

## Tissue Integrity Study Guide

1. What are the five main purposes of the skin?
2. What are the main layers of the tissue in order?
3. What are keratinocytes? How long does it take for them to mature? How long do they last?
4. How often is our skin replaced?
5. What happens if the skin is replaced too quickly? Not fast enough?
6. What is a fibroblast?
7. Why is collagen and elastin important to the skin? Will the elderly have more or less collagen and elastin as they age?
8. What layer is the dermis? What does the dermis contain?
9. Is infection always present with inflammation?
10. How does the inflammatory response work including the jobs of the cellular and vascular response and how they control or respond to the injury?
11. What are the clinical manifestations of the inflammatory response? What function do they serve/ how do they respond to the injury/ what are their importance?
12. Vascular response? What function do they serve/ how do they respond to the injury/ what are their importance?
13. Cellular response? What function do they serve/ how do they respond to the injury/ what are their importance?
14. What is fibrinogen and fibrin? What role do they play?
15. What are your clinical manifestations for a local response to inflammation?
16. Clinical manifestations of a systemic response?
17. What temperature should you prioritize for a patient without comorbidities? With comorbidities?
18. What is considered intact or non-intact skin? Surgical incision (Intact or non-intact and Why?) Pressure injury (intact or non-intact and Why?) Bruising (intact or non-intact and why?)
19. Why is maintaining intact skin so important? Is non-intact skin life-threatening? Why or why not?
20. What are the different types of inflammation? How do they differ?
21. What health promotions are important to tissue integrity (look at slide 16)?
22. Look at slide 17
23. What are two major components of wound healing?
24. What is healing by primary intention?
25. What is healing by secondary intention?
26. What is healing by tertiary intention?
27. Wound healing for partial thickness
28. Wound healing for full thickness
29. What factors influence wound healing?
30. What are five main complications of wound healing and how does each one affect wound healing?
31. If you have an evisceration occur what is your priority?
32. How often should you assess a patient's skin?
33. What is the main purpose of a wound dressing?
34. What is negative pressure wound therapy? What is a hyperbaric oxygen therapy?
35. What are ways to prevent infection before and after surgery?

36. What should you teach a surgical patient upon discharge?
37. What are the main factors that attribute to pressure injuries (prolonged pressure, friction, shear, moisture) Look at 2nd PPT Slides 3-8. How do these factors cause a pressure injury or skin breakdown?
38. How do you stage a pressure injury for all skin tones ( Stage I, Stage II, Stage III, Stage IV, Suspected deep tissue injury, Unstageable)
39. What Pressure injury stage does granulation form? What healing intention heals by granulation tissue formation?
40. What puts a patient at higher risk of a pressure injury? Look at slide 7 on the second PowerPoint (Risk Factors).
41. How do you stage skin tears?
42. Causes of Moisture-associated skin damage/ Incontinence Associated Dermatitis/ Medical adhesive- related skin injury. How do you treat and prevent each type?
43. The differences between primary, secondary, and tertiary intention?
44. Diabetic ulcers manifestation and teaching for patient/ family/ caretaker
45. Cellulitis manifestations and treatment
46. What is Negative pressure wound therapy and Hyperbaric Oxygen therapy. When is it appropriate to use each?
47. Differences between Venous and Arterial ulcers (manifestations, treatment)
48. Antibiotic/ disease specific medications/ contraindication
49. What is mild psoriasis and how does it present? How do you treat it?
50. What is severe psoriasis and how does it present? How do you treat it?