Wound Care Certification Review #4
Assess A Patient's Psychosocial History

1. When performing a psychosocial assessment, which question best evaluates a patient's support system?
A. "Do you have a visiting nurse?"
B. "Who helps you with your wound care at home?"
C. "Do you live in a one-story or two-story home?"
D. "How long have you had this wound?"

2. A 68-year-old man with diabetic foot ulcers expresses hopelessness about healing and frequently misses appointments. The wound nurse should first:
A. Increase the frequency of wound dressing changes
B. Provide patient education about offloading devices
C. Assess for depression and barriers to self-care
D. Notify the primary care provider to start antibiotics

3. A wound care nurse asks a patient, "What is your daily routine like?" This question primarily helps assess:
A. Wound etiology
B. Activity level and lifestyle factors
C. Nutritional status
D. Coping mechanisms

4. A 56-year-old construction worker has a chronic venous leg ulcer. Which occupational factor most likely contributes to poor healing?
A. Sedentary work environment
B. Standing for prolonged periods
C. Air-conditioned workspace
D. Frequent exposure to sunlight

5. A patient reports that due to religious beliefs, they cannot receive blood transfusions. How should the wound nurse respond?
A. Document the patient's refusal and notify the provider
B. Attempt to persuade the patient to reconsider
C. Omit documenting to maintain confidentiality
D. Schedule a chaplain visit before continuing care

6. When assessing a patient's living status, the wound care nurse should focus on:
A. Financial ability to afford dressings
B. Whether the patient has stairs or accessibility barriers
C. The wound's level of exudate
D. The frequency of prior hospitalizations

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7. A patient identifies as nonbinary and prefers they/them pronouns. The wound care clinician's best response is to:
A. Avoid using pronouns altogether
B. Use the patient's preferred pronouns consistently
C. Continue using "he/she" based on appearance
D. Document gender identity only in the social history

8. A 73-year-old woman living in an assisted living facility has an unstageable sacral ulcer. She reports loneliness and loss of interest in group activities. Which psychosocial factor is most relevant?
A. Environmental barriers
B. Nutritional status
C. Social isolation and depression
D. Cultural food preferences

9. During psychosocial assessment, which of the following is the most appropriate open-ended question?
A. "Are you married?"
B. "Do you live alone?"
C. "How do you feel your wound affects your daily life?"
D. "Do you have insurance coverage for supplies?"

10. A patient with a large diabetic foot ulcer expresses guilt and shame over their condition, saying, "I did this to myself." The nurse's best response is:
A. "You shouldn't feel that way."
B. "Let's talk about how you've been managing your diabetes."
C. "That's not true; you're not to blame."
D. "Try to stay positive."

11. Which environmental factor would most likely impair wound healing in a patient living at home?
A. Poor lighting in the home
B. Inadequate temperature control and hygiene
C. Frequent visitors
D. Access to medical supplies

12. A wound nurse is assessing a homeless patient with a chronic wound. The most immediate psychosocial concern is:
A. Limited transportation to follow-up appointments
B. Lack of refrigeration for medications
C. Absence of sterile wound care supplies
D. Lack of a safe and clean environment for wound care

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13. Which statement best describes a holistic psychosocial assessment?
A. It focuses solely on the patient's emotional state.
B. It includes physical, psychological, cultural, social, and environmental factors.
C. It excludes family input to maintain confidentiality.
D. It emphasizes financial resources over lifestyle factors.

14. When evaluating a patient's cultural background, the most important nursing consideration is to:
A. Assume traditional cultural values apply
B. Identify individual beliefs that may affect wound care
C. Avoid discussing culture to prevent bias
D. Document only ethnicity and language preference

15. A wound care nurse learns that a patient's spouse refuses to help with dressing changes due to the odor. What is the best nursing intervention?
A. Report the spouse to Adult Protective Services
B. Offer odor-control products and explore alternative supports
C. Discharge the patient to a skilled nursing facility
D. Document the spouse's refusal and take no further action

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Answer Key & Explanations

1. B – Asking who helps with wound care identifies the strength of the patient's social support network, a core part of psychosocial assessment.
2. C – Nonadherence and hopelessness may reflect depression or lack of support; addressing these psychosocial barriers improves outcomes.
3. B – The daily routine reveals activity level, mobility, and potential contributors to wound healing or breakdown.
4. B – Prolonged standing increases venous pressure and edema, slowing venous ulcer healing.
5. A – The nurse should respect religious beliefs, document refusal, and inform the provider to ensure alternative plans are made.
6. B – Living status assessment includes accessibility (stairs, bathroom access) that may affect wound care performance.
7. B – Using correct pronouns demonstrates cultural and psychosocial sensitivity, fostering trust and respect.
8. C – Social isolation and depression significantly affect wound healing and engagement in care.
9. C – Open-ended questions allow the patient to express feelings and coping behaviors, essential to holistic care.
10. B – Redirecting guilt into a discussion of self-management encourages reflection and collaborative problem-solving.
11. B – Inadequate environmental hygiene and temperature control can directly impair wound healing.
12. D – The absence of a clean environment is the most urgent issue, as it increases infection risk and complicates wound care.
13. B – A holistic psychosocial assessment integrates all relevant domains — physical, emotional, cultural, environmental, and social.
14. B – Cultural assessments must focus on the individual's unique beliefs and practices, not generalizations.
15. B – Addressing odor concerns and identifying alternative support maintains dignity and continuity of care.

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