Wound Care Certification Review #3
Assess Nutritional Status

1. A patient presents with delayed wound healing and a serum albumin level of 2.5 g/dL. Which interpretation is most accurate?
A. The patient is well-nourished
B. The patient may have chronic malnutrition or inflammation
C. The albumin level reflects recent dietary intake
D. The patient likely has adequate protein stores

2. Which laboratory marker best reflects acute changes in nutritional status?
A. Hemoglobin
B. Albumin
C. Prealbumin
D. Transferrin

3. A BMI of 17.2 kg/m² indicates:
A. Normal weight
B. Underweight
C. Overweight
D. Obese

4. A patient with a hemoglobin A1C (HbA1C) of 9.0% is at increased risk for:
A. Delayed wound healing and infection
B. Rapid epithelialization
C. Overhydration
D. Dehydration

5. Which of the following findings most strongly suggests protein-calorie malnutrition?
A. BMI = 24, albumin = 4.2 g/dL
B. BMI = 30, prealbumin = 9 mg/dL
C. BMI = 22, prealbumin = 22 mg/dL
D. BMI = 18, albumin = 3.6 g/dL

6. In assessing a patient's hydration status, which clinical sign is most reliable?
A. Dry lips
B. Decreased skin turgor
C. Urine specific gravity
D. Sunken eyes

©Copyright Network4Learning, inc., 2026

7. A wound care nurse suspects malnutrition in an elderly patient. What initial step is most appropriate?
A. Begin oral nutrition supplements immediately
B. Refer for laboratory testing without further assessment
C. Conduct a nutritional screening including dietary intake, BMI, and lab review
D. Begin IV fluid therapy

8. When evaluating swallow ability in a patient with suspected dysphagia, which professional should the wound care nurse consult?
A. Occupational therapist
B. Dietitian
C. Speech-language pathologist
D. Respiratory therapist

9. Which laboratory result is most consistent with inflammation rather than malnutrition?
A. Albumin = 2.8 g/dL
B. Prealbumin = 18 mg/dL
C. C-reactive protein (CRP) = 12 mg/L
D. Transferrin = 300 mg/dL

10. Which intervention best addresses socioeconomic barriers affecting wound healing?
A. Increase protein supplements
B. Refer the patient to a social worker for resource support
C. Provide vitamin C tablets
D. Limit home visits to once weekly

11. Which statement about BMI interpretation is most accurate for older adults?
A. BMI is always a reliable indicator of body composition
B. Low BMI may underestimate fat stores due to sarcopenia
C. High BMI always reflects overnutrition
D. BMI should be ignored in elderly patients

12. The nurse notes that a patient has an elevated BUN and serum sodium. What is the most likely cause?
A. Iron-deficiency anemia
B. Dehydration
C. Malnutrition
D. Liver disease

13. A patient consumes adequate calories but insufficient protein. Which wound complication is most likely?
A. Excess granulation tissue
B. Decreased collagen synthesis and tensile strength
C. Rapid epithelialization
D. Reduced wound exudate

©Copyright Network4Learning, inc., 2026 Network4Learning.org

14. In evaluating a patient's nutrition, the nurse learns the patient lives alone and has difficulty chewing solid foods. Which next step is most appropriate?
A. Recommend a high-fiber diet
B. Assess for dental problems and refer to a dietitian
C. Begin enteral feedings
D. Restrict oral intake

15. Which laboratory test is most useful to monitor the effectiveness of nutritional interventions over a short period?
A. Prealbumin
B. Albumin
C. Total lymphocyte count
D. Hematocrit

©Copyright Network4Learning, inc., 2026 Network4Learning.org

Answer Key and Expanded Explanations

1. B Albumin <3.5 g/dL suggests chronic protein deficiency or systemic inflammation. It changes slowly because of its long half-life (around 20 days). While low albumin correlates with poor wound healing, it does not reflect acute nutritional intake. Chronic illness, infection, or liver dysfunction can all lower albumin.
2. C Prealbumin (transthyretin) has a short half-life (2–3 days) and rises quickly when nutritional intake improves. It's a sensitive marker for acute protein status, unlike albumin or transferrin which reflect more chronic changes.
3. B A BMI under 18.5 kg/m² is classified as underweight and correlates with higher risk of pressure injury, muscle wasting, and delayed wound healing.
4. A An HbA1C of 9% indicates chronic hyperglycemia. Elevated glucose impairs leukocyte function, increases infection risk, and delays collagen deposition, all of which contribute to poor wound healing.
5. B A prealbumin of 9 mg/dL (normal: 16–35 mg/dL) indicates protein-calorie malnutrition even if the BMI is high. Obese individuals may still be malnourished in terms of protein, affecting wound repair and immunity.
6. C Urine specific gravity (>1.030) is a quantitative measure of hydration status. Clinical signs like dry lips or poor turgor are nonspecific and can vary by age and environment.
7. C A complete nutritional screening includes review of BMI, dietary intake, labs (albumin, prealbumin, CRP), and physical findings (muscle mass, edema). Interventions should be based on objective findings and interdisciplinary input.
8. C Speech-language pathologists (SLPs) evaluate swallowing mechanics and aspiration risk. Dysphagia can lead to poor nutrition and dehydration, contributing to delayed wound healing and aspiration pneumonia.
9. C Elevated CRP (>10 mg/L) indicates inflammation. Inflammatory states lower albumin and prealbumin levels regardless of nutrition, due to increased capillary permeability and altered hepatic protein synthesis.
10. B Socioeconomic barriers—such as food insecurity or lack of transportation—directly affect a patient's ability to maintain a healing diet. A social worker can connect the patient with meal assistance, SNAP benefits, or local resources.
11. B Older adults may lose muscle mass (sarcopenia) and bone density even with a "normal" or slightly elevated BMI. Thus, BMI can underestimate malnutrition risk in the elderly; physical and dietary assessments are also needed.
12. B Elevated BUN and sodium commonly occur with dehydration, which thickens wound exudate and delays healing. Adequate hydration supports perfusion, oxygen delivery, and nutrient transport to wound tissues.
13. B Protein deficiency leads to decreased collagen synthesis, impaired fibroblast proliferation, and weak wound tensile strength. Even if calories are sufficient, protein-specific deficits delay granulation and reepithelialization.
14. B Dental or mastication issues can limit intake of protein-rich foods. Referral to a dietitian ensures texture-modified, high-protein options are provided to maintain nutrition while preventing aspiration.
15. A Prealbumin rises or falls rapidly with changes in protein intake, making it ideal for short-term monitoring (2–3 days). Albumin changes too slowly, and total lymphocyte count or hematocrit are nonspecific for nutrition.

©Copyright Network4Learning, inc., 2026