

LIPPINCOTT RESPIRATORY PROBLEMS PRACTICE EXAM (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 is the purpose of incentive spirometry in a clinical setting?**
 - A. To increase heart rate
 - B. To encourage deep breathing and prevent atelectasis
 - C. To reduce pain during breathing
 - D. To measure blood pressure
- 2. For an infant showing respiratory distress, what is the recommended immediate action by the nurse?**
 - A. Providing sedation to calm the infant
 - B. Starting oxygen therapy to improve saturation
 - C. Transferring the infant to the pediatric intensive care unit
 - D. Prescribing a chest CT scan for further evaluation
- 3. What is a common emotional response of toddlers during hospitalization?**
 - A. Joyfulness
 - B. Withdrawal
 - C. Anger and protest
 - D. Contentment
- 4. Which of the following is a characteristic of bronchial asthma?**
 - A. Airway inflammation and hyperresponsiveness
 - B. Alveolar destruction and hypersecretion
 - C. Bronchial dilation and reduced airflow
 - D. Obstructive sleep apnea
- 5. Which food should parents be cautious with regarding potential aspiration in toddlers?**
 - A. Crackers
 - B. Raw vegetables
 - C. Round candy
 - D. Popcorn

- 6. What should be done to clear the airway of a 10-month-old infant who is choking after placing an object in their mouth?**
- A. Use blind finger sweeps
 - B. Deliver back slaps and chest thrusts
 - C. Apply abdominal thrusts
 - D. Attempt to visualize the object
- 7. What is not recommended for infants who are choking and unresponsive?**
- A. Blind finger sweeps
 - B. Back slaps
 - C. Chest thrusts
 - D. Abdominal thrusts
- 8. Which assessment finding indicates that a toddler may be in respiratory distress?**
- A. Heart rate of 95 beats per minute
 - B. Coughing
 - C. Restlessness
 - D. Diaphoresis
- 9. What would be a critical focus for a nurse caring for an adolescent with cystic fibrosis after a recent hospitalization?**
- A. Monitoring for blood in stool.
 - B. Encouraging regular physical activity.
 - C. Assessing the adequacy of the child's pancreatic enzyme therapy.
 - D. Planning meals that accommodate dietary restrictions.
- 10. What is the recommended duration to check for spontaneous breathing and circulation after CPR has begun?**
- A. 1 minute
 - B. 30 seconds
 - C. 5 seconds
 - D. 10 seconds

Answers

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

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Explanations

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1. What is the purpose of incentive spirometry in a clinical setting?

- A. To increase heart rate
- B. To encourage deep breathing and prevent atelectasis**
- C. To reduce pain during breathing
- D. To measure blood pressure

Incentive spirometry is primarily used to encourage deep breathing and prevent atelectasis, which is the collapse of part or all of the lung. This device serves as a motivational tool to help patients take slow, deep breaths, optimizing lung expansion and promoting airway clearance. Deep breathing exercises stimulated by the incentive spirometer facilitate gas exchange and help keep the alveoli inflated, which can be particularly important after surgery or during prolonged bed rest when patients may be less active. The use of incentive spirometry is particularly important in clinical settings where patients might be at higher risk for lung complications, such as those recovering from abdominal or thoracic surgeries, or those with certain respiratory conditions. This practice not only aids in maintaining lung function but also plays a role in enhancing the patient's awareness of their breathing patterns and improving overall lung capacity.

2. For an infant showing respiratory distress, what is the recommended immediate action by the nurse?

- A. Providing sedation to calm the infant
- B. Starting oxygen therapy to improve saturation**
- C. Transferring the infant to the pediatric intensive care unit
- D. Prescribing a chest CT scan for further evaluation

In the scenario of an infant experiencing respiratory distress, initiating oxygen therapy is the most appropriate immediate action. Infants can quickly develop hypoxia due to various reasons such as airway obstruction, infection, or underlying respiratory conditions. Administering supplemental oxygen is a critical step to improve oxygen saturation levels in the blood, which helps alleviate the stress on the respiratory system. Oxygen therapy can provide immediate relief and stabilization, allowing for better gas exchange and supporting the infant's overall physiological status. Once the immediate need for oxygen is addressed, further assessments and interventions can be undertaken, depending on the underlying cause of the respiratory distress. Other options, such as providing sedation, while they may seem helpful in calming the infant, can actually exacerbate respiratory distress by further depressing the respiratory drive. Transferring the infant to a pediatric intensive care unit may be necessary later, but it's not the immediate action that addresses the acute problem at hand. Prescribing a chest CT scan is not appropriate for immediate intervention as it is an imaging study that requires time and preparation, and it wouldn't address the infant's urgent need for improved oxygenation.

3. What is a common emotional response of toddlers during hospitalization?

- A. Joyfulness
- B. Withdrawal
- C. Anger and protest**
- D. Contentment

Toddlers often experience hospitalization as a stressful and unfamiliar environment, which can lead to various emotional responses. The common emotional response of anger and protest among toddlers during hospitalization is rooted in their developmental stage. At this age, children are learning to express their autonomy and have limited coping mechanisms to manage fear and discomfort. When separated from their caregivers or placed in an unfamiliar setting, toddlers may react with anger or protest as a way to communicate their distress and confusion. This behavior is a normal part of their emotional development as they struggle to cope with the changes and uncertainties surrounding their hospital stay. Additionally, they may not yet have the verbal skills to express their feelings adequately, leading to outbursts or negative behaviors as they seek to regain control and express their needs. Understanding this response is crucial for caregivers and healthcare professionals, allowing them to provide appropriate support to help alleviate the child's fears and promote a sense of security during their hospitalization.

4. Which of the following is a characteristic of bronchial asthma?

- A. Airway inflammation and hyperresponsiveness**
- B. Alveolar destruction and hypersecretion
- C. Bronchial dilation and reduced airflow
- D. Obstructive sleep apnea

The characteristic of bronchial asthma that stands out is airway inflammation and hyperresponsiveness. In asthma, the airways become inflamed due to various triggers such as allergens, exercise, cold air, or respiratory infections. This inflammation causes the airways to become narrowed and reactive, leading to increased sensitivity to stimuli. As a result, the airways can constrict more easily, causing symptoms such as wheezing, coughing, shortness of breath, and chest tightness. Understanding airway hyperresponsiveness is crucial, as it plays a significant role in how asthma manifests during episodes. Unlike conditions associated with alveolar destruction, such as emphysema, asthma primarily affects the bronchi and bronchioles, leading to obstruction rather than destruction of lung tissue. This characteristic differentiates asthma from other respiratory ailments that have a different pathology, such as obstructive sleep apnea, which involves upper airway obstruction during sleep rather than inflammation. Recognizing airway inflammation and hyperresponsiveness as a hallmark of asthma helps in guiding effective treatment plans aimed at reducing inflammation and preventing bronchoconstriction, ultimately improving the patient's quality of life.

5. Which food should parents be cautious with regarding potential aspiration in toddlers?

- A. Crackers
- B. Raw vegetables
- C. Round candy

D. Popcorn

Popcorn is particularly concerning in terms of aspiration risk for toddlers due to its shape, texture, and size. The irregular, hard pieces can be difficult for young children to chew and swallow properly. Additionally, the light and airy composition of popcorn may easily lead to choking when not chewed well, creating a risk of obstruction in the airway. When considering food safety for toddlers, it's vital to focus on items that can easily become lodged in the throat or that require more chewing than a toddler might be capable of. Foods like round candy and hard nuts can also pose risks, but popcorn is especially problematic because the pieces can be small and irregularly shaped, making them harder to swallow safely. In contrast, while crackers and raw vegetables can also present choking hazards if not prepared appropriately for a toddler's developmental stage, they are generally easier for young children to chew and swallow compared to popcorn. Thus, popcorn stands out as a food that parents should be particularly cautious about when it comes to preventing aspiration in toddlers.

6. What should be done to clear the airway of a 10-month-old infant who is choking after placing an object in their mouth?

- A. Use blind finger sweeps
- B. Deliver back slaps and chest thrusts**
- C. Apply abdominal thrusts
- D. Attempt to visualize the object

For a 10-month-old infant who is choking, the appropriate technique to clear the airway involves delivering back slaps and chest thrusts. This method is specially designed for infants and helps to create pressure that can dislodge an obstructed object from the airway safely. The combination of back slaps and chest thrusts capitalizes on the infant's anatomical and physiological characteristics. The back slaps utilize gravitational force to help expel the object, while the chest thrusts apply pressure to the chest, generating effective airflow changes that may dislodge the obstruction. It is important to note that alternatives, like blind finger sweeps, can potentially push the object further down the airway and cause additional complications. Abdominal thrusts (Heimlich maneuver) are not suitable for infants under one year old, as their structure does not support this technique effectively. Attempting to visualize the object in the airway can also be dangerous and is not recommended, as it may lead to further obstruction or injury. Thus, the correct approach for a choking infant is to perform back slaps and chest thrusts, ensuring a safe and effective method to clear the airway.

7. What is not recommended for infants who are choking and unresponsive?

A. Blind finger sweeps

B. Back slaps

C. Chest thrusts

D. Abdominal thrusts

In the context of handling an infant who is choking and unresponsive, performing blind finger sweeps is not recommended due to the risk of further obstructing the airway or causing injury. When an infant is choking, there is a potential for foreign objects to be pushed deeper into the airway if blindly sweeping with fingers. This technique can also lead to trauma to the delicate structures within an infant's throat. The proper procedures for managing an unresponsive infant who is choking involve actions that are more effective and safer. Back slaps, chest thrusts, and abdominal thrusts (though abdominal thrusts are typically not recommended for infants under 1 year) are techniques designed to dislodge the obstruction safely and effectively. Back slaps utilize gravity and gentle force to help expel the object, while chest thrusts are useful in applying pressure to the chest, encouraging the foreign object to be expelled. It's important to strictly follow established guidelines for choking emergencies, especially with infants, to ensure that the interventions are both effective and safe.

8. Which assessment finding indicates that a toddler may be in respiratory distress?

A. Heart rate of 95 beats per minute

B. Coughing

C. Restlessness

D. Diaphoresis

Restlessness is a significant indicator that a toddler may be experiencing respiratory distress. When a child is in respiratory distress, they may struggle to get enough oxygen, which can lead to feelings of anxiety and agitation. This restlessness is often a response to hypoxia (low oxygen levels) or respiratory effort that is becoming increasingly labored, causing the child to appear uneasy or unable to settle down. In assessing respiratory distress, clinicians look for signs that the body is not getting adequate oxygen. While coughing can be a symptom related to respiratory conditions, it does not necessarily indicate distress on its own. Similarly, heart rate can be impacted by various factors, but a heart rate of 95 beats per minute can fall within a normal range for a toddler, especially given that heart rates can vary widely in this age group. Diaphoresis, or excessive sweating, can occur for many reasons, but it is less specific as a sign of respiratory distress than restlessness, which is more directly tied to difficulty breathing or inadequate oxygenation. Therefore, restlessness serves as a clear and concerning sign, prompting further evaluation of the child's respiratory status.

9. What would be a critical focus for a nurse caring for an adolescent with cystic fibrosis after a recent hospitalization?

- A. Monitoring for blood in stool.
- B. Encouraging regular physical activity.
- C. Assessing the adequacy of the child's pancreatic enzyme therapy.**
- D. Planning meals that accommodate dietary restrictions.

The focus on assessing the adequacy of the child's pancreatic enzyme therapy is crucial for an adolescent with cystic fibrosis, especially after a recent hospitalization. Cystic fibrosis often leads to pancreatic insufficiency, where the pancreas does not produce enough enzymes necessary for proper digestion and absorption of nutrients. This can result in poor growth, malnutrition, and gastrointestinal distress. After hospitalization, it is particularly important to ensure that the patient is receiving the correct dosage of pancreatic enzymes to maintain optimal nutritional status and support recovery. If these enzymes are not adequately administered, the patient may experience further complications, including issues such as fatty stools or abdominal pain, and may have difficulty gaining weight. While monitoring for blood in stool, encouraging regular physical activity, and planning meals that accommodate dietary restrictions are also important aspects of care for adolescents with cystic fibrosis, the immediate concern following hospitalization should be ensuring that pancreatic enzyme therapy is effectively managing the child's nutritional needs. This direct focus on enzyme therapy addresses a core complication of cystic fibrosis that can have significant implications for the patient's overall health.

10. What is the recommended duration to check for spontaneous breathing and circulation after CPR has begun?

- A. 1 minute**
- B. 30 seconds
- C. 5 seconds
- D. 10 seconds

The recommended duration to check for spontaneous breathing and circulation after CPR has begun is indeed 1 minute. This time frame allows sufficient opportunity to assess the effectiveness of the CPR. Checking for breathing and circulation too quickly, such as within 30 seconds or 10 seconds, may not provide an accurate evaluation of the patient's status. It often takes longer for the body to respond to the resuscitative efforts and for any signs of life to become evident. During CPR, chest compressions are continuously provided to help maintain blood flow and oxygenation to the vital organs. After initiating CPR, waiting for about a minute ensures that any potential spontaneous recovery can occur. This timeframe also aligns with guidelines that seek to balance the need for effective resuscitation with the need to monitor for signs of life accurately. Therefore, assessing for spontaneous breathing and circulation after 1 minute of high-quality CPR allows for a more reliable determination of whether additional interventions, such as advanced airway management or defibrillation, may be necessary.

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://lippincottrespiratoryproblems.examzify.com>

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

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