 1402**

A patient with a recent history of surgery has a blood sugar level of 140 mg/dL postoperatively. What is the most appropriate action regarding their management?

- A. Initiate insulin therapy
- B. No action needed
- C. Increase oral hypoglycemics
- D. Monitor blood sugar levels only

Answer: A

Explanation: A blood sugar level of 140 mg/dL postoperatively may warrant insulin therapy to ensure



optimal glycemic control and promote healing.

**Question: 1403**

Which aspect of patient education is crucial for promoting adherence to a wound care regimen, particularly in patients with chronic wounds?

- A. The aesthetic benefits of healing
- B. The importance of regular follow-ups
- C. Clear instructions on dressing changes and signs of infection
- D. The role of family support in healing

Answer: C

Explanation: Clear instructions on dressing changes and recognizing signs of infection are essential for promoting adherence to the wound care regimen and preventing complications.

**Question: 1404**

Which of the following factors is likely to exacerbate the impact of smoking on wound healing in diabetic patients?

- A. Poor glycemic control
- B. High protein diet
- C. Regular exercise
- D. Adequate hydration

Answer: A

Explanation: Poor glycemic control in diabetic patients can exacerbate the negative effects of smoking on wound healing, further impairing vascular and immune responses.

**Question: 1405**

What is the primary advantage of utilizing negative pressure therapy in the treatment of complex wounds, especially in terms of tissue management?

- A. Rapid closure of the wound
- B. Enhanced patient comfort
- C. Decreased need for dressing changes
- D. Promotion of granulation tissue

Answer: D

Explanation: The primary advantage of negative pressure therapy is its ability to promote granulation tissue formation, which is essential for wound healing.

### Question: 1406

When considering adjunctive therapies for a patient with a non-healing pressure ulcer, which option would be least effective in addressing the underlying pathology?

- A. Surgical intervention
- B. Edema management through pumps
- C. Hyperbaric oxygen therapy
- D. Total contact casting

Answer: D

Explanation: Total contact casting is primarily effective for diabetic foot ulcers with pressure points and is not suitable for pressure ulcers where the primary issue is pressure relief rather than offloading.

### Question: 1407

During wound assessment, determining the presence of tunneling is crucial. What is the best approach to assess for tunneling accurately?

- A. Using a cotton swab to explore the wound edges
- B. Visual inspection alone
- C. Relying on patient feedback regarding pain
- D. Measuring the wound only in two dimensions

Answer: A

Explanation: Using a cotton swab to gently explore the wound edges allows for accurate detection of



tunneling, which may not be visible through visual inspection alone.

**Question: 1408**

The application of alginate dressings in wound care presents unique advantages. However, what is a potential limitation of using alginates on dry, eschar-covered wounds?

- A. They promote excessive moisture loss.
- B. They can cause maceration of surrounding skin.
- C. They can lead to wound desiccation.
- D. They may not adhere adequately to the wound bed.

Answer: C

Explanation: Alginates are not suitable for dry, eschar-covered wounds as they may draw moisture away from the wound, leading to desiccation and hindered healing.

**Question: 1409**

A 74-year-old female with a stage II pressure ulcer reports a recent decline in appetite and increased fatigue. Which assessment would provide the most relevant information regarding her nutritional status?

- A. Comprehensive metabolic panel
- B. 3-day food diary
- C. Mini Nutritional Assessment (MNA)
- D. Body composition analysis

Answer: C

Explanation: The Mini Nutritional Assessment is specifically designed to identify malnutrition risk in the elderly and would provide relevant insights.

**Question: 1410**

A patient with a sacral ulcer reports significant discomfort when sitting for long periods. Which extrinsic factor should the nurse address to promote healing and prevent further tissue damage?

- A. Medication review
- B. Patient education on repositioning
- C. Dietary modifications
- D. Increased fluid intake

Answer: B

Explanation: Educating the patient on the importance of regular repositioning is vital in preventing further pressure damage and promoting healing of the sacral ulcer.

**Question: 1411**

Which of the following factors should be closely monitored in patients with chronic wounds to evaluate the potential impact of external moisture on healing?

- A. The type of wound dressing used
- B. The wound's exudate characteristics
- C. The patient's dietary habits
- D. The patient's pain levels

Answer: B

Explanation: Monitoring the characteristics of wound exudate helps assess moisture levels and determine the appropriate management strategy to prevent complications such as maceration.

**Question: 1412**

What is a common clinical sign that indicates increased bio-burden in a wound?

- A. Bright red granulation tissue
- B. Healthy keratinocyte migration
- C. Decreased wound size
- D. Presence of purulent drainage

Answer: D

Explanation: The presence of purulent drainage is a common clinical sign of increased bio-burden, indicating potential infection that could complicate healing.

**Question: 1413**

What role does ethical consideration play in the management of patients who have advanced directives regarding their wound care?

- A. It requires healthcare providers to respect and adhere to the patient's wishes as outlined in their advance directives
- B. It allows healthcare providers to override patient preferences if they believe it's in the patient's best interest
- C. It is secondary to medical necessity and urgency of treatment
- D. It is only relevant in end-of-life care scenarios

Answer: A

Explanation: Ethical principles dictate that healthcare providers must honor advance directives and respect patients' preferences regarding their care.

**Question: 1414**

During a research study, a participant withdraws consent after experiencing discomfort with a wound care procedure. What is the researcher's ethical obligation in this situation?

- A. Respect the participant's decision and discontinue their involvement
- B. Attempt to persuade the participant to continue
- C. Document the discomfort but continue the study with the remaining participants
- D. Report the participant's withdrawal to the funding agency

Answer: A

Explanation: Respecting the participant's decision to withdraw consent is a fundamental ethical obligation, ensuring their autonomy and comfort are prioritized.



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