Kettering Patient Assessment Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. What is recommended for treating medium crackles?

- **A. Fluid therapy**
- **B. Hygiene therapy or chest physiotherapy**
- **C. Inhaled steroids**
- **D. Antibiotics**

2. What does green sputum indicate?

- **A. Fresh Blood**
- **B. Normal Condition**
- **C. Stagnant Sputum, gram negative bacteria**
- **D. Virus Infection**

3. What effect does increased intracranial pressure have on breathing patterns?

- **A. Leads to irregular respiratory rhythm**
- **B. Causes shallow and rapid breaths**
- **C. Results in Cheyne-Stokes respiration**
- **D. Prevents gas exchange in the lungs**

4. What treatment is advised for Multifocal PVC?

- **A. Immediate surgery**
- **B. Oxygen and consideration of other causes**
- **C. Defibrillation**
- **D. Beta-blockers**

5. Yellow sputum analysis suggests the presence of what?

- **A. Old Blood**
- **B. Viral Infection**
- **C. WBC (eosinophils), bacterial infection**
- **D. Normal Flora**

6. If an assessment of an infant 1 minute after birth gives an APGAR score of 5 (4-6), what should the therapist do?

- **A. Monitor - routine care**
- **B. Stimulate, warm, and administer O2**
- **C. Resuscitate**
- **D. Provide immediate sedation**

7. What is the normal temperature range for an infant?

A. 34.5 C

B. 36.5 C

C. 38.5 C

D. 37.5 C

8. What do bronchial breath sounds over the trachea and bronchi indicate?

A. Normal lung sounds

B. Consolidated lung

C. Fluid in the lungs

D. Collapsed lung

9. What finding is associated with cavity formation in a patient?

A. Pleural effusion

B. ARDS or IRDS

C. Pneumonia

D. Tuberculosis

10. What is Exhaled Carbon Monoxide (FEco) testing primarily used for?

A. Measuring carbon dioxide levels

B. Assessing lung function

C. Monitoring a patient's abstinence from smoking

D. Evaluating respiratory infections

Answers

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

Explanations

1. What is recommended for treating medium crackles?

A. Fluid therapy

B. Hygiene therapy or chest physiotherapy

C. Inhaled steroids

D. Antibiotics

Medium crackles, often associated with conditions like pneumonia or congestive heart failure, indicate the presence of fluid in the airways or alveoli. The recommended approach for treating medium crackles includes hygiene therapy or chest physiotherapy. This type of therapy aims to clear mucus and secretions from the lungs, thereby improving airway patency and enhancing ventilation. Techniques involved may include postural drainage, percussion, and vibration, which help mobilize secretions, making it easier for the patient to expel them through coughing. Other options, while they may be applicable in different contexts or specific underlying conditions, do not specifically target the immediate cause of medium crackles. For instance, fluid therapy may worsen the condition if the crackles are due to fluid overload, while inhaled steroids primarily help with inflammation in obstructive conditions, and antibiotics would be appropriate only if there's a confirmed bacterial infection causing pneumonia, but not necessarily for management of crackles alone. Thus, hygiene therapy or chest physiotherapy is the most fitting choice for addressing medium crackles effectively.

2. What does green sputum indicate?

A. Fresh Blood

B. Normal Condition

C. Stagnant Sputum, gram negative bacteria

D. Virus Infection

Green sputum is often indicative of stagnant sputum that has been colonized by gram-negative bacteria. This coloration typically arises from the presence of neutrophils and bacteria in the sputum, which are involved in the body's immune response to infection. When a patient has a respiratory infection, such as bronchitis or pneumonia, these bacteria can produce specific enzymes and pigments that turn the sputum green. The presence of green sputum suggests that there may be a significant bacterial component to the illness, highlighting the need for further evaluation and possibly antibiotic treatment. Recognizing this characteristic of sputum can help healthcare providers determine the underlying cause of a patient's respiratory symptoms and guide appropriate management strategies.

3. What effect does increased intracranial pressure have on breathing patterns?

A. Leads to irregular respiratory rhythm

B. Causes shallow and rapid breaths

C. Results in Cheyne-Stokes respiration

D. Prevents gas exchange in the lungs

Increased intracranial pressure (ICP) can indeed lead to Cheyne-Stokes respiration, which is characterized by periods of deep breathing followed by periods of apnea. This breathing pattern occurs due to the influence of ICP on the brain's respiratory centers, particularly in the medulla oblongata. As pressure increases in the cranial cavity, it can affect neural regulation of breathing, leading to this abnormal rhythm. Cheyne-Stokes respiration reflects the brain's impaired ability to appropriately regulate ventilation in response to changing levels of carbon dioxide and oxygen, resulting in the cyclical pattern observed. Understanding this respiratory pattern is crucial in clinical settings, as it may indicate deteriorating neurological status or increased pressure on brain structures. Other options describe various respiratory responses that might occur due to different pathological conditions but do not specifically correlate to the unique effects of increased intracranial pressure on breathing patterns.

4. What treatment is advised for Multifocal PVC?

A. Immediate surgery

B. Oxygen and consideration of other causes

C. Defibrillation

D. Beta-blockers

In the case of multifocal premature ventricular contractions (PVCs), the recommended treatment typically involves addressing underlying causes and supportive care, which includes providing oxygen and considering other contributing factors to the patient's condition. Multifocal PVCs often indicate some degree of irritability in the heart's electrical system, and these irritations can stem from various sources such as electrolyte imbalances, ischemia, or increased sympathetic tone. Oxygen therapy is important if there's any indication of hypoxia, as the heart requires adequate oxygen supply to function properly. Additionally, evaluating and treating other causes, such as dehydration, electrolyte disorders, or underlying heart disease, is crucial to managing and potentially reducing the occurrence of PVCs. Immediate surgery is generally reserved for severe cases or structural heart issues, not for multifocal PVCs on their own. Similarly, defibrillation is necessary in life-threatening arrhythmias like ventricular fibrillation or unstable tachycardia, but not for multifocal PVCs, which are typically not immediately life-threatening. Beta-blockers may also be used in some cases to suppress PVCs, but the first approach would usually still be to stabilize the patient and determine if other factors need to be managed. Thus, the emphasis on oxygen and consideration of other causes aligns

5. Yellow sputum analysis suggests the presence of what?

A. Old Blood

B. Viral Infection

C. WBC (eosinophils), bacterial infection

D. Normal Flora

The presence of yellow sputum is primarily associated with the body's response to infection or inflammation, particularly when there is an accumulation of white blood cells (WBCs), including eosinophils. When the immune system responds to an infection, such as a bacterial infection, it mobilizes these white blood cells to the site of infection. The yellow color in the sputum typically indicates the presence of neutrophils, which are a type of white blood cell that fights off infections, but it can also suggest an allergic response, which involves eosinophils. In the context of respiratory conditions, the appearance of yellow sputum usually correlates with an inflammatory process, often due to bacterial pathogens. This indicates that the body is producing a significant immune response and that there may be an ongoing infection that requires attention. Thus, analyzing yellow sputum can help healthcare professionals determine the need for further diagnostic testing or treatment strategies, thereby guiding clinical management. Other answer choices do not reflect the typical cause of yellow sputum accurately; for example, old blood would present with a different color, while viral infections more commonly produce clear or white sputum and normal flora typically do not cause the specific yellow coloration seen in active infections.

6. If an assessment of an infant 1 minute after birth gives an APGAR score of 5 (4-6), what should the therapist do?

A. Monitor - routine care

B. Stimulate, warm, and administer O2

C. Resuscitate

D. Provide immediate sedation

An APGAR score of 5 indicates that the infant is showing some signs of distress but is not in immediate critical condition. Scores between 4 and 6 suggest that while the infant requires attention, they do not necessarily need aggressive intervention at that moment. In this situation, the appropriate response would be to stimulate the infant, provide warmth, and administer oxygen if necessary. Stimulation helps to encourage the infant to breathe and improve their circulation, while warming is crucial to prevent hypothermia—a common concern for newborns immediately after birth. Administering oxygen is important if the infant is exhibiting signs of respiratory distress or if there are concerns about their oxygen saturation levels. Monitoring the infant alone would not adequately address the needs implied by the lower APGAR score, as it could lead to the condition worsening without proactive care. Resuscitation may not be necessary unless the infant's condition deteriorates despite initial interventions. Providing sedation is not appropriate in this context, especially since the infant needs stimulation rather than suppression of their neurological responses. Therefore, by choosing to stimulate, warm, and administer oxygen, the therapist is taking the necessary and appropriate measures to support the infant's transition to extrauterine life effectively.

7. What is the normal temperature range for an infant?

A. 34.5 C

B. 36.5 C

C. 38.5 C

D. 37.5 C

The normal temperature range for an infant is typically recognized as being between 36.5°C to 37.5°C. This range is based on the guidelines of health organizations, which indicate that a normal body temperature in infants generally falls around 37°C. While individual measurements can vary slightly based on the method of measurement (oral, rectal, or axillary), 36.5°C represents the low end of normal for infants, making it an appropriate selection. In this context, other temperature values provided in the choices reflect either hypothermia (34.5°C is too low) or fever (38.5°C and 37.5°C are on the higher end or above the normal range). Thus, the selection of 36.5°C aligns with established pediatric norms for infant body temperature.

8. What do bronchial breath sounds over the trachea and bronchi indicate?

A. Normal lung sounds

B. Consolidated lung

C. Fluid in the lungs

D. Collapsed lung

Bronchial breath sounds heard over the trachea and bronchi indicate normal lung function when auscultated in the appropriate locations. These sounds are characterized by a higher pitch and are typically loud and harsh, resembling the sounds of air flowing through a large airway. It's important to recognize that while bronchial sounds are normal over the trachea, they may indicate pathology when heard over peripheral lung areas, such as lung consolidation. Therefore, when bronchial breath sounds are correctly located over the trachea and main bronchi, it is a normal finding reflecting healthy air movement through these larger airways.

9. What finding is associated with cavity formation in a patient?

A. Pleural effusion

B. ARDS or IRDS

C. Pneumonia

D. Tuberculosis

Cavity formation in the lungs is typically linked to certain infectious diseases, particularly tuberculosis. When tuberculosis progresses, it can lead to the destruction of lung tissue, resulting in the formation of cavities. These cavities are areas filled with air or fluid that develop as the body attempts to fight the infection and can be observed on imaging studies like a chest X-ray or CT scan. Tuberculosis is known for its tendency to cause necrosis of lung tissue, which contributes to the cavity formation. Patients with active tuberculosis may present with symptoms such as chronic cough, weight loss, night sweats, and hemoptysis, and the presence of cavities is a hallmark of more severe disease. While pneumonia can also lead to lung pathology, it typically does not cause the same type of cavity formation associated with tuberculosis. Pleural effusion refers to fluid accumulation in the pleural space and is not characterized by cavities in lung tissue. Acute Respiratory Distress Syndrome (ARDS) or Infant Respiratory Distress Syndrome (IRDS) involves impaired gas exchange and swelling in the lungs but does not result in cavity formation either. Therefore, tuberculosis is the condition most directly associated with the finding of cavity formation in a patient.

10. What is Exhaled Carbon Monoxide (FEco) testing primarily used for?

A. Measuring carbon dioxide levels

B. Assessing lung function

C. Monitoring a patient's abstinence from smoking

D. Evaluating respiratory infections

Exhaled Carbon Monoxide (FEco) testing is primarily used to monitor a patient's abstinence from smoking. This diagnostic tool measures the level of carbon monoxide gas that is expelled during exhalation, which is a byproduct of combustion, including that from cigarette smoke. When a patient smokes, their carbon monoxide levels rise significantly. Conversely, when they stop smoking, the levels of exhaled carbon monoxide decrease over time. Therefore, healthcare providers use this non-invasive test to assess an individual's smoking status and verify whether they have successfully abstained from smoking, providing a valuable metric for both treatment plans and patient counseling. Other options, such as measuring carbon dioxide levels, assessing lung function, or evaluating respiratory infections, do not fall under the primary use of FEco testing. Carbon dioxide levels would typically be assessed through different methods, and lung function tests usually involve spirometry or gas exchange measurements, not carbon monoxide levels. Similarly, while exhaled carbon monoxide could indirectly suggest changes related to respiratory infections, it is not a primary tool for diagnosing those conditions.