# Lippincott Respiratory Practice Exam (Sample)

## Study Guide


**Everything you need from our exam experts!**

**Copyright © 2025 by Examzify - A Kaluba Technologies Inc. product.**

**ALL RIGHTS RESERVED.**

**No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.**

**Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.**

SAMPLE

# Questions

SAMPLE

**1. What condition significantly increases the risk of tuberculosis recurrence?**

**A. Cool and damp weather**

**B. Physical and emotional stress**

**C. Active exercise and exertion**

**D. Rest and inactivity**

**2. What is the recommended action for a client with nasal packing during discharge?**

**A. Perform frequent mouth care**

**B. Use normal saline nose drops daily**

**C. Sneeze and cough with mouth closed**

**D. Gargle with salt water every 4 hours**

**3. Which position should be taken for a client with a low PaO2/FIO2 ratio in ARDS?**

**A. Supine**

**B. Semi-fowlers**

**C. Lateral side**

**D. Prone**

**4. Which action following a thoracotomy pain assessment is the most critical for effective pain management?**

**A. Administer additional pain medication**

**B. Document pain levels and responses**

**C. Reassess pain after medication has taken effect**

**D. Encourage the client to relax and breathe deeply**

**5. What respiratory finding is expected during an exacerbation of COPD?**

**A. Prolonged inspiration**

**B. Normal breath sounds**

**C. Normal chest movement**

**D. Coarse crackles and rhonchi**

SAMPLE

**6. How many milliliters of morphine sulfate should be administered to achieve a dose of 10 mg if the concentration is 15 mg/mL?**

**A. 0.5 mL**

**B. 0.7 mL**

**C. 1.0 mL**

**D. 1.5 mL**

**7. In the case of a client experiencing a decreased chest tube output, what is the first step?**

**A. Increase the suction on the drainage system**

**B. Check for kinks or obstructions in the tubing**

**C. Notify the physician immediately**

**D. Reassess the client's breathing pattern**

**8. Which symptom is commonly associated with clients suffering from active tuberculosis?**

**A. Weight loss**

**B. Increased appetite**

**C. Dyspnea on exertion**

**D. Mental status changes**

**9. Which sign should the nurse include when teaching about right-sided heart failure in COPD patients?**

**A. Clubbing of nail beds**

**B. Peripheral edema**

**C. Hypertension**

**D. Increased appetite**

**10. What is the first step a client should take before using a metered-dose inhaler (MDI)?**

**A. Activate the MDI while inhaling**

**B. Breathe out through the mouth**

**C. Shake the inhaler immediately before use**

**D. Hold breath for 5 to 10 seconds**

SAMPLE

# Answers

SAMPLE

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

SAMPLE

# Explanations

SAMPLE

## 1. What condition significantly increases the risk of tuberculosis recurrence?

**A. Cool and damp weather**

**B. Physical and emotional stress**

**C. Active exercise and exertion**

**D. Rest and inactivity**

**The choice related to physical and emotional stress is significant because stress can have profound effects on the immune system. When a person experiences stress, either physically or emotionally, the body produces stress hormones, primarily cortisol. Prolonged elevated levels of cortisol can suppress the immune response, making it more difficult for the body to fight off infections, including tuberculosis (TB). This relationship is particularly important in the context of tuberculosis, a disease that relies heavily on a well-functioning immune system to be contained and managed. If the immune system is compromised due to stress, there is a higher likelihood of the reactivation of latent tuberculosis or the progression of an active TB infection. Thus, individuals experiencing high levels of stress are at an increased risk for tuberculosis recurrence. In contrast, factors like cool and damp weather do not directly cause an increase in the risk of TB reactivation. While they can affect general health and comfort, they do not have a direct mechanism by which they would affect the immune response to TB. Similarly, physical exercise, particularly at moderate levels, is generally beneficial for immune function and can help reduce stress, while rest and inactivity may also not lead to an increase in TB risk as they don't compromise the immune response in the same way that stress does**

## 2. What is the recommended action for a client with nasal packing during discharge?

**A. Perform frequent mouth care**

**B. Use normal saline nose drops daily**

**C. Sneeze and cough with mouth closed**

**D. Gargle with salt water every 4 hours**

**For a client with nasal packing during discharge, performing frequent mouth care is particularly recommended because nasal packing can lead to oral dryness and discomfort due to the obstruction of normal nasal breathing. When the nasal passages are blocked, the client primarily breathes through the mouth, which can cause dryness, irritation, and an increased risk of oral health issues. Regular mouth care helps to maintain moisture in the oral cavity, reduces the risk of infections, and improves overall comfort. Mouth care is essential for patients with nasal packing to prevent complications or discomfort that may arise from reduced saliva production and the inability to breathe through the nose. This becomes even more important in preventing infections caused by bacteria that thrive in a dry oral environment. While other actions may have their own benefits, they do not address the immediate concern of oral health and comfort as effectively as frequent mouth care in this context.**

SAMPLE

## 3. Which position should be taken for a client with a low PaO2/FIO2 ratio in ARDS?

**A. Supine**

**B. Semi-fowlers**

**C. Lateral side**

**D. Prone**

**In cases of Acute Respiratory Distress Syndrome (ARDS), the prone position is particularly beneficial for improving oxygenation in patients with a low PaO2/FIO2 ratio. This position helps to enhance lung recruitment by redistributing blood flow and improving ventilation-perfusion matching. When a patient is placed prone, the ventral aspects of the lungs become more perfused, and areas that may be atelectatic or consolidated in the supine position can open up, leading to improved gas exchange. Additionally, prone positioning can reduce airway resistance, decrease the work of breathing, and enhance diaphragmatic function. It can also alleviate pressure on the posterior lungs, which is beneficial since gravity can cause fluid accumulation in those areas when the patient is supine. This intervention is supported by various studies indicating that patients with ARDS who are placed in the prone position often experience improved oxygenation levels and reduced mortality rates compared to those who remain in traditional positions. For these reasons, prone positioning is a recommended practice for managing patients with a significantly low PaO2/FIO2 ratio in the context of ARDS.**

## 4. Which action following a thoracotomy pain assessment is the most critical for effective pain management?

**A. Administer additional pain medication**

**B. Document pain levels and responses**

**C. Reassess pain after medication has taken effect**

**D. Encourage the client to relax and breathe deeply**

**Following a thoracotomy, effective pain management is essential for the patient's recovery and overall comfort. Reassessing pain after medication has taken effect is the most critical action because it allows healthcare providers to determine the efficacy of the pain medication administered and make necessary adjustments. Pain is subjective and can vary in intensity and quality; therefore, continuous monitoring is vital to know if the current pain management plan is adequate or if additional interventions are required. Waiting a specific period, usually around 30 minutes after administering medication, ensures that the healthcare provider can accurately gauge the patient's pain level, the medication's effectiveness, and whether a different analgesic dose or method is needed. This step is crucial in preventing unnecessary suffering and optimizing patient care, making it the cornerstone of an effective pain management strategy following surgical procedures like a thoracotomy.**

SAMPLE

## 5. What respiratory finding is expected during an exacerbation of COPD?

**A. Prolonged inspiration**

**B. Normal breath sounds**

**C. Normal chest movement**

**D. Coarse crackles and rhonchi**

**During an exacerbation of Chronic Obstructive Pulmonary Disease (COPD), it is common to observe changes in respiratory findings that reflect increased airway resistance and inflammation. Coarse crackles and rhonchi are indicative of mucus accumulation and bronchoconstriction typically seen in these patients. Coarse crackles result from the opening of collapsed airways during inspiration, while rhonchi are low-pitched sounds caused by the movement of air through narrowed airways filled with mucus or other obstruction. These abnormal lung sounds are a reflection of the underlying pathophysiological processes occurring during a COPD exacerbation, such as increased sputum production and airway inflammation. In contrast, prolonged inspiration is not a characteristic finding in COPD exacerbations; rather, patients may exhibit prolonged expiration due to obstructed airflow. Normal breath sounds and normal chest movement are also not expected during exacerbations, as they do not reflect the increased respiratory distress and obstructive patterns associated with the condition. Thus, the presence of coarse crackles and rhonchi serves as an important clinical sign during a COPD exacerbation, highlighting the need for effective management and treatment.**

## 6. How many milliliters of morphine sulfate should be administered to achieve a dose of 10 mg if the concentration is 15 mg/mL?

**A. 0.5 mL**

**B. 0.7 mL**

**C. 1.0 mL**

**D. 1.5 mL**

**To determine the correct volume of morphine sulfate needed to achieve a dose of 10 mg when the concentration is 15 mg/mL, one can use the formula: Volume (mL) = Desired Dose (mg) / Concentration (mg/mL). Substituting the values into the formula: Volume (mL) = 10 mg / 15 mg/mL = 0.6667 mL. This can be rounded to approximately 0.7 mL, which matches the answer choice. Therefore, administering 0.7 mL would provide the patient with the correct dosage of 10 mg of morphine sulfate given the concentration provided.**

SAMPLE

## 7. In the case of a client experiencing a decreased chest tube output, what is the first step?

**A. Increase the suction on the drainage system**

**B. Check for kinks or obstructions in the tubing**

**C. Notify the physician immediately**

**D. Reassess the client's breathing pattern**

**When addressing decreased chest tube output, the first step is to check for kinks or obstructions in the tubing. This is crucial because any blockages or bends can impede the flow of fluid from the pleural space into the drainage system, leading to a reduction in output. Ensuring that there are no such issues is a fundamental and straightforward action that can often resolve the problem without further interventions. If an obstruction is found and corrected, it may restore the expected output. This step is a practical approach as it involves assessing the equipment before escalating the situation to medical personnel or making other changes to the patient's management. By identifying and addressing potential complications with the drainage system itself, healthcare providers can act promptly to improve the patient's condition and avoid unnecessary alarm or interventions.**

## 8. Which symptom is commonly associated with clients suffering from active tuberculosis?

**A. Weight loss**

**B. Increased appetite**

**C. Dyspnea on exertion**

**D. Mental status changes**

**Weight loss is a commonly associated symptom in clients suffering from active tuberculosis. This is largely due to the systemic effects of the infection, which can lead to a decrease in appetite as well as increased metabolic demands from the body fighting off the disease. The body's immune response to tuberculosis causes inflammation, which can further impact nutritional status and contribute to unintentional weight loss. In the context of tuberculosis, individuals often experience other symptoms such as cough (typically with sputum), night sweats, and fever, but weight loss is particularly notable because it reflects the chronic nature of the infection and the body's struggle to maintain homeostasis while battling the disease. In contrast, increased appetite, dyspnea on exertion, and mental status changes are not classic hallmark symptoms and are less commonly seen in the context specifically of active tuberculosis.**

SAMPLE

## 9. Which sign should the nurse include when teaching about right-sided heart failure in COPD patients?

**A. Clubbing of nail beds**

**B. Peripheral edema**

**C. Hypertension**

**D. Increased appetite**

**In the context of right-sided heart failure, particularly in patients with chronic obstructive pulmonary disease (COPD), peripheral edema is a significant sign to address. Right-sided heart failure, often referred to as right ventricular failure, leads to the heart's inability to effectively pump blood to the lungs and can cause a backlog of blood in the systemic circulation. This results in increased pressure in the veins, leading to fluid accumulation in the lower extremities, evidenced by peripheral edema. Patients with COPD may develop pulmonary hypertension due to chronic hypoxia, which can place additional strain on the right heart, further contributing to the development of peripheral edema. When teaching patients about the signs and symptoms associated with right-sided heart failure, it is crucial to highlight the presence of swelling in the legs and ankles as a common and most observable indicator of this condition. Other signs, while relevant in various contexts, do not primarily indicate right-sided heart failure in COPD patients. Clubbing of the nail beds may occur with chronic respiratory conditions but is more associated with persistent low oxygen levels over time. Hypertension is more commonly discussed in relation to left-sided heart failure and is not a direct sign of right-sided heart failure. Increased appetite is generally not characteristic of heart failure; in fact, many patients**

## 10. What is the first step a client should take before using a metered-dose inhaler (MDI)?

**A. Activate the MDI while inhaling**

**B. Breathe out through the mouth**

**C. Shake the inhaler immediately before use**

**D. Hold breath for 5 to 10 seconds**

**Before using a metered-dose inhaler (MDI), shaking the inhaler immediately before use is an essential first step. This action ensures that the medication is properly mixed and ready for delivery. Many MDIs contain suspension formulations where the active ingredient may settle at the bottom of the canister. By shaking the inhaler, the patient helps to distribute the medication evenly within the propellant, facilitating a consistent dose with each use. Following this step, the client can then proceed with the sequence of inhalation, exhaling, and holding their breath as recommended for optimal medication delivery and absorption. Proper administration technique is crucial for maximizing the therapeutic effects of the inhaled medication, and shaking the MDI is foundational in ensuring the medication is effectively delivered to the lungs.**

SAMPLE