Wound Care Certification Review #6
Conduct Risk Assessments

1. Which risk assessment tool is most commonly used in adult populations to predict pressure injury risk?
A. Braden Scale
B. Norton Scale
C. Braden Q Scale
D. PUSH Tool

2. The Braden Scale evaluates six subscales. Which of the following is not one of them?
A. Sensory perception
B. Moisture
C. Friction and shear
D. Wound exudate

3. A patient scores a 12 on the Braden Scale. How would this score be interpreted?
A. No risk
B. Mild risk
C. Moderate risk
D. High risk

4. The Braden Q Scale is specifically designed to assess risk in which population?
A. Adults in acute care
B. Pediatric and neonatal patients
C. Postoperative orthopedic patients
D. Home care patients

5. The Norton Scale includes which of the following parameters?
A. Activity, mobility, moisture, nutrition, friction
B. Physical condition, mental condition, activity, mobility, incontinence
C. Sensory perception, moisture, activity, friction, shear
D. Perfusion, oxygenation, and nutrition

6. When using the Braden QD Scale, the “QD” indicates the tool is designed for:
A. Quadriplegic adults
B. Quick-diagnostic use in home care
C. Acute care patients of all ages
D. Pediatric and adult ICU patients

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7. In the Wagner Ulcer Classification System, a grade 3 ulcer typically involves:
A. Superficial ulcer limited to the dermis
B. Ulcer with deep abscess or osteomyelitis
C. Ulcer with gangrene of the forefoot
D. Partial-thickness ulcer with infection

8. According to the Texas University Diabetic Foot Classification, a wound with infection but no ischemia is classified as:
A. Grade 0, Stage A
B. Grade 1, Stage D
C. Stage B
D. Stage C

9. A Braden Scale score of 9 or less represents which level of risk for pressure injury?
A. Mild
B. Moderate
C. High
D. Severe

10. When should a risk assessment tool such as the Braden Scale be re-administered in the inpatient setting?
A. Only on admission
B. Every 72 hours regardless of condition
C. At admission, upon change in condition, and per facility policy
D. Weekly only

11. Which factor is weighted most heavily in predicting pressure injury risk using the Braden Scale?
A. Friction and shear
B. Nutrition
C. Sensory perception
D. Activity

12. In pediatric risk assessment, which component differentiates the Braden Q from the standard Braden Scale?
A. Tissue perfusion and oxygenation
B. Mobility
C. Friction and shear
D. Sensory perception

13. In the Texas University Diabetic Foot Classification, the “grade” refers to:
A. Depth of the wound
B. Presence of infection
C. Presence of ischemia
D. Presence of necrosis

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14. A patient with neuropathy and dry, cracked feet but no open wounds would be classified as what on the Wagner Scale?
A. Grade 0
B. Grade 1
C. Grade 2
D. Grade 3

15. Which statement best describes the purpose of risk assessment tools like Braden and Norton?
A. To diagnose existing pressure injuries
B. To guide early preventive interventions and resource allocation
C. To determine wound infection severity
D. To predict healing time of an ulcer

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Answer Key & Explanations

1. A – The Braden Scale is the most widely used adult pressure injury risk tool, validated in multiple care settings.
2. D – "Wound exudate" is not part of the Braden Scale; the six categories are sensory perception, moisture, activity, mobility, nutrition, and friction/shear.
3. D – A score of 12 indicates high risk; scores ≤9 = very high, 10–12 = high, 13–14 = moderate, 15–18 = mild.
4. B – The Braden Q is specifically developed for pediatric and neonatal populations.
5. B – The Norton Scale assesses physical condition, mental condition, activity, mobility, and incontinence.
6. D – The Braden QD (Quick and Direct) was developed for both pediatric and adult ICU/acute care populations to simplify documentation.
7. B – Wagner Grade 3 involves deep ulceration with abscess, osteomyelitis, or joint sepsis.
8. C – Stage B in the Texas system indicates infection only, with no ischemia present.
9. D – A score ≤9 signifies severe risk for pressure injury.
10. C – Risk assessments must be done on admission, with condition changes, and per facility policy (often daily or every shift in acute care).
11. C – Sensory perception has the strongest correlation with pressure injury risk, as inability to feel discomfort leads to prolonged pressure exposure.
12. A – The Braden Q adds a seventh subscale: tissue perfusion and oxygenation, differentiating it from the adult version.
13. A – In the Texas University system, "grade" refers to depth of the wound, while "stage" indicates infection/ischemia status.
14. A – Wagner Grade 0 is defined as an intact foot at risk, with callus or deformity but no ulcer.
15. B – The primary purpose of these tools is prevention—identifying at-risk patients early to implement protective measures.

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