

CHEST TUBE MANAGEMENT PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://chesttubemgmt.examzify.com>



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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 action is NOT a common post-operative chest-tube management goal?**
 - A. Prevent recurrent pneumothorax/hemothorax.
 - B. Promote lung re-expansion.
 - C. Minimize infection.
 - D. Increase patient discomfort.
- 2. How often should the chest tube insertion site be inspected and dressings changed?**
 - A. Once a week
 - B. Per facility protocol, typically with every dressing change or at least daily; monitor for redness, swelling, or drainage
 - C. Only when pain occurs
 - D. Never inspect
- 3. Which feature should be checked to confirm suction is functioning after setting to a lower negative pressure?**
 - A. The delta mark alignment on the E chamber
 - B. The drainage color
 - C. The external monitor reading
 - D. The seal water temperature
- 4. Which chamber in a closed chest drainage system is used to regulate suction and may show bubbling?**
 - A. Water seal chamber
 - B. Drainage reservoir
 - C. Suction control chamber
 - D. Collection chamber
- 5. What should you do if a chest tube becomes dislodged at the bedside?**
 - A. Apply a sterile occlusive dressing to the site immediately and notify the clinician; be prepared for reinsertion.
 - B. Call for replacement surgery immediately.
 - C. Remove the chest tube and cover the site with a dry gauze.
 - D. Let the dressing air-dry and monitor.

- 6. Under what drainage threshold would you consider notifying the clinician about a possible continuous bleeding?**
- A. If drainage is persistently bright red or exceeds >200 mL in 1 hour or a concerning 24-hour total.
 - B. If there is air in the suction chamber.
 - C. If there is any drainage at all.
 - D. If drainage is clear.
- 7. Which sequence correctly describes the steps of performing a sterile dressing change around a chest tube site?**
- A. Hand hygiene, remove old dressing, don sterile gloves, inspect the site, clean around insertion, apply new sterile dressing, secure properly.
 - B. Sterile gloves, hand hygiene, remove old dressing, inspect the site, clean around insertion, apply new sterile dressing, secure properly.
 - C. Hand hygiene, sterile gloves, remove old dressing carefully, inspect the site, clean around insertion, apply new sterile dressing, secure properly.
 - D. Hand hygiene, sterile gloves, apply new dressing before removing old dressing, remove old dressing, inspect site, clean around insertion, secure properly.
- 8. How should you lower the water seal height when the chest drainage system is connected to suction?**
- A. Temporarily depress the manual vent located on top of the drain until the water column lowers to the desired level
 - B. Increase the suction regulator to maximum
 - C. Remove the chest tube
 - D. Close the drainage bottle valve
- 9. Follow-up care after chest tube removal includes scheduling a follow-up in what timeframe?**
- A. 1-2 weeks
 - B. 1-2 days
 - C. 1-2 months
 - D. 6 weeks

10. What data about the fluid in the water-seal chamber indicates the chest drainage system is functioning correctly?

- A. Rises with inspiration and falls with expiration
- B. Rises with expiration and falls with inspiration
- C. Stays constant
- D. Fluctuates randomly

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Answers

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

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Explanations

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1. Which action is NOT a common post-operative chest-tube management goal?

- A. Prevent recurrent pneumothorax/hemothorax.
- B. Promote lung re-expansion.
- C. Minimize infection.
- D. Increase patient discomfort.**

Postoperative chest-tube care centers on preventing new air or fluid from reaccumulating in the pleural space, helping the lung re-expand, and reducing infection risk, all while supporting patient comfort and safe healing. The action that is not a goal is increasing patient discomfort; the aim is to minimize pain and maximize safe lung expansion. Preventing recurrent pneumothorax or hemothorax is achieved by maintaining the pleural space under appropriate drainage and, when needed, suction to remove air or blood and allow re-expansion. Promoting lung re-expansion depends on a functioning, closed drainage system and regular assessment to ensure the lung fills the space as it should. Minimizing infection involves sterile technique, a closed system, proper dressing care, and monitoring for signs of infection. If pain becomes significant, the focus shifts to analgesia and addressing any tube-related issues, not to intensify discomfort.

2. How often should the chest tube insertion site be inspected and dressings changed?

- A. Once a week
- B. Per facility protocol, typically with every dressing change or at least daily; monitor for redness, swelling, or drainage**
- C. Only when pain occurs
- D. Never inspect

Regular assessment of the chest tube insertion site and its dressing is essential to keep the wound clean, monitor drainage, and catch problems early. The goal is to detect signs of infection (redness, swelling, warmth, increased drainage, or odor), check that the dressing stays dry and intact, and ensure the tube and drainage system remain secure and patent. For this reason, site inspection and dressing changes are done according to facility protocol—typically with every dressing change or at least once daily. This frequent monitoring helps you notice changes promptly and intervene if needed, preventing complications like infection, dressing leakage, or tube dislodgement. Infrequent checks—for example, only when pain occurs, or once a week, or never—can miss early warning signs and lead to delayed treatment or complications.

3. Which feature should be checked to confirm suction is functioning after setting to a lower negative pressure?

- A. The delta mark alignment on the E chamber**
- B. The drainage color
- C. The external monitor reading
- D. The seal water temperature

In a chest tube system with suction, the way you confirm that suction is actually being delivered is by checking the delta mark in the suction control chamber (often labeled the E chamber). When you set a lower negative pressure, the delta mark should align with the corresponding line on that chamber. This alignment shows the system is reaching and maintaining the new suction level. If it isn't aligned, suction may not be functioning properly due to a kink, leak, or regulator issue, and you'd need to inspect and adjust. Drainage color doesn't indicate suction function, and external monitor readings or seal water temperature don't reliably reflect whether suction is being delivered. The delta mark alignment is the direct cue that suction is active at the set level.

4. Which chamber in a closed chest drainage system is used to regulate suction and may show bubbling?

- A. Water seal chamber
- B. Drainage reservoir
- C. Suction control chamber**
- D. Collection chamber

The suction control chamber is responsible for setting and regulating the negative pressure applied to the chest. It uses a column of water to create a controlled suction level: as the wall suction draws air through, bubbles rise in this water column, and those bubbles show that suction is being transmitted to the system at the prescribed level. If the bubbling in this chamber is absent or inconsistent, the suction may not be properly delivered, and connections or the water level should be checked. The water seal chamber, by contrast, acts as a one-way valve to prevent air from flowing back into the chest; it can bubble when there's an air leak or during respiration, but it does not regulate suction. The drainage or collection chamber simply collects pleural fluid and does not control suction.

5. What should you do if a chest tube becomes dislodged at the bedside?

- A. Apply a sterile occlusive dressing to the site immediately and notify the clinician; be prepared for reinsertion.
- B. Call for replacement surgery immediately.**
- C. Remove the chest tube and cover the site with a dry gauze.
- D. Let the dressing air-dry and monitor.

When a chest tube becomes dislodged, the immediate priority is to seal the chest wall to prevent air from entering the pleural space and risking a new or worsening pneumothorax, while getting the tube reinserted by a trained clinician. Quickly apply a sterile occlusive dressing over the insertion site and secure it so air cannot flow into the chest, then notify the clinician and prepare for reinsertion at the bedside or in the operating suite per protocol. Do not remove the tube or rely on a dry gauze or loose dressing, and don't delay reinsertion while waiting for further steps. After reinsertion, reassess breathing and imaging as ordered.

6. Under what drainage threshold would you consider notifying the clinician about a possible continuous bleeding?

- A. If drainage is persistently bright red or exceeds >200 mL in 1 hour or a concerning 24-hour total.**
- B. If there is air in the suction chamber.
- C. If there is any drainage at all.
- D. If drainage is clear.

Monitoring chest tube drainage is a key way to detect ongoing bleeding after chest tube placement. When drainage remains persistently bright red or when the amount of drainage is high—specifically more than about 200 mL in one hour—it's a red flag that active bleeding may be occurring and warrants clinician evaluation. A concerning 24-hour total volume also signals that bleeding isn't resolving and needs assessment, even if hourly rates fluctuate. The other signs don't point to bleeding in the same way. An air in the suction chamber suggests an air leak or pneumothorax and is a different complication. Any drainage at all can be normal immediately after surgery, depending on the procedure and timing, and clear drainage is typically not alarming for bleeding.

7. Which sequence correctly describes the steps of performing a sterile dressing change around a chest tube site?

- A. Hand hygiene, remove old dressing, don sterile gloves, inspect the site, clean around insertion, apply new sterile dressing, secure properly.
- B. Sterile gloves, hand hygiene, remove old dressing, inspect the site, clean around insertion, apply new sterile dressing, secure properly.
- C. Hand hygiene, sterile gloves, remove old dressing carefully, inspect the site, clean around insertion, apply new sterile dressing, secure properly.**
- D. Hand hygiene, sterile gloves, apply new dressing before removing old dressing, remove old dressing, inspect site, clean around insertion, secure properly.

Maintaining sterile technique during a chest tube dressing change is essential. Start with hand hygiene to reduce the risk of introducing bacteria. Put on sterile gloves so you can handle sterile supplies and the dressing without contaminating anything. Remove the old dressing while keeping the sterile field intact, then carefully inspect the insertion site for signs of infection, dislodgement, or drainage. Clean around the insertion site in a controlled manner, usually from the clean area outward to prevent dragging contaminants toward the wound. Once the area is clean and dry, apply a new sterile dressing, ensuring it fully covers the site and creates a proper seal. Secure the dressing to prevent movement or displacement of the chest tube. Dispose of supplies and perform hand hygiene again as required by protocol. This sequence best preserves sterility, allows immediate assessment of the site, and reduces the risk of infection or tube displacement.

8. How should you lower the water seal height when the chest drainage system is connected to suction?

- A. Temporarily depress the manual vent located on top of the drain until the water column lowers to the desired level**
- B. Increase the suction regulator to maximum
- C. Remove the chest tube
- D. Close the drainage bottle valve

Lowering the water seal height while the system is on suction is done by briefly depressing the manual vent on top of the drainage unit. Opening the vent briefly allows air to escape from the suction-control chamber, which reduces the suction effect on the water column and lets the water level in the seal drop to the desired height. After achieving the target level, stop venting and maintain the suction as calibrated. Raising suction to the maximum isn't a direct way to control the water seal height and can risk tissue injury. Removing the chest tube or closing the drainage bottle valve would stop drainage or disrupt the system rather than adjust the water seal height.

9. Follow-up care after chest tube removal includes scheduling a follow-up in what timeframe?

- A. 1-2 weeks**
- B. 1-2 days
- C. 1-2 months
- D. 6 weeks

Scheduling a follow-up in about 1–2 weeks after chest tube removal is recommended because it gives a safe window to detect any early recurrence of pneumothorax or reaccumulation of fluid, ensure the lung has adequately re-expanded, and verify that the wound is healing without infection. This timeframe allows for a clinical check and, if needed, a chest X-ray to confirm there's no lingering or returning air or fluid before the patient is fully discharged from post-removal care. Waiting longer (1–2 months or 6 weeks) could delay the detection of a late complication, while checking too soon (1–2 days) may not reveal issues that develop after removal. If new or worsening symptoms appear, patients should seek prompt evaluation regardless of the planned follow-up.

10. What data about the fluid in the water-seal chamber indicates the chest drainage system is functioning correctly?

- A. Rises with inspiration and falls with expiration**
- B. Rises with expiration and falls with inspiration
- C. Stays constant
- D. Fluctuates randomly

The data being tested is tidaling in the water-seal chamber—the water level should move with the patient's breathing. When you inhale, intrapleural pressure becomes more negative, pulling air from the pleural space into the water seal and pushing the water level up. As you exhale, the pressure becomes less negative and air exits through the system, causing the water level to fall. So rising with inspiration and falling with expiration shows the chamber is allowing air to move as the lungs expand and contract, indicating the system is functioning properly. If the level stays constant or shows other patterns, that can point to a blockage or other issue, but the described rise with inspiration and fall with expiration is the hallmark of a working water-seal drainage system.

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.

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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