

Kettering Patient Assessment Practice Test (Sample)

Study Guide



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SAMPLE

Questions

SAMPLE

- 1. What condition is indicated by multiple PVCs in succession?**
 - A. Sinus tachycardia**
 - B. Ventricular tachycardia**
 - C. Normal Sinus Rhythm**
 - D. Bradyarrhythmias**
- 2. Signs of pulmonary embolism can often be detected through which diagnostic procedure?**
 - A. CT scan**
 - B. Electrocardiogram**
 - C. X-ray**
 - D. Blood test**
- 3. When performing a lateral decubitus x-ray, the patient should lie on which side?**
 - A. The normal side**
 - B. The affected side**
 - C. The left side**
 - D. The right side**
- 4. Which of the following is NOT a characteristic of a normal X-ray?**
 - A. Both hemidiaphragms are rounded**
 - B. The right hemidiaphragm is slightly higher than the left**
 - C. The trachea is midline**
 - D. Darkening of lung tissue**
- 5. Changes in Central Venous Pressure (CVP) indicate problems with which aspect of body function?**
 - A. Fluid balance**
 - B. Cardiac output**
 - C. Respiratory rate**
 - D. Oxygenation levels**

- 6. What does pectus excavatum refer to in terms of physical anatomy?**
- A. Anterior protrusion of the sternum**
 - B. Depression of part of the sternum**
 - C. Lateral curvature of the spine**
 - D. Convex curvature of the spine**
- 7. An infant is described as having blue extremities, a heart rate of 88, no cough, some flexion of the extremities, and a slow, irregular weak cry. What is the APGAR score?**
- A. 2**
 - B. 4**
 - C. 6**
 - D. 8**
- 8. Bradycardia is indicated by a heart rate less than what threshold?**
- A. 50**
 - B. 60**
 - C. 70**
 - D. 80**
- 9. What does an L/S ratio of less than 2:1 typically warrant for preterm infants?**
- A. Avoidance of nursing**
 - B. Immediate surfactant therapy**
 - C. Regular glucose monitoring**
 - D. Enhanced nutritional intake**
- 10. An adverse reaction is indicated by a change in HR greater than what number?**
- A. 10**
 - B. 15**
 - C. 20**
 - D. 25**

Answers

SAMPLE

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

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Explanations

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1. What condition is indicated by multiple PVCs in succession?

- A. Sinus tachycardia**
- B. Ventricular tachycardia**
- C. Normal Sinus Rhythm**
- D. Bradyarrhythmias**

The presence of multiple premature ventricular contractions (PVCs) in succession typically indicates ventricular tachycardia (VT). This condition is characterized by a rapid heart rate that originates from the ventricles and can manifest as three or more consecutive PVCs. Ventricular tachycardia can be a serious arrhythmia that may lead to more severe conditions, including ventricular fibrillation or cardiac arrest, particularly if it persists. Recognizing this pattern is critical for clinicians, as it often necessitates immediate medical intervention to prevent deterioration of the patient's cardiovascular status. In contrast, sinus tachycardia represents a normal increase in heart rate due to physiological demands, while normal sinus rhythm indicates a regular heart rate originating from the sinoatrial node. Bradyarrhythmias, which involve a slower than normal heart rate, do not relate to the occurrence of multiple PVCs in succession and would not lead to conditions where such PVC patterns are observed.

2. Signs of pulmonary embolism can often be detected through which diagnostic procedure?

- A. CT scan**
- B. Electrocardiogram**
- C. X-ray**
- D. Blood test**

A CT scan is particularly effective in diagnosing pulmonary embolism because it provides detailed images of the blood vessels in the lungs, allowing for the visualization of clots that may be obstructing blood flow. This imaging technique, specifically CT pulmonary angiography, is a preferred method due to its speed and accuracy in identifying emboli. In the context of diagnosing pulmonary embolism, other diagnostic methods do not provide the same level of specificity. An electrocardiogram can show heart strain or other indirect signs but is not definitive for detecting clots. An X-ray may help to rule out other conditions but typically does not reveal pulmonary embolism directly. Blood tests, such as D-dimer tests, may indicate a higher likelihood of clot presence but cannot confirm or visualize the embolism itself. Thus, while they can support the overall clinical picture, they are not used as primary diagnostic tools for pulmonary embolism like a CT scan is.

3. When performing a lateral decubitus x-ray, the patient should lie on which side?

- A. The normal side**
- B. The affected side**
- C. The left side**
- D. The right side**

In a lateral decubitus x-ray, the patient should lie on the affected side to accurately assess abnormalities or conditions present in that area. This positioning allows gravity to help separate the structures of interest, enhancing the visibility of any pathological changes, fluid levels, or other findings that may be present in the affected lung or organ. When the patient is on their affected side, the x-ray can effectively demonstrate conditions like pleural effusion, where fluid tends to accumulate and can be seen more clearly in this position. In contrast, lying on the normal side would obscure the view of the affected area and potentially misrepresent the presence or extent of any disease. Other options, indicating a specific side without context regarding the patient's condition, do not consider the necessity for adequate visualization of abnormalities, which is critical for accurate diagnosis and treatment planning.

4. Which of the following is NOT a characteristic of a normal X-ray?

- A. Both hemidiaphragms are rounded**
- B. The right hemidiaphragm is slightly higher than the left**
- C. The trachea is midline**
- D. Darkening of lung tissue**

In the context of a normal X-ray, the correct characteristic that stands out is the darkening of lung tissue. In a normal chest X-ray, the lung fields should appear radiolucent, which means they will show up darker due to the presence of air in the lungs. This air absorbs less X-ray radiation, resulting in darker areas on the film. The other characteristics mentioned in the options are typically observed in a normal chest X-ray. Both hemidiaphragms being rounded indicates normal diaphragm positioning and function. The right hemidiaphragm is often slightly higher than the left due to the presence of the liver beneath it, which is a normal anatomical variant. Finally, the trachea being midline suggests that there is no mediastinal shift, which is also an indicator of a normal chest. Thus, darkening of lung tissue due to excess air or pathological conditions would not be considered a characteristic of a normal X-ray, making it the best choice for this question.

5. Changes in Central Venous Pressure (CVP) indicate problems with which aspect of body function?

- A. Fluid balance**
- B. Cardiac output**
- C. Respiratory rate**
- D. Oxygenation levels**

Changes in Central Venous Pressure (CVP) primarily reflect the status of fluid balance within the body. CVP provides information about the pressure in the large veins close to the heart, particularly the right atrium. An increase in CVP typically indicates fluid overload or heart failure, suggesting that the body is retaining more fluid than it can manage effectively. Conversely, a decrease in CVP may imply hypovolemia or fluid deficit, highlighting that the body lacks an adequate volume of fluid to maintain proper circulation and perfusion. The measurement of CVP is crucial in assessing a patient's fluid status and guiding therapy related to fluid management. It does not directly measure cardiac output, although it can indirectly suggest changes, as imbalances in fluid volume can affect the heart's performance. CVP does not provide information about respiratory rate or oxygenation levels, as these parameters are assessed through different means, such as arterial blood gases or clinical observation of breath patterns. Thus, the primary function of CVP in this context is to indicate fluid balance within the body.

6. What does pectus excavatum refer to in terms of physical anatomy?

- A. Anterior protrusion of the sternum**
- B. Depression of part of the sternum**
- C. Lateral curvature of the spine**
- D. Convex curvature of the spine**

Pectus excavatum refers specifically to a condition characterized by a depression or inward indentation of part of the sternum, often resulting in a sunken appearance in the chest wall. This anatomical abnormality typically occurs during childhood and can vary in severity, influencing both cosmetic appearance and, in some cases, respiratory function. Understanding pectus excavatum is crucial for differentiating it from other conditions. For instance, an anterior protrusion of the sternum relates to pectus carinatum, where the sternum is displaced outward, while lateral curvature of the spine pertains to scoliosis. Similarly, convex curvature refers to kyphosis, which involves an exaggerated forward rounding of the back. Each of these conditions impacts the body in distinct ways, emphasizing the importance of precise terminology in anatomy.

7. An infant is described as having blue extremities, a heart rate of 88, no cough, some flexion of the extremities, and a slow, irregular weak cry. What is the APGAR score?

A. 2

B. 4

C. 6

D. 8

To determine the APGAR score for the infant described, we evaluate the five criteria outlined in the APGAR scoring system, which are Appearance (color), Pulse (heart rate), Grimace response (reflexes), Activity (muscle tone), and Respiration (breathing effort). Each category is scored from 0 to 2, with a maximum possible score of 10. 1.

****Appearance (color)**:** The infant has blue extremities, indicating cyanosis. This description typically scores 1 point for having a body color that is pink but with blue extremities. 2. ****Pulse (heart rate)**:** A heart rate of 88 indicates that it is below the threshold of 100 beats per minute for a score of 2. This score would be 0 for a heart rate less than 60. Therefore, the infant scores 0 for pulse. 3. ****Grimace response (reflexes)**:** Since the description does not provide information about the infant's reflexes, we cannot assign points here confidently based on the given data. Often, weak responses might suggest a score of 1 or even 0, but additional details are required to accurately score this. 4. ****Activity (muscle tone)**

8. Bradycardia is indicated by a heart rate less than what threshold?

A. 50

B. 60

C. 70

D. 80

Bradycardia is defined as a slower than normal heart rate, typically characterized by a heart rate of less than 60 beats per minute. Therefore, the threshold for bradycardia is set at 60 beats per minute or lower. Understanding this is important because recognizing bradycardia can be critical in assessing a patient's hemodynamic status and determining the need for treatment. A heart rate below this level can indicate various underlying conditions, such as increased vagal tone, certain medications, or cardiac conduction abnormalities. This threshold is clinically relevant in various settings, including emergency situations, where timely recognition and intervention are essential for patient safety.

9. What does an L/S ratio of less than 2:1 typically warrant for preterm infants?

- A. Avoidance of nursing**
- B. Immediate surfactant therapy**
- C. Regular glucose monitoring**
- D. Enhanced nutritional intake**

An L/S ratio, or lecithin/sphingomyelin ratio, is a crucial indicator of fetal lung maturity. A lower L/S ratio, specifically one that is less than 2:1, suggests that the surfactant levels in the infant's lungs are inadequate for proper alveolar function. Surfactant is a substance that helps reduce surface tension in the lungs, preventing the collapse of the alveoli and facilitating gas exchange after birth. When the L/S ratio is below this threshold, it typically signifies a higher risk for respiratory distress syndrome (RDS) in preterm infants, a condition characterized by insufficient surfactant production. To address this, immediate surfactant therapy is warranted, as it can provide the necessary surfactant to improve lung function and oxygenation. While other options may be relevant in different contexts of preterm care, they do not specifically address the immediate need for improving respiratory function, which is critical when dealing with an L/S ratio of less than 2:1. Therefore, administering surfactant therapy directly targets the underlying cause of potential respiratory issues in these infants.

10. An adverse reaction is indicated by a change in HR greater than what number?

- A. 10**
- B. 15**
- C. 20**
- D. 25**

An adverse reaction in the context of patient assessment is often identified by a significant change in heart rate (HR). A change of greater than 20 beats per minute typically indicates a concerning shift that may warrant further investigation or intervention. This threshold is often used in clinical practice to help identify potential complications or responses to treatment that could be harmful to the patient. Changes beyond this level may suggest that the patient's physiological status has altered significantly, potentially due to factors such as pain, anxiety, medication response, or underlying medical conditions. Recognizing these changes is crucial for healthcare providers as it allows for timely assessment and appropriate action to address any adverse reactions. The thresholds below this level do not generally indicate the same level of concern and may not require immediate attention.