

# Chest Tube Management Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. Which component provides a visible indication of air leak patterns and trends?**
  - A. The graduated air leak monitor**
  - B. The suction regulator dial**
  - C. The drain collection chamber**
  - D. The vent filter**
  
- 2. What is the function of the water in the underwater seal chamber?**
  - A. To collect drainage**
  - B. To prevent reflux of air back into the chest**
  - C. To regulate suction pressure**
  - D. To cool the system**
  
- 3. What tissue adds to the semi-rigid nature of the chest wall besides bones?**
  - A. Cartilage**
  - B. Lungs**
  - C. Diaphragm**
  - D. Intercostal muscles**
  
- 4. To restore the chest to its normal condition, what must be removed?**
  - A. Air**
  - B. Air and Tissue**
  - C. Air and Fluid**
  - D. Fluid and Pus**
  
- 5. Chest drainage is commonly indicated after which procedure?**
  - A. Open heart surgery**
  - B. Appendectomy**
  - C. Cataract surgery**
  - D. Knee replacement**

- 6. Which statement best describes a post-removal warning sign that should prompt contacting a physician?**
- A. Dizziness and pain**
  - B. Redness and swelling**
  - C. Nausea and vomiting**
  - D. Redness and pain**
- 7. Which statement about depressing the manual vent is correct?**
- A. It should be depressed only when suction is connected and operating**
  - B. It should be depressed any time to speed up drainage**
  - C. It should never be used**
  - D. It should be kept closed at all times**
- 8. During which process does the pleural pressure change?**
- A. Coughing**
  - B. Breathing/Respiration**
  - C. Sleeping**
  - D. Digestion**
- 9. Without full lung expansion, which symptom is commonly experienced by the patient?**
- A. Pain**
  - B. Great difficulty breathing**
  - C. Nausea**
  - D. Dizziness**
- 10. In chest drainage, what is the function of a water seal as a valve?**
- A. A valve that vents air to the room continuously**
  - B. A two-way valve that equally allows air in and out**
  - C. A simple one-way valve that allows air to exit the chest and prevents air from returning**
  - D. A valve that filters drainage fluid**

## Answers

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1. A
2. A
3. D
4. C
5. A
6. D
7. B
8. B
9. B
10. C

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## **Explanations**

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**1. Which component provides a visible indication of air leak patterns and trends?**

- A. The graduated air leak monitor**
- B. The suction regulator dial**
- C. The drain collection chamber**
- D. The vent filter**

In chest tube systems, watching for air leaks helps you judge whether the tube and lung are functioning properly over time. The graduated air leak monitor is designed to give a visible readout of how much air is leaking and how that leak changes, usually through bubbles or a calibrated scale. This lets you see trends at a glance—whether the leak is increasing, decreasing, or staying the same—which informs decisions about suction, tube position, or need for intervention. The suction regulator dial sets how strong the suction is but doesn't show leak patterns. The drain collection chamber mainly tracks drainage volume, not leak trends. The vent filter simply vents air to atmosphere and doesn't provide a readout of leaks.

**2. What is the function of the water in the underwater seal chamber?**

- A. To collect drainage**
- B. To prevent reflux of air back into the chest**
- C. To regulate suction pressure**
- D. To cool the system**

Water in the underwater seal chamber acts as a one-way valve. It lets air escape from the pleural space (bubbles rise through the water and exit to the atmosphere) but prevents air from flowing back into the chest when intrapleural pressure drops. The drainage collection is handled by a separate collection chamber, and suction control (if used) is managed by the suction-control chamber. Cooling is not a function of the seal. If you see continuous bubbling in the seal during inspiration, that suggests an air leak or fistula; absence of bubbling with good drainage can indicate a sealed system.

**3. What tissue adds to the semi-rigid nature of the chest wall besides bones?**

- A. Cartilage**
- B. Lungs**
- C. Diaphragm**
- D. Intercostal muscles**

The chest wall's semi-rigid character comes from a combination of rigid bones plus the surrounding soft tissues that brace and move with breathing. Between each pair of ribs lie the intercostal muscles, forming a muscular layer that encases the thorax. Their tension and coordinated contraction provide structural support to the rib cage, helping to keep the ribs properly spaced and resisting inward collapse while still allowing outward expansion during inspiration. This muscular framework gives the chest wall its necessary stability without being completely rigid, which is essential for effective ventilation. Cartilage adds flexibility to the rib cage, the lungs sit inside the chest but are not part of the chest wall's structure, and the diaphragm is a breathing muscle that contributes to chest volume but isn't part of the chest wall itself.

**4. To restore the chest to its normal condition, what must be removed?**

- A. Air**
- B. Air and Tissue**
- C. Air and Fluid**
- D. Fluid and Pus**

Restoring normal chest function requires clearing the pleural space of what prevents the lung from expanding. A chest tube is placed to drain contents from that space, including both air and fluid. Air in the pleural space (pneumothorax) causes lung collapse, while fluid (pleural effusion, hemothorax) compresses the lung. Removing both allows the lung to re-expand and negative intrapleural pressure to be re-established. If only air or only fluid is removed, the other still blocks full expansion. Pus can indicate infection, but the fundamental reason to drain is to eliminate both air and fluid so the chest returns to normal.

**5. Chest drainage is commonly indicated after which procedure?**

- A. Open heart surgery**
- B. Appendectomy**
- C. Cataract surgery**
- D. Knee replacement**

Chest drainage is used after surgeries that involve opening the chest to manage air and blood in the pleural space, allowing the lung to re-expand and preventing compression of the heart or lungs. After open heart surgery, mediastinal and pleural drains are placed routinely to evacuate postoperative bleeding and monitor for ongoing hemorrhage. The other procedures—appendectomy, cataract surgery, and knee replacement—do not involve the chest cavity in the same way, so chest drainage isn't routinely indicated for them.

**6. Which statement best describes a post-removal warning sign that should prompt contacting a physician?**

- A. Dizziness and pain**
- B. Redness and swelling**
- C. Nausea and vomiting**
- D. Redness and pain**

The key idea is recognizing wound-site signals that mean something may be going wrong after removing a chest tube. Redness at the incision plus pain suggests an active inflammatory process at the site, which can indicate infection or wound healing problems. When redness is accompanied by pain, these symptoms together are a clearer warning sign that a physician should evaluate the area to rule out complications like infection or tissue damage. Dizziness with pain isn't a local wound sign and could point to systemic issues that aren't specific to the chest-tube site. Nausea and vomiting likewise aren't direct indicators of a wound complication. Redness with swelling can be concerning, but the combination of redness with pain more strongly signals a problem at the site that warrants prompt medical advice. If these signs appear, contact a clinician promptly.

**7. Which statement about depressing the manual vent is correct?**

- A. It should be depressed only when suction is connected and operating**
- B. It should be depressed any time to speed up drainage**
- C. It should never be used**
- D. It should be kept closed at all times**

The main idea is how the manual vent changes the flow path in a chest tube drainage system. Depressing the vent opens an air pathway to the atmosphere, which reduces resistance in the system and allows air and fluid from the chest to escape more readily. By providing this quick release path, drainage can be speeded up whenever you want or need faster removal, such as when suction isn't actively pulling fluid or when rapid drainage is indicated. The other thoughts—only using it with suction, never using it, or keeping it closed—don't align with how the vent is intended to function to enhance drainage.

**8. During which process does the pleural pressure change?**

- A. Coughing**
- B. Breathing/Respiration**
- C. Sleeping**
- D. Digestion**

Pleural pressure changes with the ventilatory cycle because the intrapleural space is kept negative to help keep the lungs expanded. During inspiration, the chest wall expands and the intrapleural pressure becomes more negative, pulling the lungs outward and allowing air to flow in. During expiration, the chest wall and lungs recoil, the intrapleural pressure becomes less negative, and air is pushed out as the lungs recoil. This pattern of pressure fluctuation is the hallmark of breathing/respiration. Coughing involves rapid, transient intrathoracic pressure shifts but is not the ongoing cycle that characterizes pleural pressure changes; sleeping is just a state during which breathing occurs, and digestion is unrelated to pleural space pressures.

**9. Without full lung expansion, which symptom is commonly experienced by the patient?**

- A. Pain**
- B. Great difficulty breathing**
- C. Nausea**
- D. Dizziness**

When the lung hasn't fully re-expanded, ventilation is compromised and the most common sign is trouble breathing. Incomplete expansion reduces the amount of air reaching the alveoli, which lowers oxygenation and increases the work of breathing. The body responds with rapid, shallow breaths and often use of accessory muscles, so the patient feels short of breath or breathless. Pain can occur, but it's not as consistently linked to incomplete lung expansion as dyspnea. Nausea or dizziness may appear with hypoxia or other factors, but difficulty breathing remains the most typical and direct symptom.

**10. In chest drainage, what is the function of a water seal as a valve?**

- A. A valve that vents air to the room continuously**
- B. A two-way valve that equally allows air in and out**
- C. A simple one-way valve that allows air to exit the chest and prevents air from returning**
- D. A valve that filters drainage fluid**

The main concept is that the water-seal chamber in chest drainage acts as a one-way valve. It lets air escape from the pleural space into the drainage system when intrapleural pressure is positive (like during exhalation or coughing), bubbling the air through the water. At the same time, it prevents air from flowing back into the chest during inspiration, because the water column resists the negative pressure that would draw air in. This unidirectional flow protects the lung from re-collapse and maintains controlled drainage. It's not designed to vent continuously to the room, act as a two-way gate, or filter drainage fluid.

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## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://chesttubemgmt.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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