

COAST GUARD HYPERBARIC MEDICINE PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. When should you squeeze the IV chamber to maintain flow?**
 - A. On descent
 - B. On ascent
 - C. When the patient feels discomfort
 - D. When administering medication
- 2. What is the KVO (Keep Vein Open) rate in IV therapy?**
 - A. 50cc/hr
 - B. 25cc/hr
 - C. 75cc/hr
 - D. 100cc/hr
- 3. What is the recommended length and size of a catheter used for pneumothorax?**
 - A. 3 inches long, 12 gauge
 - B. 3.25 inches long, 14 gauge or larger
 - C. 4 inches long, 16 gauge
 - D. 2.5 inches long, 20 gauge
- 4. What common test may be conducted to evaluate lung function prior to HBOT?**
 - A. Electrocardiogram (ECG)
 - B. X-ray imaging
 - C. Pulmonary function tests (PFTs)
 - D. Blood gas tests
- 5. How much air is needed for two patients to breathe during one TT6A operation with maximum extensions?**
 - A. IL once and OL once
 - B. Enough for 1 tender and 2 patients
 - C. Air for 2 tenders and 4 patients
 - D. Enough for 1 patient and additional provisions

- 6. Which numerical rating scale is commonly used to assess pain in hyperbaric patients?**
- A. Visual Analog Scale (VAS)
 - B. Numerical Rating Scale (NRS)
 - C. McGill Pain Questionnaire
 - D. Brief Pain Inventory (BPI)
- 7. What are the post-treatment activities recommended for patients after HBOT?**
- A. Patients should be monitored, kept hydrated, and advised to avoid air travel or strenuous activity
 - B. Patients should resume normal activities immediately
 - C. Patients should be placed under observation for 24 hours
 - D. Patients should engage in light exercise
- 8. What does E.V.N.H.U.T.T. stand for in hyperbaric assessments?**
- A. Emergency, Vitals, Neurological, Hospitalization, Urine output, Treatment, Time
 - B. Environmental, Vitals, Neurological exam, Hydration, Urine output, Tender considerations, Time
 - C. Evaluation, Vitals, Neurological health, Urine output, Treatment, Timing
 - D. Emergency, Vital signs, Neurology, Hyperventilation, Urine analysis, Therapeutic decisions
- 9. How many hours must a tender wait to fly again after treatment?**
- A. 24 hours
 - B. 72 hours
 - C. 12 hours
 - D. 4 hours
- 10. Which treatment table is used when a diver asymptotically omits decompression from 20 or 30 feet and has 2 or fewer O₂ periods?**
- A. Treatment table 4
 - B. Treatment table 5
 - C. Treatment table 6
 - D. Treatment table 7

Answers

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

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Explanations

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1. When should you squeeze the IV chamber to maintain flow?

- A. On descent
- B. On ascent**
- C. When the patient feels discomfort
- D. When administering medication

Squeezing the IV chamber during ascent is essential to maintain the flow of intravenous fluids. As a patient ascends in a hyperbaric environment, the pressure around them decreases, which can lead to the expansion of fluids in the IV line. This expansion can create a situation where the fluid does not flow properly due to the lack of pressure exerted by the IV bag. Squeezing the IV chamber allows you to counteract this issue by pushing the fluid closer to the patient's access site, ensuring that the therapy continues uninterrupted and effectively. Understanding this procedure is crucial in hyperbaric medicine, as maintaining proper fluid flow is vital for patient safety and the effectiveness of treatment. Other scenarios, such as administering medication or responding to a patient's discomfort, do not specifically address the need to maintain flow due to changes in pressure during ascent.

2. What is the KVO (Keep Vein Open) rate in IV therapy?

- A. 50cc/hr
- B. 25cc/hr**
- C. 75cc/hr
- D. 100cc/hr

In intravenous (IV) therapy, the KVO (Keep Vein Open) rate is the minimum rate of fluid infusion necessary to maintain venous patency. This is particularly important for ensuring that the IV line remains open for medication administration or for drawing blood samples as needed. The KVO rate is typically set at a low volume to prevent excess fluid from being administered while keeping the vein adequately perfused. A common KVO rate in clinical practice is approximately 25cc/hr, as it strikes a balance between maintaining venous access and minimizing the risk of fluid overload or complications related to higher rates. Maintaining this rate helps ensure that the IV remains patent without unnecessarily hydrating the patient. Other rates mentioned in the options, such as 50cc/hr, 75cc/hr, and 100cc/hr, are generally considered too high for a KVO rate, increasing the potential for fluid overload, especially in patients with certain conditions. Thus, the most appropriate KVO rate is 25cc/hr.

3. What is the recommended length and size of a catheter used for pneumothorax?

- A. 3 inches long, 12 gauge
- B. 3.25 inches long, 14 gauge or larger**
- C. 4 inches long, 16 gauge
- D. 2.5 inches long, 20 gauge

The recommended length and size of a catheter used for pneumothorax is 3.25 inches long with a gauge of 14 or larger. This specification is crucial for effectively managing a pneumothorax, as it ensures that the catheter can adequately reach the pleural space and allow for proper ventilation. A catheter of this size is broad enough to facilitate the evacuation of air from the pleural cavity, which is essential in decompressing a pneumothorax. A 14-gauge catheter, for instance, provides sufficient internal diameter that can quickly remove air and prevent tension pneumothorax, a life-threatening condition if not addressed swiftly. In practice scenarios, having a longer catheter, such as the specified 3.25 inches, aids in the proper insertion depth in patients with varying chest wall thickness. This depth ensures that the catheter tip is placed effectively in the pleural space, removing air while minimizing trauma to surrounding structures. Choosing a smaller gauge or shorter length, as indicated in other options, can result in ineffective decompression or an inability to place the catheter correctly, leading to complications. Thus, the recommendation for a 14-gauge or larger catheter at the specified length aligns with best practices in emergency medical care for pneumoth

4. What common test may be conducted to evaluate lung function prior to HBOT?

- A. Electrocardiogram (ECG)
- B. X-ray imaging
- C. Pulmonary function tests (PFTs)**
- D. Blood gas tests

Pulmonary function tests (PFTs) are essential for evaluating lung function because they accurately assess how well the lungs are working. These tests measure various aspects of lung performance, including the volume of air the lungs can hold, how quickly air can be exhaled, and the efficiency of gas exchange. This detailed information is crucial when considering a patient for Hyperbaric Oxygen Therapy (HBOT), as optimal lung function is essential for ensuring that the increased atmospheric pressure and oxygen levels in HBOT will not exacerbate any existing lung conditions or impair gas exchange. While other tests like electrocardiograms (ECGs) focus on heart function, X-ray imaging provides a view of lung structure, and blood gas tests measure the effectiveness of the lungs in exchanging gases, these are not as comprehensive in evaluating overall lung function as PFTs. PFTs give a clear picture of a patient's respiratory capacity and efficiency, which is vital knowledge for safe and effective HBOT administration.

5. How much air is needed for two patients to breathe during one TT6A operation with maximum extensions?

- A. IL once and OL once
- B. Enough for 1 tender and 2 patients**
- C. Air for 2 tenders and 4 patients
- D. Enough for 1 patient and additional provisions

The correct answer is based on the operational requirements for providing air supply during a TT6A operation. The TT6A, which refers to a specific type of hyperbaric treatment, necessitates a certain amount of air to ensure that all personnel within the chamber, including two patients and the attendant, have sufficient oxygen available for an extended period of time. In scenarios like these, it's crucial to have an adequate air supply not only for the patients but also for the personnel assisting them, as this ensures safety and effective treatment. In choosing the correct answer, "enough for 1 tender and 2 patients" recognizes the need for sufficient air that accommodates both the patients and their attendant, ensuring that all individuals can operate safely without the risk of hypoxia or other complications resulting from inadequate air supply. This choice directly aligns with the operational protocols that dictate the minimum air requirements when multiple patients are treated simultaneously, allowing for safe and effective management of both the hyperbaric environment and the health of the individuals involved. Options focusing on lesser amounts of air might not account for the needs of the attendant or would imply an inadequate safety margin during the operation.

6. Which numerical rating scale is commonly used to assess pain in hyperbaric patients?

- A. Visual Analog Scale (VAS)
- B. Numerical Rating Scale (NRS)**
- C. McGill Pain Questionnaire
- D. Brief Pain Inventory (BPI)

The Numerical Rating Scale (NRS) is commonly used to assess pain in hyperbaric patients due to its simplicity and effectiveness in clinical settings. Patients are asked to rate their pain on a scale, typically from 0 to 10, where 0 represents no pain and 10 indicates the worst possible pain. This straightforward approach allows healthcare providers to quickly gauge the intensity of pain a patient is experiencing, which is especially crucial in hyperbaric medicine where conditions requiring treatment, such as decompression sickness, can lead to significant pain. Utilizing the NRS can facilitate effective monitoring of changes in pain over time, allowing healthcare providers to evaluate the effectiveness of treatments or interventions more readily. Its ease of use and directness make it an ideal tool in urgent and potentially high-stress environments like hyperbaric chambers, where clear communication about pain levels is essential for appropriate care.

7. What are the post-treatment activities recommended for patients after HBOT?

- A. Patients should be monitored, kept hydrated, and advised to avoid air travel or strenuous activity**
- B. Patients should resume normal activities immediately
- C. Patients should be placed under observation for 24 hours
- D. Patients should engage in light exercise

The correct response highlights the essential post-treatment activities recommended for patients after hyperbaric oxygen therapy (HBOT). After undergoing HBOT, patients are advised to be monitored, which ensures that any immediate adverse reactions or complications are managed appropriately. Hydration is also crucial, as it helps maintain overall physiological functions and can support recovery. Additionally, patients are advised to avoid air travel or strenuous activity following treatment. This is important because changes in atmospheric pressure during flights can potentially exacerbate conditions treated with HBOT, like decompression sickness, and engaging in strenuous movements could lead to further complications. These precautions are part of a responsible aftercare protocol designed to enhance recovery and minimize risks following the therapy. Engaging in normal or strenuous activities immediately after treatment does not provide the necessary recovery time and could interfere with the therapeutic effects of HBOT. Thus, careful monitoring and adherence to hydration and activity restrictions are vital components of post-HBOT care.

8. What does E.V.N.H.U.T.T. stand for in hyperbaric assessments?

- A. Emergency, Vitals, Neurological, Hospitalization, Urine output, Treatment, Time
- B. Environmental, Vitals, Neurological exam, Hydration, Urine output, Tender considerations, Time**
- C. Evaluation, Vitals, Neurological health, Urine output, Treatment, Timing
- D. Emergency, Vital signs, Neurology, Hyperventilation, Urine analysis, Therapeutic decisions

The acronym E.V.N.H.U.T.T. in hyperbaric assessments stands for Environmental, Vitals, Neurological exam, Hydration, Urine output, Tender considerations, and Time. This framework is designed to guide healthcare providers in organizing critical information during hyperbaric evaluations. The term "Environmental" highlights the necessity of understanding the conditions surrounding a patient's exposure to hyperbaric environments, which can influence treatment decisions. "Vitals" pertains to monitoring essential life signs, which are crucial in any medical assessment. The "Neurological exam" is vital for identifying any central nervous system issues that could arise from decompression sickness or other hyperbaric-related conditions. "Hydration" addresses the patient's fluid status, which can significantly affect their overall health and recovery in a hyperbaric setting. "Urine output" is monitored as it provides insight into kidney function and hydration levels. "Tender considerations" may refer to a careful assessment of any physical tenderness or discomfort, which can be indicative of potential complications. Lastly, "Time" emphasizes the importance of tracking the timing of events, such as the onset of symptoms or the timing of treatments, which can be critical for effective management. Understanding this acronym facilitates a comprehensive and systematic approach to patient assessments

9. How many hours must a tender wait to fly again after treatment?

- A. 24 hours
- B. 72 hours**
- C. 12 hours
- D. 4 hours

The correct answer indicates that a tender must wait 72 hours after treatment before flying again. This timeframe is rooted in ensuring that any residual nitrogen absorbed during their dive is sufficiently eliminated from the body, minimizing the risk of decompression sickness related to atmospheric pressure changes experienced during flying. Following treatment, particularly following hyperbaric oxygen therapy, the body needs adequate time to return to its normal physiological state. The 72-hour wait is especially critical if the diver has experienced significant exposures or symptoms of decompression illness, as the residual nitrogen can create complications when subjected to the lower pressures of an aircraft environment. This guideline is aligned with safety protocols established in hyperbaric medicine, emphasizing the importance of careful monitoring of divers post-treatment. This ensures that they are not only physically recovered but are also at a reduced risk of any complications that can arise from flying too soon after diving and potentially experiencing pressure changes.

10. Which treatment table is used when a diver asymptotically omits decompression from 20 or 30 feet and has 2 or fewer O₂ periods?

- A. Treatment table 4
- B. Treatment table 5**
- C. Treatment table 6
- D. Treatment table 7

Treatment table 5 is specifically designed for situations involving asymptomatic divers who have omitted decompression after dives at depths of 20 or 30 feet, particularly when the diver has had 2 or fewer oxygen periods. This treatment table allows for a controlled approach to managing the risk of decompression sickness (DCS), aligning with the safe practices established in hyperbaric medicine. The rationale behind utilizing Treatment table 5 is its balanced protocol that accommodates the diver's current asymptomatic status, ensuring that they are monitored and provided with appropriate oxygen therapy to minimize any potential risk of developing symptoms from omitted decompression. The focus is on reducing bubble formation and facilitating the elimination of inert gas from tissues while avoiding unnecessary complications associated with deeper treatments or extended protocols. The other treatment tables are intended for different scenarios that may involve deeper dives, symptomatic patients, or those with a greater number of O₂ periods, each with tailored decompression schedules designed to address the specific needs and risks associated with those cases. Thus, using Treatment table 5 for this particular situation provides the safest and most effective approach.

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://coastguardhyperbaricmed.examzify.com>

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

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