###

#### Pieper-Zulkowski Pressure Injury Knowledge Test (Revised 2021; March 1, 2023)

#### [Formerly known as: Pieper-Zulkowski Pressure Ulcers/Injuries Knowledge Test (PZ PUKT)]

#### DEMOGRAPHIC SHEET:

**DIRECTIONS: Please answer each of the following questions about your background by checking the appropriate boxes).**

1. **Where do you primarily work?** Hospital Long term Care Home Care Private Practice

 Education

Other (specify)\_\_\_\_\_\_\_\_\_\_\_

2. **Age:**\_\_\_\_\_\_\_\_\_

3. **Gender:** Male Female Other

4. **Job Category**: Physician (MD/DO) Registered Nurse **(**RN)  Licensed Practical Nurse (LPN)

 Certified Nurse Assistant (CNA) AdministratorNurse Practitioner (NP) Physician Assistant (PA)

 Other (specify)\_\_\_\_\_\_\_\_\_\_\_

5. **Number of years in practice**:

 < 1 year 1 year - 5 years > 5 years - <10 years

10 years - < 15 years 15 years - < 20 years 20 years or more

6. **Highest degree held (check one):** Diploma Associate Baccalaureate Masters Doctorate MD/DO

7. **Are you** **certified in any clinical specialty?**  Yes No Certification type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. **Are you certified as Wound Specialist?** Yes No Certifying Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. **When was the last time you *listened to a lecture* on pressure injury? (Check one)**

One year or less Greater than 1 year but less than 2 years

2-3 years 4 years or greater Never

10. **When was the last time you *read an article, book, or guideline* about pressure injury? (Check one)**

One year or less Greater than 1 year but less than 2 years

2-3 years 4 years or greater Never

11. **Have you sought information about pressure injury on the web within the past year?**

 ** Yes No

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| Pieper-Zulkowski Pressure Injury Knowledge Test (Revised 2021; March 1, 2023)Please answer each of the following by circling your answer. Be truthful; if you don’t know, don’t guess.**Note: In some countries, the term *Category* in used in place of *Stage*.** |
| 1. Slough is yellow or cream-colored necrotic /devitalized tissue on a wound bed.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A pressure injury is a sterile wound.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Foam dressings may increase wound pain.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Alkaline soap products should be used to cleanse soiled skin.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Seating should be for short periods in an appropriate chair/wheelchair with a pressure redistribution cushion for persons at risk for pressure injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A Stage 3 pressure injury is a partial thickness skin loss involving the epidermis and/or dermis.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Hydrogel dressings should not be used on a pressure injury with granulation tissue.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Reposition individuals with or at risk of pressure injury on an individualized schedule regardless of mobility level unless contraindicated.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A pressure injury scar will break down faster than unwounded skin.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Pressure injuries progress in a linear fashion from Stage 1 to 2 to 3 to 4.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Eschar is healthy tissue.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Non-blanchable erythema anywhere in the body is a stage 1 pressure injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. The goal of palliative care is wound healing.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A Stage 2 pressure injury is a full thickness skin loss.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Dragging the patient up in bed increases friction.
 | TRUE | FALSE | P DO NOT KNOW |
| 1. Increased body temperature is a risk factor for pressure injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Diabetes mellitus does not increase a person’s risk for pressure injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A comprehensive pain assessment should be done on persons with pressure injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. High absorbency incontinence products should be used for individuals with pressure injuries when incontinence is present
 | TRUE | FALSE | DO NOT KNOW |

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| 1. A pressure redistribution surface manages tissue load and the microclimate against the skin.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A Stage 2 pressure injury may have slough in its base.
 | TRUE | FALSE | DO NOT KNOW |
| 1. If necrotic tissue is present and if bone can be seen or palpated, the pressure injury is a Stage 4.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Oral nutritional supplements should be used in addition to usual diet for individuals at high risk for pressure injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. To prevent heel pressure injury, the weight of the leg should be distributed along the calf during heel elevation.
 | TRUE | FALSE | DO NOT KNOW |
| 1. When necrotic tissue is removed, an unstageable pressure injury will be classified as a Stage 2 injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Donut devices/ring cushions help to prevent pressure injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. It is the nurse’s responsibility to be sure a specialty bed is working properly and document its use.
 | TRUE | FALSE | DO NOT KNOW |
| 1. ABD pads may be used to protect the skin.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Persons at risk for pressure injury should be nutritionally assessed (i.e., weight, nutrition intake, blood work, etc.).
 | TRUE | FALSE | DO NOT KNOW |
| 1. Biofilms may develop in any type of wound.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Critical care patients may need slow, gradual turning because of being hemodynamically unstable.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Blanching refers to whiteness when pressure is applied to a reddened area.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A blister on the heel is nothing to worry about.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Staff education alone may reduce the incidence of pressure injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Early changes associated with pressure injury development may be missed in persons with darker skin tones.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A footrest should not be used for an immobile patient whose feet do not reach the floor.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Bone, tendon, or muscle may be exposed in a Stage 3 pressure injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A topical opioid may help manage acute pressure injury pain.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Wound biofilm is associated with decreased wound drainage.
 | TRUE | FALSE | DO NOT KNOW |

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| 1. It may be difficult to distinguish between moisture associated skin damage and a pressure injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Wounds that become chronic are frequently stalled in the proliferative phase of healing.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Dry, adherent eschar on the heels should be removed for the wound to heal.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Deep tissue injury is a localized area of purple or maroon discolored intact skin or a blood-filled blister.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Massage of bony prominences is essential for quality skin care.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Poor posture in a wheelchair may be the cause of pressure injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. For persons who have incontinence, skin cleaning should occur at the time of soiling and at routine intervals.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Patients who are spinal cord injured need knowledge about pressure injury prevention and self-care.
 | TRUE | FALSE | DO NOT KNOW |
| 1. In a large and deep pressure injury, the number of dressings used needs to be counted and documented so that all dressings are removed at the next dressing change.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A mucosal membrane pressure injury as the result of medical equipment is a Stage 3.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Pressure injury can occur around the ears in a person using oxygen by nasal cannula.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Persons, who are immobile and can be taught, should shift their weight every 30 minutes while sitting in a chair.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Stage 1 pressure injury is intact skin with non-blanchable erythema over a bony prominence.
 | TRUE | FALSE | DO NOT KNOW |
| 1. When the pressure injury base is totally covered by slough, it cannot be staged.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Selection of a pressure redistribution surface only considers the person’s level of pressure injury risk.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Shear injury is not a concern for a patient using a pressure redistribution surface
 | TRUE | FALSE | DO NOT KNOW |
| 1. It is not necessary to have the patient with a spinal cord injury evaluated for seating.
 | TRUE | FALSE | DO NOT KNOW |
| 1. To help prevent pressure injury, the head of the bed should be elevated at more than a 45-degree angle.
 | TRUE | FALSE | DO NOT KNOW |

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| 1. Urinary catheter tubing should be positioned under the leg.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Properly sized equipment may help avoid pressure injury in bariatric patients.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A dressing should keep the wound bed moist, but the surrounding skin dry.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Hydrocolloid and film dressings should be removed quickly to decrease pain.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Nurses should avoid turning a patient onto a reddened area.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Skin tears are classified as Stage 2 pressure injuries.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A Stage 3 pressure injury may appear shallow if located on the ear, malleolus/ankle, or heel.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A hydrocolloid dressing should be used on a Stage 2 infected injury.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Pressure injury is a lifelong concern for a person who is spinal cord injured.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A pressure injury should not be cleansed with drinking water
 | TRUE | FALSE | DO NOT KNOW |
| 1. Alginate dressings can be used for Stage 3 and 4 pressure injuries with moderate exudate.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Deep tissue injury will not progress to another pressure injury stage.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Film dressings absorb a lot of drainage.
 | TRUE | FALSE | DO NOT KNOW |
| 1. Non-sting skin prep should be used around a wound to protect surrounding tissue from moisture.
 | TRUE | FALSE | DO NOT KNOW |
| 1. A stage 4 pressure injury always has undermining.
 | TRUE | FALSE | DO NOT KNOW |