PROLONGED AND COMPLETE IMMOBILITY: COMPLICATIONS AND CARE

1) Prolonged, complete immobility is a condition that is
   a) likely to be permanent and can cause serious complications.
   b) always temporary but can cause serious complications.
   c) likely to be permanent but will not cause serious complications.
   d) always temporary but will only cause lung infections.

2) One of the most common causes of prolonged, complete immobility is:
   a) HIV infection.
   b) Congestive heart failure.
   c) Stroke.
   d) Diabetes.

3) Direct causes of pressure sores include:
   a) Venous thrombosis and infections.
   b) Pressure and shear effect.
   c) Hyperglycemia and incontinence.
   d) Stroke and hypertension.

4) Detection/prevention of pressure sores is easier than treating them.
   a) True.
   b) False.

5) Venous thrombosis is caused in part by:
   a) Shear effect and pressure.
   b) Hypotension and dehydration.
   c) Hyperglycemia and fever.
   d) Lack of muscle contraction and blood pooling.

6) Prolonged, complete immobility causes lung infections because of:
   a) Decreased circulation to the lungs and fevers.
   b) Pooling of respiratory secretions and wasting of the respiratory muscles.
   c) Anemia and dehydration.
   d) Direct damage to lung tissue and low oxygen content in the blood.

7) Joint contractures are caused by
   a) Connective tissues shrinking and becoming stiff and inflexible.
   b) Dehydration and shear effect.
   c) Connective tissues lengthening and becoming loose and flexible.
   d) Blood pooling and decreased circulation.
8) Bone loss and muscle wasting are caused in part by:
   a) Friction on the tissues.
   b) Dehydration and shear effect.
   c) Lack of weight bearing.
   d) Decreased immune system function.

9) Someone who is immobile should have his/her position changed at least:
   a) Three times a day.
   b) Every 30 minutes
   c) Once a day.
   d) Every two hours.

10) Lung infections can be prevented by the use of:
    a) Antibiotics and oxygen.
    b) Coughing and deep breathing exercises.
    c) Fluid restriction and acetaminophen given PRN.
    d) Passive ROM exercises and proper positioning.