

Cough Reflex Test (CRT) Practice (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. What is the primary purpose of the Cough Reflex Test?

- A. To measure heart rate response**
- B. To assess cough effectiveness in airway protection**
- C. To determine lung capacity**
- D. To evaluate allergy responses**

2. What action should a respiratory therapist take if an aerosol mist disappears from the outlet of a reservoir system connected to a T-piece?

- A. Replace the existing nebulizer**
- B. Add a second nebulizer**
- C. Increase the flow rate**
- D. Switch to a different oxygen source**

3. When calibrating a helium analyzer, what should the analyzer read when using air for calibration?

- A. 100%**
- B. 50%**
- C. 0%**
- D. 25%**

4. What is the monitoring threshold for Maximum Inspiratory Pressure/Negative Inspiratory Force (MIP/NIF)?

- A. -10 to -15 cm H₂O**
- B. -25 to -30 cm H₂O**
- C. -20 to -25 cm H₂O**
- D. -5 to -10 cm H₂O**

5. Chronic productive cough is a symptom commonly linked to which condition?

- A. Asthma**
- B. TB (tuberculosis)**
- C. Cardiac conditions**
- D. Cystic fibrosis**

6. If a patient has been intubated for four days and the secretions are becoming tenacious, what is the best intervention?

- A. Administer saline nebulization**
- B. Increase the humidity of inhaled air**
- C. Ensure proximal airway temperature is 35 degrees C**
- D. Change the patient's position**

7. Which neurological condition might be assessed using the Cough Reflex Test?

- A. Alzheimer's disease**
- B. Multiple sclerosis**
- C. Both A and B**
- D. None of the above**

8. A cough that is worse when lying down may indicate which of the following?

- A. Chronic postnasal drip**
- B. Asthma**
- C. Bronchiectasis**
- D. Both A and C**

9. What's the recommended action for a restless infant receiving oxygen at 24% in an oxyhood?

- A. Change the oxyhood to a mask**
- B. Switch to nasal cannula**
- C. Replace the nebulizer with a blender**
- D. Increase the flow of oxygen**

10. What is the primary purpose of conducting an arterial blood gas analysis in a patient with COPD experiencing respiratory distress?

- A. To assess oxygen levels in the blood**
- B. To determine the cause of dyspnea**
- C. To monitor the effectiveness of bronchodilators**
- D. To evaluate acid-base balance**

Answers

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

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Explanations

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1. What is the primary purpose of the Cough Reflex Test?

- A. To measure heart rate response
- B. To assess cough effectiveness in airway protection**
- C. To determine lung capacity
- D. To evaluate allergy responses

The primary purpose of the Cough Reflex Test is to assess cough effectiveness in airway protection. This test evaluates how well an individual's cough reflex can clear secretions and protect the airways from potential pathogens or irritants. A strong cough reflex is essential for maintaining airway patency and preventing respiratory complications.

Understanding how effectively a patient can cough is critical in various clinical scenarios, particularly in conditions like chronic obstructive pulmonary disease (COPD) or after surgical procedures, where the ability to clear secretions is necessary for recovery and to prevent infections. In contrast, measuring heart rate response does not provide relevant information regarding airway protection. Determining lung capacity focuses on the volume of air that can be inhaled or exhaled, which, while related to respiratory health, does not directly assess the effectiveness of the cough reflex. Evaluating allergy responses pertains to how the immune system reacts to allergens, which is separate from the mechanical action of coughing to clear airways.

2. What action should a respiratory therapist take if an aerosol mist disappears from the outlet of a reservoir system connected to a T-piece?

- A. Replace the existing nebulizer
- B. Add a second nebulizer**
- C. Increase the flow rate
- D. Switch to a different oxygen source

The correct choice revolves around the necessity to ensure a consistent and adequate delivery of aerosol medication to the patient. When an aerosol mist disappears from the outlet of a reservoir system connected to a T-piece, this indicates that the current nebulizer may not be providing sufficient aerosol generation to effectively administer the treatment. Adding a second nebulizer can help to increase the overall output of the aerosol mist. This approach can enhance the delivery of medication by ensuring that more of the therapeutic agent is available, particularly if the first nebulizer is unable to maintain the desired level of aerosol output due to factors like blockage, reduced efficiency, or other technical issues. Increasing the flow rate might seem like a possible solution, but it does not necessarily address the problem of aerosol generation itself. Simply increasing the flow could lead to discomfort for the patient or waste of medication if not properly aerosolized. Switching to a different oxygen source could alter the delivery system, which might introduce complications or require additional adjustments that do not guarantee improved medication delivery. Replacing the existing nebulizer is a valid approach, but it might not be immediately necessary and can introduce delays in treatment. Meanwhile, the addition of a second nebulizer directly addresses the immediate issue of insufficient aerosol generation while allowing for continued treatment without interruption

3. When calibrating a helium analyzer, what should the analyzer read when using air for calibration?

- A. 100%**
- B. 50%**
- C. 0%**
- D. 25%**

The appropriate reading for a helium analyzer when calibrating with air is 0%. Helium analyzers are designed to measure the concentration of helium in a sample. Since air contains only trace amounts of helium (approximately 0.0005%), using air for calibration would result in the analyzer detecting a helium concentration of effectively zero. This establishes a baseline that ensures the analyzer can accurately measure increases in helium concentration when it is present in greater amounts. In contrast, readings such as 100%, 50%, or 25% imply the presence of helium at significant levels, which is not applicable when calibrating with air. This understanding is crucial for technicians and operators to ensure accurate measurement capabilities of helium in various applications.

4. What is the monitoring threshold for Maximum Inspiratory Pressure/Negative Inspiratory Force (MIP/NIF)?

- A. -10 to -15 cm H₂O**
- B. -25 to -30 cm H₂O**
- C. -20 to -25 cm H₂O**
- D. -5 to -10 cm H₂O**

The monitoring threshold for Maximum Inspiratory Pressure (MIP) or Negative Inspiratory Force (NIF) is important because it helps assess the strength of respiratory muscles and is crucial for evaluating a patient's ability to generate adequate negative pressure for inhalation. The correct range of -20 to -25 cm H₂O indicates a threshold that reflects potential respiratory dysfunction. Values within this range suggest that a patient may have insufficient inspiratory muscle strength, which could lead to inadequate ventilation. Monitoring MIP/NIF is particularly significant in clinical settings for patients with conditions such as neuromuscular diseases, chronic obstructive pulmonary disease (COPD), or those requiring mechanical ventilation support. A reading below this threshold indicates a potential risk for respiratory failure and may prompt further evaluation or intervention to maintain respiratory function. Understanding this threshold allows healthcare providers to implement timely interventions, such as respiratory therapy or supportive measures, to enhance the patient's respiratory effort and overall health outcomes.

5. Chronic productive cough is a symptom commonly linked to which condition?

- A. Asthma**
- B. TB (tuberculosis)**
- C. Cardiac conditions**
- D. Cystic fibrosis**

Chronic productive cough is most commonly linked to tuberculosis (TB) because this condition primarily affects the lungs and is characterized by persistent coughing that produces sputum. In TB, the body's inflammatory response to the bacteria leads to the formation of granulomas in the lung tissue, which can cause significant damage and lead to symptoms such as chronic cough, often accompanied by the production of thick, purulent sputum. While other conditions like asthma, cardiac problems, and cystic fibrosis can also feature a chronic cough, they tend to manifest differently. Asthma often presents with wheezing and dry cough, particularly during exacerbations, rather than a productive cough. Cardiac conditions may cause cough due to fluid buildup in the lungs, but this is typically linked to heart failure and is not characterized as productive in the same way as TB. Cystic fibrosis does lead to a chronic productive cough due to thick mucus production, but TB is specifically noted for its associated cough that is often chronic and productive primarily due to the infectious nature of the disease and its impact on lung health.

6. If a patient has been intubated for four days and the secretions are becoming tenacious, what is the best intervention?

- A. Administer saline nebulization**
- B. Increase the humidity of inhaled air**
- C. Ensure proximal airway temperature is 35 degrees C**
- D. Change the patient's position**

The best intervention in this scenario is to ensure that the proximal airway temperature is maintained at 35 degrees Celsius. When a patient is intubated for an extended period, such as four days, the air they are receiving is often cold and dry, which can lead to thickened and tenacious secretions. By maintaining an appropriate temperature at the proximal airway, you can help to keep secretions more fluid and easier to manage. Warmed air contributes to better humidification of the respiratory tract, which is crucial for preventing the secretions from becoming overly thick. Increasing the humidity of inhaled air could also help, as humidification assists in thinning secretions. However, simply increasing humidity may not be as effective as ensuring the appropriate temperature is maintained at the airway. Saline nebulization is another potential intervention that can help manage secretions, but it typically acts as a supplementary measure rather than a primary intervention when thick secretions are an issue. Changing the patient's position can be beneficial for drainage of secretions but might not directly address the issue of their tenacity. Keeping proximal airway temperature at ideal levels serves to enhance both mucosal function and secretion clearance.

7. Which neurological condition might be assessed using the Cough Reflex Test?

- A. Alzheimer's disease**
- B. Multiple sclerosis**
- C. Both A and B**
- D. None of the above**

The Cough Reflex Test can be an important assessment tool for various neurological conditions, including both Alzheimer's disease and multiple sclerosis. In each of these conditions, the integrity of the neurological pathways involved in the cough reflex can be compromised. In Alzheimer's disease, patients may experience cognitive decline that affects their ability to protect their airway, as the cough reflex is part of a complex neurological process that requires both sensory input and motor response. An impaired cough reflex can result in an increased risk of aspiration and respiratory infections, making its assessment critical. Similarly, in multiple sclerosis, the disease can affect the nervous system in ways that may compromise the cough reflex. Neurodegeneration and demyelination in the brain and spinal cord can lead to reduced motor function and coordination issues, which can also impact the effectiveness of the cough reflex. Therefore, assessing the cough reflex can provide valuable insight into the neurological function of individuals with these conditions, aiding in diagnosis and management strategies. This is why both Alzheimer's disease and multiple sclerosis are relevant considerations in the context of the Cough Reflex Test.

8. A cough that is worse when lying down may indicate which of the following?

- A. Chronic postnasal drip**
- B. Asthma**
- C. Bronchiectasis**
- D. Both A and C**

A cough that worsens when lying down is often associated with specific respiratory conditions, particularly those related to postnasal drip and bronchiectasis. When a person lies down, gravity affects the drainage of mucus, potentially leading to an increase in postnasal drip, which can irritate the throat and trigger coughing. Additionally, bronchiectasis, a condition characterized by the abnormal and permanent dilation of the bronchi, can result in excessive mucus production. When lying down, mucus may pool and irritate the airways, resulting in increased coughing. Both chronic postnasal drip and bronchiectasis can lead to significant cough symptoms that are exacerbated by lying flat. Asthma, on the other hand, typically does not have a direct correlation with position in terms of worsening cough, and while it can cause nighttime symptoms, it is not specifically characterized by increased coughing when lying down. Thus, recognizing that chronic postnasal drip and bronchiectasis are both conditions that can manifest this specific symptom provides a basis for concluding that both A and C are correct answers in this context.

9. What's the recommended action for a restless infant receiving oxygen at 24% in an oxyhood?

- A. Change the oxyhood to a mask**
- B. Switch to nasal cannula**
- C. Replace the nebulizer with a blender**
- D. Increase the flow of oxygen**

For a restless infant receiving oxygen in an oxyhood at 24%, replacing the nebulizer with a blender is the recommended action because it allows for better control of the oxygen concentration and a more stable delivery method. An oxyhood is designed to deliver a consistent oxygen concentration, but if an infant is restless, it may lead to fluctuations in the effective oxygen delivery. Using a blender enables healthcare providers to adjust the oxygen concentration precisely while ensuring that the infant receives the appropriate level of oxygen therapy without the risk of hypoxia or hyperoxia. This choice addresses both the need for adequate oxygen delivery and the control required due to the infant's restlessness. In contrast, changing the oxyhood to a mask or switching to a nasal cannula might not provide the same level of controlled oxygen delivery that the oxyhood can offer. Increasing the flow of oxygen does not necessarily resolve the issue of restlessness and could lead to oxygen wastage or discomfort for the infant. Thus, transitioning to a blender is the most effective and practical solution in this scenario.

10. What is the primary purpose of conducting an arterial blood gas analysis in a patient with COPD experiencing respiratory distress?

- A. To assess oxygen levels in the blood**
- B. To determine the cause of dyspnea**
- C. To monitor the effectiveness of bronchodilators**
- D. To evaluate acid-base balance**

The primary purpose of conducting an arterial blood gas analysis in a patient with COPD experiencing respiratory distress is to evaluate acid-base balance. In patients with COPD, particularly during episodes of respiratory distress, there can be significant alterations in the acid-base status due to impaired gas exchange. An arterial blood gas (ABG) test provides crucial information about the patient's pH, partial pressures of carbon dioxide (PaCO₂), and oxygen (PaO₂), allowing healthcare providers to identify respiratory acidosis or metabolic disturbances that may be contributing to the patient's clinical condition. By assessing acid-base balance, clinicians can determine whether the respiratory system is adequately compensating for elevated carbon dioxide levels and if any interventions are required to restore normal balance. Understanding the acid-base status is essential for guiding treatment and monitoring the patient's response to therapy.

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://coughreflexttest.examzify.com>

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

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