Comprehensive Respiratory and Burn Care 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

1. What interventions are necessary for electrical burns?

A. EKG, seizure precautions, monitor kidney function, and monitor for ARDS.

B. MRI of the brain only.

C. Physical therapy for limbs.

D. Antibiotics only.

2. What is the intervention for pneumothorax and tension pneumothorax?

A. Prepare for needle decompression/thoracentesis

B. Initiate high-flow oxygen and observe

C. Administer intravenous antibiotics

D. Obtain a CT scan of the chest

3. What should be the initial priorities in the management of any severe burn?

A. Antibiotics and wound debridement only.

B. Pain control and comfort measures only.

C. Airway and fluid resuscitation.

D. Nutritional support and infection control.

4. What are the interventions for a patient with shortness of breath, tachypnea, and cyanosis?

A. Sit them up, supply O2, and collect an ABG.

B. Administer a nebulized bronchodilator.

C. Place them in Trendelenburg and observe.

D. Initiate antibiotics.

5. In the emergent phase, which statement is true?

A. Wound cleansing is the primary emphasis in the initial minutes.

B. Surgical grafting is routinely performed in the first hour.

C. Pain control alone is sufficient in the emergent phase.

D. Securing the airway and ensuring adequate perfusion are priorities during the emergent phase.

6. What is an escharotomy?

- **A. Incision through eschar to relieve pressure.**
- **B. Removal of eschar on wound/burn.**
- **C. Application of topical antibiotics.**
- **D. Skin grafting.**

7. What is the intervention for a patient with hypercapnia?

- **A. Initiate invasive mechanical ventilation immediately.**
- **B. Put them on BiPAP and then reassess and reevaluate the patient.**
- **C. Administer nebulized bronchodilators only.**
- **D. Provide supplemental oxygen without ventilation support.**

8. What is flail chest and how will it present?

- **A. Two or more connected ribs broken with paradoxical movement**
- **B. Three or more connected ribs broken with paradoxical chest movement**
- **C. Single rib fracture with localized pain**
- **D. Rib contusion without fracture**

9. Which statement best reflects priorities in the emergent phase of burn care?

- **A. Wound cleansing is the first and only priority.**
- **B. Pain management is the sole focus in the initial minutes.**
- **C. Airway stability and perfusion assessment are not necessary if vital signs appear stable.**
- **D. Securing the airway and ensuring adequate perfusion, with MAP around 70, are priorities.**

10. Which assessment best estimates burn surface area in adults?

- **A. Rule of Nines**
- **B. Lund and Browder chart**
- **C. Palm method**
- **D. Burn depth scale**

Answers

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

Explanations

1. What interventions are necessary for electrical burns?

A. EKG, seizure precautions, monitor kidney function, and monitor for ARDS.

B. MRI of the brain only.

C. Physical therapy for limbs.

D. Antibiotics only.

Electrical burns carry a risk of multi-system injury, so the most appropriate interventions address potential cardiac, neurological, renal, and pulmonary complications. Continuous cardiac monitoring with an EKG is essential to detect and treat arrhythmias that electrical currents can provoke. Seizure precautions are important because CNS involvement from the current can lead to seizures or other neurologic events. Monitoring kidney function is crucial due to muscle breakdown from electrical injury (rhabdomyolysis) releasing myoglobin, which can cause acute kidney injury; this requires labs and careful fluid management. Watching for respiratory issues and signs of lung injury is also important since inhalation injury or systemic inflammation can progress to ARDS. Together, these actions cover the major immediate risks after electrical burns and guide prompt, life-saving care. The other options don't address this full spectrum: focusing only on brain MRI misses cardiac, renal, and pulmonary risks; physical therapy, while useful for rehabilitation, isn't an acute safety measure; antibiotics alone aren't routinely indicated without infection.

2. What is the intervention for pneumothorax and tension pneumothorax?

A. Prepare for needle decompression/thoracentesis

B. Initiate high-flow oxygen and observe

C. Administer intravenous antibiotics

D. Obtain a CT scan of the chest

Relief of air from the pleural space is the crucial action. In a pneumothorax, especially when tension is present, air is leaking into the pleural space and, if not relieved, can compress the lung and shift the mediastinum, leading to life-threatening drops in venous return and oxygenation. The fastest, definitive way to restore breathing and circulation is to decompress the space immediately. Immediate needle decompression (often followed by placement of a chest tube) is the standard emergent intervention. Needle decompression rapidly creates an escape route for the trapped air, buying time to place a chest tube that continuously evacuates air and allows re-expansion of the lung. Oxygen support helps improve oxygenation but does not replace the need to relieve the trapped air. Antibiotics or a CT scan aren't part of the acute management for this emergency. A CT scan is not the first step when a tension pneumothorax is suspected, and antibiotics aren't indicated unless there's a concurrent infection. In short, quickly relieving the pressure with decompression is the best intervention for both pneumothorax and tension pneumothorax, with chest tube insertion following to manage ongoing air leak.

3. What should be the initial priorities in the management of any severe burn?

A. Antibiotics and wound debridement only.

B. Pain control and comfort measures only.

C. Airway and fluid resuscitation.

D. Nutritional support and infection control.

Initial burn management focuses on life threats. In severe burns, airway can become compromised quickly due to facial burns, edema, or inhalation injury, so securing an airway and providing ventilatory support is essential early on. At the same time, massive fluid shifts from the injured tissues can cause rapid hypovolemia and shock, so starting fluid resuscitation promptly helps maintain perfusion to vital organs. Pain control and comfort are important, but they don't address these immediate life-threatening issues. Wound care, antibiotics, and infection control are critical parts of definitive management but follow stabilization of airway and circulation. Nutritional support supports recovery but is not the immediate priority before securing the airway and resuscitating fluids. So, the initial priorities are airway protection and fluid resuscitation.

4. What are the interventions for a patient with shortness of breath, tachypnea, and cyanosis?

A. Sit them up, supply O2, and collect an ABG.

B. Administer a nebulized bronchodilator.

C. Place them in Trendelenburg and observe.

D. Initiate antibiotics.

Stabilizing oxygenation and quickly assessing gas exchange are the immediate priorities in someone with shortness of breath, rapid breathing, and cyanosis. Sitting the patient upright helps expand the chest wall and improves diaphragmatic movement, making it easier to take in air. Supplying supplemental oxygen addresses the hypoxemia that cyanosis signals, reducing the body's demand for oxygen and helping tissue oxygen delivery. Obtaining an arterial blood gas provides objective data on how well oxygen is getting into the blood and how effectively the lungs are removing CO2, plus the acid-base status, which guides further treatment such as whether ventilation support is needed or if noninvasive or invasive measures should be considered. Nebulized bronchodilators can be useful if there is a history of reactive airway disease, but they don't address the immediate need to correct low blood oxygen levels. Trendelenburg positioning is not recommended for respiratory distress and can worsen breathing and circulation. Antibiotics are not an instant intervention for acute hypoxemia and dyspnea unless there's a suspected or confirmed infection.

5. In the emergent phase, which statement is true?

A. Wound cleansing is the primary emphasis in the initial minutes.

B. Surgical grafting is routinely performed in the first hour.

C. Pain control alone is sufficient in the emergent phase.

D. Securing the airway and ensuring adequate perfusion are priorities during the emergent phase.

In the emergent phase, the focus is on life-saving priorities: securing the airway and ensuring adequate perfusion. Burns cause rapid airway swelling and potential inhalation injury, which can obstruct breathing at any moment, so protecting ventilation—often with early intubation and high-flow oxygen—is essential. At the same time, large burn injuries drive dramatic fluid shifts that can lead to hypovolemia and shock; restoring circulating volume to maintain perfusion is critical for preventing organ failure. Wound cleansing and grafting are important steps, but they occur after the patient is stabilized, when the airway and circulation are secure. Pain management matters, yet it cannot take precedence over ensuring the airway and perfusion.

6. What is an escharotomy?

A. Incision through eschar to relieve pressure.

B. Removal of eschar on wound/burn.

C. Application of topical antibiotics.

D. Skin grafting.

Relieving pressure from the burned skin by cutting through the eschar to release constriction. When a circumferential burn forms an inelastic eschar, it acts like a tight shell that can compress blood vessels and, in the chest, limit expansion of the lungs. An escharotomy makes a controlled incision through the burned tissue so the skin and underlying structures can expand, restoring blood flow to the affected area and improving breathing in chest burns. It's a decompression procedure, not a removal of dead tissue or a later cosmetic step. Debridement would involve removing dead tissue, topical antibiotics are part of wound care, and skin grafting is a reconstructive step after acute management. So the best answer is the incision through the eschar to relieve pressure.

7. What is the intervention for a patient with hypercapnia?

A. Initiate invasive mechanical ventilation immediately.

B. Put them on BiPAP and then reassess and reevaluate the patient.

C. Administer nebulized bronchodilators only.

D. Provide supplemental oxygen without ventilation support.

Hypercapnic respiratory failure is caused by inadequate ventilation leading to elevated carbon dioxide. The goal is to improve ventilation and CO2 removal while avoiding intubation if possible. Noninvasive positive-pressure ventilation with BiPAP provides both inspiratory and expiratory support, which helps boost alveolar ventilation, reduce the work of breathing, and improve gas exchange. This approach can rapidly reduce CO2 levels and correct acidosis in many patients with hypercapnic failure (for example, COPD exacerbations or obesity hypoventilation) who are cooperative, hemodynamically stable, and able to protect their airway. Because of these benefits, starting BiPAP and reassessing the patient after a short trial is a sensible initial strategy. If there is no improvement, or if the patient deteriorates, escalation to invasive ventilation is considered. Relying on supplemental oxygen alone does not address the underlying ventilation issue and, in some hypercapnic patients, can worsen CO2 retention. Nebulized bronchodilators help with airway caliber but do not resolve the hypoventilation causing hypercapnia. Immediate invasive ventilation without attempting noninvasive support is reserved for those with signs of impending airway failure or severe deterioration where noninvasive methods are insufficient.

8. What is flail chest and how will it present?

A. Two or more connected ribs broken with paradoxical movement

B. Three or more connected ribs broken with paradoxical chest movement

C. Single rib fracture with localized pain

D. Rib contusion without fracture

Flail chest happens when a segment of the chest wall becomes unstable because multiple adjacent ribs are fractured in such a way that a free-moving portion is created. The hallmark is paradoxical motion: this segment moves inward during inhalation and outward during exhalation, opposite to the rest of the chest. That unusual movement disrupts ventilation of the underlying lung and often goes hand in hand with underlying lung contusion, leading to breathing difficulty and low oxygen levels. The best answer captures the defining picture: three or more connected ribs broken with paradoxical chest movement. That combination describes a sizable flail segment that can move paradoxically with breathing. The other options describe pain from a single rib fracture, a rib contusion without fracture, or a scenario that does not include paradoxical movement, none of which fully define flail chest.

9. Which statement best reflects priorities in the emergent phase of burn care?

A. Wound cleansing is the first and only priority.

B. Pain management is the sole focus in the initial minutes.

C. Airway stability and perfusion assessment are not necessary if vital signs appear stable.

D. Securing the airway and ensuring adequate perfusion, with MAP around 70, are priorities.

Emergent burn care centers on protecting the airway and preserving adequate perfusion. The airway can become obstructed quickly from facial burns and edema, and inhalation injury can worsen rapidly, so securing the airway early prevents life-threatening hypoxia. At the same time, large burn injuries cause fluid shifts that threaten circulation; maintaining perfusion is crucial to prevent shock and organ failure. A mean arterial pressure around 70 mmHg is used as a target to ensure adequate tissue and organ perfusion during resuscitation. Wound cleansing and pain control matter, but they do not take priority over airway protection and circulation in this phase. Even if vital signs seem stable at first, perfusion status must be monitored closely because deterioration can occur quickly in burns. So the best approach is to secure the airway and ensure adequate perfusion, with MAP near 70 as a guiding target.

10. Which assessment best estimates burn surface area in adults?

A. Rule of Nines

B. Lund and Browder chart

C. Palm method

D. Burn depth scale

In burn assessment, quickly estimating total body surface area burned is crucial for guiding fluid resuscitation and treatment decisions. The Rule of Nines provides a fast, standardized way to approximate TBSA by assigning whole regions of the body fixed percentages (for adults, major regions like head, each arm, trunk, legs, and the perineum sum to 100%). This makes it easy to perform at the bedside and align with common resuscitation protocols, which is why it's the best choice for estimating burn area in adults when speed and practicality matter. The Lund and Browder chart offers greater accuracy because it accounts for age-related body proportions, but it is more detailed and particularly advantageous for children; in adults, the advantage of speed with the Rule of Nines often makes it the preferred initial method. The palm method, while handy for very rough checks of small burns, is not reliable for estimating total burn area. A burn depth scale, on the other hand, measures how deep the injury is rather than how extensive it is, so it doesn't estimate surface area.

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://comprespiratoryandburncare.examzify.com

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