

K **Knowledge test** **Pressure injuries in adult** **patients in intensive care**



1. Socio-demographic data

Country:

Gender

- Men woman other/x

Age

- 21 - 30 year 31 - 40 year 41 - 50 year >50 year

Employment status

- Halftime part time fulltime

How long have you been working as a nurse?

- <1 year 1 - 5 year 6 - 10 year > 10 year

How long have you been working as an ICU nurse?

- <1 year 1 - 5 year 6 - 10 year > 10 year

Do you have a post-graduate degree in intensive care or a comparable ICU-specific professional qualification?

- Yes No

Type of ICU

Surgical ICU, more specifically:

- cardiac surgery trauma burn center transplant
 mixed surgical ICU

Medical ICU, more specifically:

- cardiovascular coronary neurologic respiratory
 mixed medical ICU

Mixed medical/surgical ICU

Other type of ICU, more specifically

Type of hospital (1)

- University center Non-university center

Type of hospital (2)

- Private hospital Public hospital

How long ago was your last training on pressure injuries?

- < 6 months 6 months–1 year 1–5 years > 5 years never followed

Have you participated in a study on pressure injuries in the past six months?

- Yes No

Is there a pressure injury prevention protocol in your ICU?

- Yes No

K 2. Knowledge test

A. Epidemiology

1. Which parts of the body are most affected by pressure injuries in ICU patients?
 - Sacral region, heels and hips.
 - Sacral region, heels, and shoulder blades.
 - Sacral region, heels, and ears.
 - I am not sure.
 2. The prevalence of pressure injuries in ICU, including Stage 1, is.....
 - 5% - 15%
 - 16% - 25%
 - > 25%
 - I am not sure.
 3. In ICU patients, what percentage of all pressure injuries are located at the sacral region?
 - 1% - 24%
 - 25% - 50%
 - 51% - 75%
 - I am not sure
-

B. Etiology

4. What are pressure injuries?
 - Damage to the skin and/ or the underlying tissue due to pressure and/ or shearing forces.
 - Damage to the skin and/or the underlying tissue due to pressure and/ or shearing forces or chronic exposure to friction.
 - Damage to the skin and/ or underlying tissue due to pressure and/ or shearing forces or to chronic exposure to urine and/or faeces.
 - I am not sure.
5. A direct cause of pressure injuries is.....
 - Skin maceration.
 - Oxygen deficiency in the tissues.
 - Protein deficiency.
 - I am not sure.

6. A mechanically ventilated patient in semi-fowler position slides down the bed. Which statement is correct?
- Pressure increases, causing the skin to stick to the mattress.
 - Friction increases, causing the skin to stick to the mattress.
 - Shear increases, causing the skin to stick to the mattress.
 - I am not sure.
-

C. Prevention

7. How often should ICU patients be repositioned to prevent pressure injuries?
- Every 2 hours.
 - Every 3 hours.
 - There is no general recommendation.
 - I am not sure.
8. Which mattress is recommended for pressure injury prevention in high-risk patients?
- Alternating mattress.
 - Low-airloss mattress.
 - There is no general recommendation.
 - I am not sure.
9. What measure is recommended to prevent pressure injuries on the heels?
- Specific heel prevention is unnecessary in case of adequate repositioning.
 - A foam cushion under the heels.
 - Floating heels.
 - I am not sure.
-

D. Classification

10. What is this?



- Stage I pressure injury.
- Stage II pressure injury.
- Stage III pressure injury.
- Stage IV pressure injury.
- Unstageable pressure injury.
- Suspected Deep Tissue Injury.
- This is not a pressure injury.
- I am not sure.

11. What is this?



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14. Pressure injuries limited to the dermis are classified as ...

- Stage I pressure injury.
- Stage II pressure injury.
- Stage III pressure injury.
- Stage IV pressure injury.
- Unstageable pressure injury.
- Suspected Deep Tissue Injury.
- I am not sure.

E. Risk factors and risk assessment

15. There is a strong association between the presence of non-blanchable erythema and the development of additional pressure injuries.

- This is correct for all patients.
- This is only correct for patients on vasopressors.
- This is not correct.
- I am not sure.

16. In ICU patients, medical device-related pressure injuries are mainly caused by ...

- Non-invasive mask ventilation.
- Nasal oxygen delivery.
- Oral endotracheal intubation.
- I am not sure.

17. In decisions regarding the choice of preventive measures, the outcome of a risk assessment scale is...
- decisive; the outcome of the scale determines the measures.
 - indicative; the outcome of the scale together with the clinical context determine the measures.
 - negligible; the outcome of the scale is purely informative.
 - I am not sure.
18. Compared to fair-skinned patients, the literature reports fewer Stage I pressure injuries in dark-skinned patients because in dark-skinned patients these injuries....
- occur less quickly.
 - are less quickly detected.
 - progress more quickly to a deeper injury.
 - I am not sure
19. Of 100 ICU patients with the worst possible score on a pressure injury risk assessment scale, 95% effectively have a pressure injury.
- This is correct.
 - This is only correct for mechanically ventilated patients.
 - This is not correct.
 - I am not sure.
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F. Wound care

20. The application of soft multilayer silicone foam dressings to areas at risk of developing a pressure injury is ...
- recommended as soon as a patient is admitted to the ward.
 - recommended as soon as non-blanchable erythema is detected.
 - not recommended because these dressings exert extra pressure.
 - I am not sure
21. Debriding a hard, black necrotic crust on the heel is....
- always recommended.
 - recommended if local infection is suspected.
 - never recommended.
 - I am not sure.
22. In Stage II pressure injuries with delayed healing, use of a local antiseptic is.....
- always recommended.

- recommended in case of clinical signs of infection.
 - never recommended.
 - I am not sure.
-

G. Skin care

23. What type of skin cleanser is recommended to maintain skin integrity?

- Alkaline cleansers
- pH-neutral cleansers.
- Acidic cleansers.
- I am not sure.

24. Vigorously rubbing skin at risk for pressure injury after applying a moisturizer is

...

- Recommended as it enhances blood flow.
- Recommended as tis enhances infiltration of the product in the skin.
- Not recommended as it has the potential to damage tissue.
- I am not sure.