

LINDSEY JONES TEST E PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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 could cause an increase in FIO₂ at a tracheostomy collar when testing with a galvanic fuel cell analyzer?**
 - A. Calibration error in the galvanic fuel cell
 - B. Clogged jet orifice in the nebulizer
 - C. Too much water in the circuit
 - D. Aerosol tubing is too short
- 2. During asthma treatment, which condition would warrant increasing the dose of bronchodilators?**
 - A. Hypoxemia
 - B. Wheezing despite current therapy
 - C. Stable lung function tests
 - D. Patient-Reported Improvement
- 3. After intubating a patient, which action best confirms the placement of the endotracheal tube?**
 - A. Assess chest rise symmetry
 - B. Obtain a chest radiograph
 - C. Auscultate breath sounds
 - D. Examine tube markings near the lips
- 4. What condition is most likely indicated by a patient demonstrating intercostal use and sternal retractions?**
 - A. Carbon monoxide poisoning
 - B. Upper airway obstruction
 - C. ARDS
 - D. Flail chest
- 5. What procedure should a respiratory therapist recommend after observing a chest CT image?**
 - A. Needle decompression of the left chest
 - B. Postural draining and percussion of the right chest
 - C. Thoracentesis
 - D. Oblique chest radiograph

6. What is the maximum diameter of a suction catheter in relation to the internal diameter of an endotracheal tube?
- A. 1/4
 - B. 2/3
 - C. 3/4
 - D. 1/2
7. What device is essential for measuring a patient's airway resistance?
- A. Turbine pneumotachometer
 - B. Wheatstone bridge helium analyzer
 - C. Geissler tube nitrogen analyzer
 - D. Body box
8. How do telemarketing regulations impact insurance sales?
- A. They increase the number of unsolicited calls received
 - B. They establish guidelines to protect consumers from unsolicited calls
 - C. They eliminate the need for compliance in outbound calls
 - D. They allow insurance companies to contact consumers without restrictions
9. Which section of the Lindsey Jones Test E deals with insurance practices?
- A. General knowledge
 - B. Insurance regulations
 - C. Claims processing
 - D. All of the above
10. What condition is indicated by the abnormal elevation of the left hemidiaphragm on a chest radiograph?
- A. Herniation of the left hemidiaphragm
 - B. Hemothorax
 - C. Pneumothorax on the left
 - D. Atelectasis in the left lower lobe

Answers

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

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Explanations

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1. What could cause an increase in FIO₂ at a tracheostomy collar when testing with a galvanic fuel cell analyzer?

- A. Calibration error in the galvanic fuel cell
- B. Clogged jet orifice in the nebulizer
- C. Too much water in the circuit**
- D. Aerosol tubing is too short

An increase in FIO₂ (fraction of inspired oxygen) at a tracheostomy collar when measuring with a galvanic fuel cell analyzer can indeed be attributed to too much water in the circuit. When there is excessive water in the circuit, it can lead to several issues, including increased resistance to gas flow and potential partial occlusion, which can modify the gas mixture that is being delivered. This alteration in flow dynamics can effectively raise the concentration of oxygen being delivered, resulting in a higher FIO₂ reading on the analyzer. The other potential causes might not directly influence the FIO₂ reading in the same manner. Calibration errors in the galvanic fuel cell could lead to inaccurate readings but would not inherently change the actual FIO₂ being delivered. A clogged jet orifice in the nebulizer would primarily affect aerosol delivery rather than FIO₂ levels since it impacts the amount of humidification and medication delivered without necessarily altering oxygen concentration. Lastly, using aerosol tubing that is too short may restrict the flow; however, while this could create turbulence and affect gas delivery, it doesn't specifically lead to an increase in oxygen concentration as much as simply reducing effective delivery. Thus, the presence of excess water is the most plausible direct contributor to the increase in FIO

2. During asthma treatment, which condition would warrant increasing the dose of bronchodilators?

- A. Hypoxemia
- B. Wheezing despite current therapy**
- C. Stable lung function tests
- D. Patient-Reported Improvement

Increasing the dose of bronchodilators during asthma treatment is warranted when a patient continues to experience wheezing despite current therapy. Wheezing is a common manifestation of bronchoconstriction, indicating that the airways are still constricted, which could show that the current medication regimen is insufficient. In such situations, a higher dose of bronchodilators may be necessary to help relax the airway muscles and alleviate symptoms, leading to improved airflow and relief from wheezing. In contrast, hypoxemia, stable lung function tests, and patient-reported improvement suggest that the current treatment regimen is adequately controlling the patient's asthma. Hypoxemia indicates low oxygen levels, which could require immediate interventions, but it does not directly imply the need to increase bronchodilator dosage. Stable lung function tests would also suggest that the disease is well-controlled, thereby not necessitating an increase in medication. Lastly, if a patient reports improvement, it typically signals that the current dose is effective, and increasing it may not be necessary. Therefore, the condition that specifically indicates the need to increase bronchodilator dosage is persistent wheezing despite existing therapy.

3. After intubating a patient, which action best confirms the placement of the endotracheal tube?

- A. Assess chest rise symmetry
- B. Obtain a chest radiograph**
- C. Auscultate breath sounds
- D. Examine tube markings near the lips

The most accurate method to confirm the placement of an endotracheal tube is to obtain a chest radiograph. A chest X-ray provides a visual confirmation of the tube's position, ensuring that it is correctly placed within the trachea and not in the esophagus or other incorrect locations. This imaging technique allows for the assessment of tube depth and appropriate positioning, which is critical for effective ventilation. While assessing chest rise symmetry, auscultating breath sounds, and examining tube markings can provide useful preliminary information about the position, they are not definitively reliable on their own. Chest rise symmetry can indicate that the tube is in the trachea, but it is not conclusive. Auscultation of breath sounds can suggest correct placement if breath sounds are present bilaterally; however, absent or diminished breath sounds do not automatically indicate an incorrect position, as other factors may be at play. Examining tube markings near the lips can give a rough estimate of the placement depth but does not confirm placement as accurately as a chest radiograph can. Thus, while those actions contribute to the overall assessment, they do not provide the definitive confirmation that a chest X-ray does.

4. What condition is most likely indicated by a patient demonstrating intercostal use and sternal retractions?

- A. Carbon monoxide poisoning
- B. Upper airway obstruction**
- C. ARDS
- D. Flail chest

The presence of intercostal use and sternal retractions in a patient typically indicates increased respiratory effort due to some form of respiratory distress. This situation often arises when there is an obstruction in the upper airway, which leads to increased work of breathing as the body struggles to move air through the compromised airway. In this context, intercostal muscle usage signifies that the patient is actively engaging accessory muscles to assist with breathing, often as a response to inadequate air flow. Sternal retractions further highlight significant work being exerted to maintain ventilation—this is often a sign that the air passage is obstructed, which can occur in cases of upper airway obstruction. While carbon monoxide poisoning, ARDS, and flail chest may produce respiratory symptoms, they typically don't present with the specific physical signs of intercostal use and sternal retractions that indicate an upper airway issue. Instead, carbon monoxide poisoning primarily causes hypoxia without visible respiratory distress symptoms like retractions. ARDS involves diffuse lung inflammation leading to pulmonary edema, which would present differently and often include bilateral crackles rather than retractions. Flail chest relates to structural damage of the chest wall and may lead to paradoxical movement, but it is also distinguishable through its distinct physical signs. In

5. What procedure should a respiratory therapist recommend after observing a chest CT image?

- A. Needle decompression of the left chest
- B. Postural draining and percussion of the right chest

C. Thoracentesis

- D. Oblique chest radiograph

The recommendation of thoracentesis following the observation of a chest CT image is appropriate when there is an indication of fluid accumulation in the pleural space, such as a pleural effusion. This procedure involves inserting a needle into the pleural cavity to drain excess fluid, which can relieve respiratory distress, allow for improved lung expansion, and facilitate diagnostic analysis of the fluid. In cases where a chest CT shows significant fluid collections, thoracentesis not only helps to alleviate symptoms but also provides valuable diagnostic information regarding the nature of the effusion, which can be crucial for treatment planning. This makes it a prime choice for interventions viewed in the context of a CT scan with concerning findings related to pleural fluid. Postural drainage and percussion could be beneficial in different scenarios, particularly to help with secretion clearance, but it is not typically a direct response to findings indicating fluid in the pleural space observed via CT. Needle decompression is specifically utilized for tension pneumothorax situations, which wouldn't apply in a case focused typically on fluid. Lastly, an oblique chest radiograph may provide additional imaging but would not directly address an identified issue of fluid necessitating intervention.

6. What is the maximum diameter of a suction catheter in relation to the internal diameter of an endotracheal tube?

A. 1/4

B. 2/3

C. 3/4

D. 1/2

The maximum diameter of a suction catheter in relation to the internal diameter of an endotracheal tube is typically recommended to be no greater than one-half of the internal diameter of the tube. This guideline is critical to ensure that there is enough space for ventilation and to allow adequate airflow through the tube while suctioning is performed. Using a suction catheter that exceeds this ratio could lead to significant airway obstruction, which can impair the patient's ability to breathe and maintain adequate oxygenation. In practice, maintaining this ratio also helps prevent trauma to the airway and minimizes complications during suctioning. The use of a suction catheter that is appropriately sized allows for effective clearance of secretions without compromising airflow. Therefore, ensuring that the diameter of the suction catheter does not exceed one-half of the internal diameter of the endotracheal tube is vital for patient safety and effective airway management.

7. What device is essential for measuring a patient's airway resistance?

- A. Turbine pneumotachometer
- B. Wheatstone bridge helium analyzer
- C. Geissler tube nitrogen analyzer

D. Body box

The body box is essential for measuring a patient's airway resistance because it allows for the assessment of lung volumes and pressures in a controlled environment. This device operates using the principle of plethysmography, which measures changes in pressure within a closed chamber as the patient breathes. Specifically, it can capture the changes in thoracic volume and pressure when the patient attempts to exhale against a closed outlet, providing data that can be calculated into airway resistance. In the context of pulmonary function testing, understanding airway resistance is vital as it reflects how easily air can flow through the airways, which can be affected by conditions such as asthma or chronic obstructive pulmonary disease (COPD). The body box's ability to quantify these changes makes it a critical tool in respiratory diagnostics. While other devices mentioned have their specific uses in respiratory testing or gas analysis, they do not provide the comprehensive capability to specifically measure airway resistance as the body box does. For example, a turbine pneumotachometer primarily measures airflow rates rather than resistance, and the other devices focus on different aspects of gas composition rather than direct airway dynamic measurements.

8. How do telemarketing regulations impact insurance sales?

- A. They increase the number of unsolicited calls received
- B. They establish guidelines to protect consumers from unsolicited calls
- C. They eliminate the need for compliance in outbound calls
- D. They allow insurance companies to contact consumers without restrictions

Telemarketing regulations are designed to protect consumers by establishing guidelines that govern how companies can conduct their outreach efforts, including insurance sales. These regulations often include rules about obtaining consent before making unsolicited calls, providing opt-out options, and limiting call times to avoid disrupting consumers' lives. By following these guidelines, companies must ensure that their telemarketing practices respect the privacy and preferences of consumers, which ultimately helps to build trust and maintain a more ethical sales environment. In contrast, the other options suggest outcomes that misrepresent the purpose and function of these regulations. For instance, increasing the number of unsolicited calls contradicts the intent of creating a protective framework. Eliminating the need for compliance or allowing unrestricted contact would undermine consumer protections, which these regulations seek to enhance.

9. Which section of the Lindsey Jones Test E deals with insurance practices?

- A. General knowledge
- B. Insurance regulations
- C. Claims processing
- D. All of the above**

The section labeled "All of the above" is correct because it encompasses a comprehensive overview of various aspects of insurance practices covered in the Lindsey Jones Test E. The "General knowledge" section includes fundamental concepts and terminology essential for anyone working in the insurance field. It provides a base understanding necessary for evaluating insurance policies and understanding how different insurance components interact. In the "Insurance regulations" section, participants learn about the legal frameworks and guidelines governing the insurance industry. This knowledge is crucial for ensuring compliance and understanding how regulations affect practices within insurance. The "Claims processing" section focuses on the procedures involved in managing insurance claims, an essential function in the industry that directly affects customer service and satisfaction. Understanding claims processing enables professionals to handle claims efficiently and in accordance with established guidelines. Since each of these sections contributes important knowledge about insurance practices, the answer that includes all of them is valid and captures the entirety of the relevant content.

10. What condition is indicated by the abnormal elevation of the left hemidiaphragm on a chest radiograph?

- A. Herniation of the left hemidiaphragm
- B. Hemothorax
- C. Pneumothorax on the left
- D. Atelectasis in the left lower lobe**

The abnormal elevation of the left hemidiaphragm on a chest radiograph is most indicative of atelectasis in the left lower lobe. When a lung segment, such as the left lower lobe, collapses, the resulting loss of volume creates a vacuum effect that can cause the adjacent hemidiaphragm to shift upwards. This upward displacement is a key radiographic sign of atelectasis, which can occur due to a variety of reasons, such as obstruction of the airways or pleural effusion. In contrast, other conditions described in the options would not typically produce this specific radiographic finding. For example, herniation of the hemidiaphragm usually involves structural abnormality rather than the displacement observed with atelectasis. Hemothorax and pneumothorax typically result in fluid or air collection in the thoracic cavity, which may cause other shifts or compressive effects, not specifically the elevation of the diaphragm on its own. Understanding these nuances helps in accurately interpreting chest radiographs and identifying underlying conditions.

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://lindseyjonesteste.examzify.com>

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

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