

# NBRC Clinical Simulation Examination (CSE) Practice Exam (Sample)

## Study Guide



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

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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. During a Tensilon challenge, what result would suggest a positive diagnosis for Myasthenia Gravis?**
  - A. If Vt, VC, MIP, and weakness improve**
  - B. If Vt, VC, MIP, and weakness worsen**
  - C. If respiratory rate decreases**
  - D. If breath sounds become normal**
- 2. Which respiratory pattern is typically observed in patients with Bronchiectasis?**
  - A. Tachypnea, dyspnea, accessory muscle use, pursed-lip breathing**
  - B. Bradypnea, normal effort, resting breathing**
  - C. Regular rhythm, deep inspiration, abdominal breathing**
  - D. Irregular rates with frequent coughing fits**
- 3. Which of the following is a diagnostic test for Pulmonary Hypertension?**
  - A. Chest X-ray**
  - B. Electrocardiogram**
  - C. Allergy testing**
  - D. ABG only**
- 4. What is the initial treatment for acute ventilatory failure in a patient with Guillain-Barre Syndrome?**
  - A. Antibiotics**
  - B. Oxygen therapy**
  - C. Steroid therapy**
  - D. Physical therapy**
- 5. What is one of the specialized tests with the highest sensitivity for detecting a Pulmonary Embolism?**
  - A. V/Q scan**
  - B. Spiral CT scan**
  - C. X-ray angiography**
  - D. Capnography**

**6. Patients with CHF often experience nocturnal dyspnea. What is this also known as?**

- A. Sleep Apnea**
- B. Orthopnea**
- C. Paroxysmal Nocturnal Dyspnea (PND)**
- D. Chronic Respiratory Failure**

**7. Which of the following is the most common cause of Acute Respiratory Distress Syndrome?**

- A. Aspiration**
- B. Pneumonia**
- C. Sepsis**
- D. Severe trauma**

**8. What is a common respiratory pattern associated with hemothorax?**

- A. Bradycardia and shallow breathing**
- B. Tachypnea and productive cough**
- C. Hyperventilation and wheezing**
- D. Normal rate and effort**

**9. Which diagnostic test is NOT typically performed to diagnose cystic fibrosis?**

- A. Chest X-ray**
- B. Electrocardiogram**
- C. Pulmonary function tests**
- D. Sputum culture**

**10. What is the normal range for central venous pressure (CVP) in adults?**

- A. 1-3 mm Hg**
- B. 2-6 mm Hg**
- C. 4-8 mm Hg**
- D. 6-10 mm Hg**

## **Answers**

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

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## **Explanations**

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**1. During a Tensilon challenge, what result would suggest a positive diagnosis for Myasthenia Gravis?**

- A. If Vt, VC, MIP, and weakness improve**
- B. If Vt, VC, MIP, and weakness worsen**
- C. If respiratory rate decreases**
- D. If breath sounds become normal**

A positive result during a Tensilon challenge in the context of diagnosing Myasthenia Gravis is indicated by an improvement in vital signs and muscle strength, particularly in terms of tidal volume (Vt), vital capacity (VC), maximum inspiratory pressure (MIP), and overall muscle weakness. The administration of Tensilon (edrophonium chloride) temporarily inhibits the enzyme acetylcholinesterase, which increases acetylcholine availability at the neuromuscular junction. In individuals with Myasthenia Gravis, where there is a deficiency in acetylcholine receptors due to autoimmune activity, the administration of Tensilon often results in a temporary improvement in muscle function. Thus, if Vt, VC, MIP, and clinical weakness show measurable improvement after the administration of Tensilon, it is highly suggestive of a positive diagnosis for Myasthenia Gravis, indicating that the neuromuscular transmission is indeed affected by the disease. Other options do not reflect the expected physiological response associated with Myasthenia Gravis during this challenge. For example, worsening of these parameters or signs would not be consistent with a positive diagnosis, while a decreased respiratory rate or normalization of breath sounds may not provide definitive evidence of the underlying neurom

**2. Which respiratory pattern is typically observed in patients with Bronchiectasis?**

- A. Tachypnea, dyspnea, accessory muscle use, pursed-lip breathing**
- B. Bradypnea, normal effort, resting breathing**
- C. Regular rhythm, deep inspiration, abdominal breathing**
- D. Irregular rates with frequent coughing fits**

In patients with bronchiectasis, the most characteristic respiratory pattern involves symptoms such as tachypnea, dyspnea, the use of accessory muscles, and pursed-lip breathing. Tachypnea refers to an increased respiratory rate, which is common in bronchiectasis due to compromised airflow and reduced gas exchange resulting from the dilation and damage of airways. Dyspnea, or difficulty breathing, is also prevalent as patients experience obstruction and inflammation in the airways. Accessory muscle use indicates that patients are working harder to breathe, which happens as they compensate for the obstructive nature of their disease. Pursed-lip breathing is often utilized by individuals with obstructive lung diseases to help maintain airway patency and prevent collapse during exhalation, a practical technique that aids in dilating the airways and enhancing expiration. The other options describe respiratory patterns that do not accurately reflect the symptoms seen in bronchiectasis. For example, normal effort and resting breathing don't align with the distressing symptoms experienced by those with the condition. Similarly, regular rhythm with deep inspiration and abdominal breathing might suggest a physiological state that doesn't match the impaired lung function and respiratory challenges faced by bronchiectasis patients. Irregular rates with frequent coughing fits could be

**3. Which of the following is a diagnostic test for Pulmonary Hypertension?**

- A. Chest X-ray**
- B. Electrocardiogram**
- C. Allergy testing**
- D. ABG only**

A chest X-ray is often used as one of the initial imaging studies to assess for pulmonary hypertension (PH). It helps in evaluating the heart and lungs, ruling out other conditions, and can show signs like enlargement of the right heart chambers or increased blood flow in the pulmonary arteries. However, while a chest X-ray is useful, it is not definitive for diagnosing pulmonary hypertension alone. In practice, a comprehensive evaluation is often required, which may include echocardiography, right heart catheterization, and other tests to confirm the diagnosis of pulmonary hypertension. The chest X-ray provides supportive information but is typically not sufficient on its own to diagnose PH without further testing. The other options listed do not serve as primary diagnostic tests for pulmonary hypertension. An electrocardiogram can indicate changes consistent with right heart strain but is not used to diagnose PH. Allergy testing is unrelated to pulmonary hypertension. Arterial blood gas (ABG) analysis, while helpful in assessing respiratory function, does not provide definitive information regarding the presence of pulmonary hypertension. Thus, among the choices given, a chest X-ray is the most relevant initial diagnostic tool when suspecting pulmonary hypertension.

**4. What is the initial treatment for acute ventilatory failure in a patient with Guillain-Barre Syndrome?**

- A. Antibiotics**
- B. Oxygen therapy**
- C. Steroid therapy**
- D. Physical therapy**

For a patient with Guillain-Barré Syndrome experiencing acute ventilatory failure, the primary focus of initial treatment is to ensure adequate oxygenation and ventilation. Oxygen therapy is essential in this scenario as it addresses the immediate concern of hypoxemia due to impaired respiratory muscle function. Patients with Guillain-Barré Syndrome often develop respiratory muscle weakness which can lead to insufficient ventilation and reduced oxygenation, making oxygen therapy critical to support systemic oxygen levels until more comprehensive treatment can be implemented. While antibiotic therapy might be necessary if there is evidence of infection, it does not directly address ventilatory failure. Steroid therapy, although it may have a role in managing the immune response or reducing inflammation, is not the first-line treatment for the immediate management of acute respiratory failure in this context. Physical therapy can be beneficial for rehabilitation purposes in Guillain-Barré Syndrome but is not an acute intervention for ventilatory failure. Therefore, oxygen therapy is the appropriate initial treatment to ensure that the patient's oxygenation needs are met while further evaluations and treatments are arranged.

**5. What is one of the specialized tests with the highest sensitivity for detecting a Pulmonary Embolism?**

- A. V/Q scan
- B. Spiral CT scan**
- C. X-ray angiography
- D. Capnography

The spiral CT scan is recognized as one of the specialized tests with the highest sensitivity for detecting a pulmonary embolism. This imaging technique, also known as CT pulmonary angiography (CTPA), allows for detailed visualization of the pulmonary arteries and can quickly identify blockages due to emboli. The high sensitivity of this test is attributed to its ability to provide real-time images of the blood vessels in the lungs, which can demonstrate the presence of clots with a high degree of accuracy. In comparison to other options, while a V/Q scan can be helpful in the evaluation of pulmonary embolism, it is not as sensitive as the spiral CT scan. X-ray angiography is considered an invasive procedure with a lower availability in emergency settings, and capnography primarily measures the concentration of carbon dioxide in exhaled air and is not a primary diagnostic tool for pulmonary embolism. Thus, the spiral CT scan stands out due to its rapid execution and high sensitivity, making it the preferred choice in many clinical scenarios for detecting this potentially life-threatening condition.

**6. Patients with CHF often experience nocturnal dyspnea. What is this also known as?**

- A. Sleep Apnea
- B. Orthopnea
- C. Paroxysmal Nocturnal Dyspnea (PND)**
- D. Chronic Respiratory Failure

Nocturnal dyspnea, particularly in patients with congestive heart failure (CHF), is commonly referred to as paroxysmal nocturnal dyspnea (PND). This condition occurs when a patient experiences sudden episodes of difficulty breathing that awaken them from sleep, often requiring them to sit up or walk around to alleviate the symptoms. In CHF, fluid can accumulate in the lungs while the patient is lying down, leading to difficulty in breathing. When individuals lie flat, the redistribution of body fluids can exacerbate pulmonary congestion, triggering these episodes of breathlessness during the night. Clarifying this, PND is a specific term used to describe this phenomenon of acute dyspnea that occurs typically after the patient has been asleep for a while. Other terms like orthopnea, which refers to difficulty breathing when lying flat, may also be relevant to patients with CHF, however, PND describes a more acute and severe experience that often involves sudden onset during sleep.

**7. Which of the following is the most common cause of Acute Respiratory Distress Syndrome?**

- A. Aspiration**
- B. Pneumonia**
- C. Sepsis**
- D. Severe trauma**

The most common cause of Acute Respiratory Distress Syndrome (ARDS) is sepsis. Sepsis triggers a systemic inflammatory response that can lead to increased permeability of the alveolar-capillary membrane, resulting in pulmonary edema and impaired gas exchange characteristic of ARDS. The inflammatory mediators released during sepsis can damage the lung tissue directly, compounded by infections that often cause sepsis, such as pneumonia or abdominal infections. While aspiration, pneumonia, and severe trauma are all significant contributors to ARDS, they individually account for a smaller proportion of cases compared to sepsis. Aspirated material may cause lung injury and pneumonia can lead to ARDS as a secondary effect, but the direct systemic effects of sepsis on the lungs make it the predominant cause within the broader clinical context of ARDS. Hence, in evaluating the leading cause among the options, sepsis stands out as the primary trigger.

**8. What is a common respiratory pattern associated with hemothorax?**

- A. Bradycardia and shallow breathing**
- B. Tachypnea and productive cough**
- C. Hyperventilation and wheezing**
- D. Normal rate and effort**

Tachypnea and a productive cough are indeed common signs associated with a hemothorax. In the case of a hemothorax, which is the accumulation of blood in the pleural space, the body responds to the presence of fluid and potential lung compression by increasing the respiratory rate. This rapid breathing, or tachypnea, occurs as the body's attempt to optimize oxygenation despite the impaired lung function due to the blood accumulation. A productive cough may also accompany a hemothorax, particularly if there is concurrent pulmonary injury or infection, which can lead to the expectoration of bloody sputum. In these instances, the lungs may be compromised, and the cough reflex may be triggered in an effort to clear the airway and help facilitate breathing. The presence of these symptoms indicates a distress in the respiratory system and a compensatory response to the underlying pathology, making this option the most appropriate choice in describing the respiratory pattern associated with hemothorax.

**9. Which diagnostic test is NOT typically performed to diagnose cystic fibrosis?**

- A. Chest X-ray**
- B. Electrocardiogram**
- C. Pulmonary function tests**
- D. Sputum culture**

The choice of an electrocardiogram as a diagnostic test for cystic fibrosis is not typical. Cystic fibrosis is a genetic disorder primarily affecting the lungs, pancreas, and other organs, leading to the production of thick, sticky mucus that can cause severe respiratory and digestive issues. Diagnostic tests commonly used for cystic fibrosis include chest X-rays, which can reveal lung changes associated with the disease, pulmonary function tests to assess lung function and capacity, and sputum cultures to identify the presence of specific bacteria that commonly infect the lungs in individuals with cystic fibrosis. An electrocardiogram, on the other hand, is used to assess the electrical activity of the heart and diagnose various heart conditions but does not provide relevant information regarding lung function or the presence of cystic fibrosis. Therefore, it is not routinely performed in the diagnostic work-up for cystic fibrosis.

**10. What is the normal range for central venous pressure (CVP) in adults?**

- A. 1-3 mm Hg**
- B. 2-6 mm Hg**
- C. 4-8 mm Hg**
- D. 6-10 mm Hg**

The normal range for central venous pressure (CVP) in adults is considered to be between 2 and 6 mm Hg. CVP measures the pressure within the thoracic vena cava near the right atrium and is a useful indicator of a patient's fluid status and cardiac function. A CVP within this range suggests that the heart is receiving an adequate volume of blood returning from the systemic circulation and that the heart can effectively manage this volume. This measurement can help healthcare providers assess conditions such as heart failure, fluid volume overload, or dehydration. Understanding the normal values of CVP is essential for clinicians in order to evaluate and manage patient conditions accurately, especially in critical care settings. Values outside the normal range can indicate potential complications or the need for intervention, making it vital to know the expected parameters.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://nbrccse.examzify.com>**

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

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