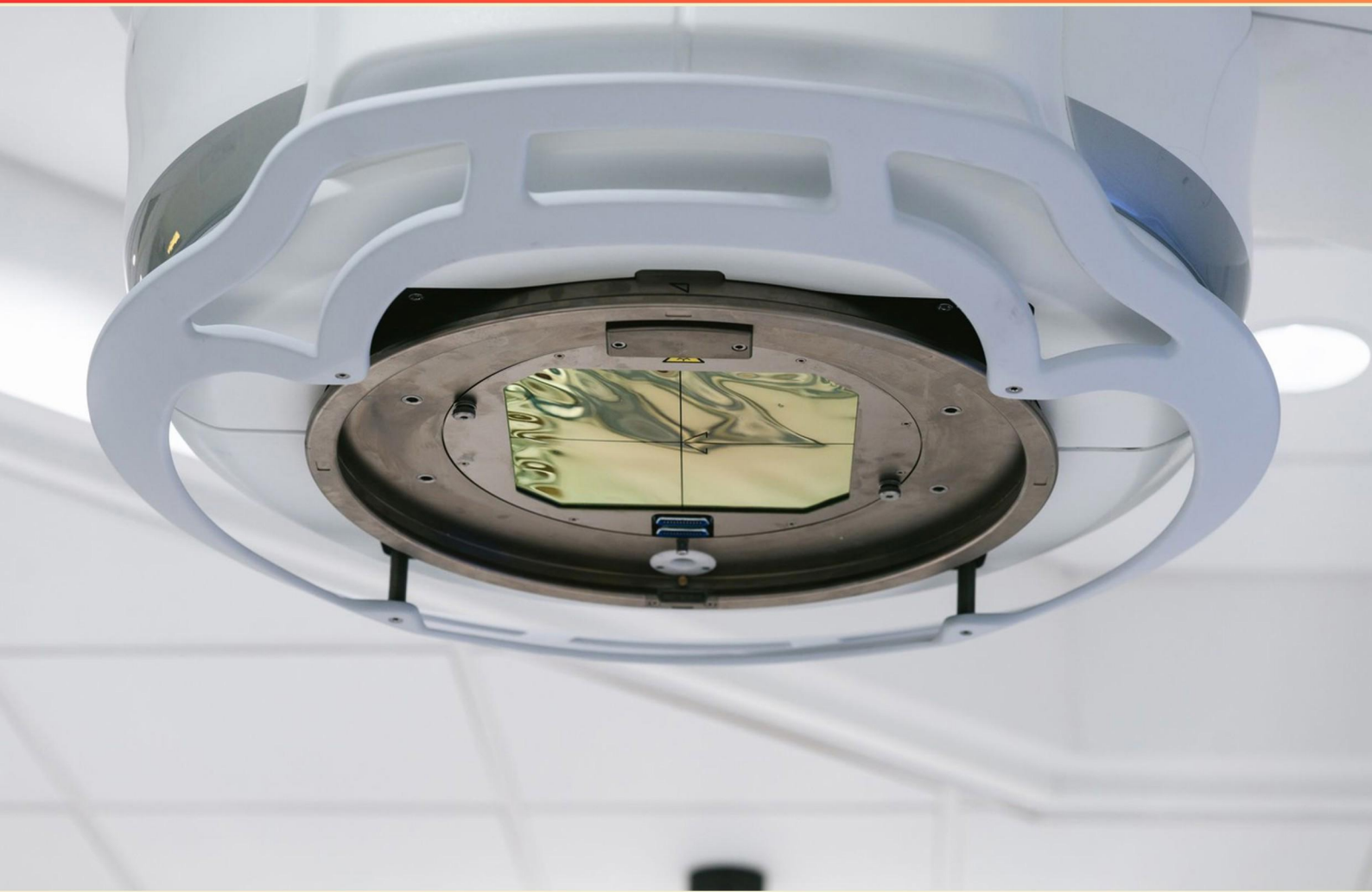


NBRC CLINICAL SIMULATION EXAMINATION (CSE) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
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. Which of the following drug therapies can be used to treat a brain injury?**
 - A. Anticoagulation
 - B. Antibiotics
 - C. Beta-blockers
 - D. Diuretics

- 2. Which breathing technique might a cystic fibrosis patient utilize to aid respiration?**
 - A. Pursed-lip breathing
 - B. Diaphragmatic breathing
 - C. Yoga breathing
 - D. Slow breathing

- 3. Which condition refers to the obstruction of blood flow in the arteries or veins outside the chest?**
 - A. Coronary Artery Disease
 - B. Peripheral Vascular Disease
 - C. Cerebrovascular Accident
 - D. Congestive Heart Failure

- 4. Which of the following is a common appearance of a patient with a Pulmonary Embolism?**
 - A. Anxious and diaphoretic
 - B. Calm and relaxed
 - C. Pale and warm skin
 - D. Confused and hyperactive

- 5. Which of the following treatment measures would not be included for someone suffering from CHF or pulmonary edema?**
 - A. Monitoring vitals closely
 - B. Hyperinflation therapy
 - C. Antibiotic therapy
 - D. Diuretics administration

- 6. What would a lateral neck X-ray of a child with epiglottitis likely reveal?**
- A. Clear airways
 - B. Swelling or haziness in the supraglottic area
 - C. Normal findings for age
 - D. Complete blockage of the airway
- 7. What is the target oxygen saturation (SpO₂) range for a patient with COPD or chronic bronchiectasis?**
- A. 80-85%
 - B. 88-92%
 - C. 95-100%
 - D. 75-80%
- 8. 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
- 9. In the management of epiglottitis, when might oxygen therapy be implemented?**
- A. After the airway is stabilized
 - B. As the first intervention
 - C. Only if there are signs of cyanosis
 - D. When patient is discharged
- 10. What symptom involving breathing is commonly associated with an advanced stage of COPD?**
- A. Hyperventilation
 - B. Dizziness
 - C. Dyspnea on exertion
 - D. Regular inspiratory effort

Answers

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

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Explanations

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1. Which of the following drug therapies can be used to treat a brain injury?

A. Anticoagulation

B. Antibiotics

C. Beta-blockers

D. Diuretics

In the context of treating a brain injury, anticoagulation therapy can play a significant role, especially in cases where the injury leads to thromboembolic events or the risk of ischemic stroke. This type of therapy is aimed at preventing blood clots from forming, which can be critical in managing the complications that arise following a brain injury. For instance, if a patient experiences a traumatic brain injury, there may be an increased risk of venous thromboembolism due to immobility and other factors. By employing anticoagulation, healthcare providers can mitigate this risk and promote better outcomes in the overall management of brain injury. While other therapies listed may have importance under different circumstances, they do not directly correlate with the immediate treatment protocol for brain injuries. Antibiotics could be considered if there is a concern for potential infection, particularly in cases of open head injuries, yet they do not address the primary issue of the brain injury itself immediately. Beta-blockers may be useful for managing blood pressure and heart rate but are not specific to brain injury treatment. Diuretics can help manage intracranial pressure but might be more of a secondary concern in the acute management of a brain injury rather than a primary treatment approach. Therefore, in the context of

2. Which breathing technique might a cystic fibrosis patient utilize to aid respiration?

A. Pursed-lip breathing

B. Diaphragmatic breathing

C. Yoga breathing

D. Slow breathing

Pursed-lip breathing is a technique that can significantly benefit patients with cystic fibrosis. This method helps to improve ventilation and can assist in clearing airways by reducing the amount of trapped air in the lungs. When patients exhale through pursed lips, they create back pressure that keeps the airways open longer, which allows for better gas exchange and helps expel mucus more effectively. This is particularly advantageous for cystic fibrosis patients, who often struggle with mucus accumulation due to thick, sticky secretions. In contrast, while diaphragmatic breathing, yoga breathing, and slow breathing can also aid in improving overall lung function and relaxation, they do not specifically target the challenges faced by cystic fibrosis patients as effectively as pursed-lip breathing. These techniques may contribute to respiratory efficiency and comfort, but pursed-lip breathing directly addresses issues related to airway obstruction and mucus clearance, making it particularly advantageous for individuals with this condition.

3. Which condition refers to the obstruction of blood flow in the arteries or veins outside the chest?

- A. Coronary Artery Disease
- B. Peripheral Vascular Disease**
- C. Cerebrovascular Accident
- D. Congestive Heart Failure

The condition that refers to the obstruction of blood flow in the arteries or veins outside the chest is peripheral vascular disease. This condition primarily affects the blood vessels that supply the arms and legs, leading to reduced blood flow and resulting in symptoms such as pain, cramping, and ulcers. Peripheral vascular disease is caused by atherosclerosis, where fatty deposits build up on the artery walls, causing narrowing or blockage. This condition is distinct from coronary artery disease, which specifically affects the blood vessels supplying the heart itself. Cerebrovascular accident, commonly known as a stroke, involves interruption of blood flow to the brain, and congestive heart failure is a condition where the heart is unable to pump effectively, leading to fluid buildup and other systemic effects. Each of these conditions is characterized by different mechanisms and areas of impact, making peripheral vascular disease the appropriate choice for obstruction outside the chest.

4. Which of the following is a common appearance of a patient with a Pulmonary Embolism?

- A. Anxious and diaphoretic**
- B. Calm and relaxed
- C. Pale and warm skin
- D. Confused and hyperactive

A patient experiencing a pulmonary embolism typically presents with signs of anxiety and diaphoresis. This is largely due to the sudden onset of breathlessness and chest discomfort, which can provoke an anxious response as the body reacts to the hypoxemia and strain on the cardiovascular system. The fight-or-flight response triggers sweating and heightened alertness, contributing to the anxious demeanor. In pulmonary embolism, the interruption of blood flow in the pulmonary arteries leads to decreased oxygenation and can manifest as a sense of impending doom, further increasing anxiety levels. Diaphoresis occurs as the body's sympathetic nervous system is activated, and patients may be seen sweating despite feeling cold or experiencing significant distress. Other appearances, such as being calm and relaxed, would be atypical in this situation, as the clinical presentation of a pulmonary embolism is generally marked by distress. Similarly, pale and warm skin is inconsistent with the usual presentation, which might more accurately present with cool, clammy skin due to shock or impaired blood circulation. Lastly, confusion and hyperactivity are not characteristic; while some patients may exhibit confusion due to hypoxemia, hyperactivity would not typically be observed in the anxiety-ridden state that often accompanies a pulmonary embolism.

5. Which of the following treatment measures would not be included for someone suffering from CHF or pulmonary edema?

- A. Monitoring vitals closely
- B. Hyperinflation therapy
- C. Antibiotic therapy**
- D. Diuretics administration

In managing congestive heart failure (CHF) or pulmonary edema, treatment strategies are focused on reducing fluid overload and improving cardiac function. While monitoring vital signs closely is essential, and diuretics are specifically used to help manage fluid retention, antibiotic therapy does not directly address these conditions unless there is an underlying infection contributing to the patient's status. Hyperinflation therapy may be beneficial in certain cases to improve lung function, but it is not a first-line treatment for CHF or pulmonary edema. Antibiotic therapy is generally reserved for cases where a bacterial infection is suspected or confirmed, such as pneumonia, rather than being a standard intervention for heart failure or edema. Thus, antibiotic therapy is the choice that would not typically be included in the acute treatment plan for someone with CHF or pulmonary edema unless there is an identified infection that requires treatment. This highlights the importance of targeting the specific underlying causes and symptoms of CHF and pulmonary edema in the patient's management plan.

6. What would a lateral neck X-ray of a child with epiglottitis likely reveal?

- A. Clear airways
- B. Swelling or haziness in the supraglottic area**
- C. Normal findings for age
- D. Complete blockage of the airway

A lateral neck X-ray of a child with epiglottitis would likely reveal swelling or haziness in the supraglottic area. This is indicative of inflammation and swelling of the epiglottis and surrounding structures, which is a hallmark sign of epiglottitis, especially in children. The swelling often appears as a "thumb sign" on the X-ray, where the enlarged epiglottis is visualized projecting into the airway. This finding is critical as it helps in diagnosing epiglottitis and suggests the need for immediate medical attention due to the potential for airway obstruction. Proper identification of this sign can prompt timely interventions, such as securing the airway or administering appropriate treatment. Other options such as clear airways or normal findings for age would not align with the clinical presentation of epiglottitis, which typically involves significant swelling and possible airway compromise. Complete blockage of the airway may occur in severe cases, but it is not typically visualized directly on an X-ray; instead, it signifies a medical emergency that requires immediate intervention. Hence, the correct identification of the characteristic swelling in the supraglottic area is vital for understanding the condition and responding appropriately.

7. What is the target oxygen saturation (SpO₂) range for a patient with COPD or chronic bronchiectasis?

- A. 80-85%
- B. 88-92%**
- C. 95-100%
- D. 75-80%

For patients with COPD (Chronic Obstructive Pulmonary Disease) or chronic bronchiectasis, maintaining an appropriate oxygen saturation level is crucial for effective management of their condition. The target oxygen saturation range of 88-92% is considered optimal for these patients. This range helps to ensure that sufficient oxygen is delivered to the tissues while minimizing the risks of oxygen toxicity and hypercapnia, which can result from excessive oxygen use. In COPD patients, high levels of oxygen saturation can suppress the respiratory drive, leading to an increase in carbon dioxide levels in the blood. Therefore, targeting a lower saturation range allows healthcare providers to manage the patient's oxygenation while considering their unique physiology and potential respiratory complications. Over-targeting oxygen saturation can lead to adverse effects, making 88-92% a more appropriate choice for this population.

8. 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.

9. In the management of epiglottitis, when might oxygen therapy be implemented?

- A. After the airway is stabilized**
- B. As the first intervention
- C. Only if there are signs of cyanosis
- D. When patient is discharged

In the management of epiglottitis, the administration of oxygen therapy is appropriate after the airway has been stabilized. This condition typically involves severe inflammation and swelling of the epiglottis, which can obstruct the airway and lead to respiratory distress. Initially, the priority is to secure the airway to ensure that the patient can breathe adequately. This might involve positioning the patient appropriately, providing supplemental oxygen if needed, or performing advanced airway interventions. Once the airway is stabilized, oxygen therapy can be implemented to ensure the patient is receiving enough oxygen to meet their needs, particularly if there are concerns about hypoxia due to the compromised airway. Implementing oxygen therapy before ensuring airway stability could risk further compromising the patient's breathing. Likewise, administering oxygen therapy only in response to cyanosis might delay treatment when the patient could benefit from oxygen sooner, especially as a means to prevent further respiratory distress. Oxygen is not generally provided upon discharge but rather during active management while the patient is being treated for any complications related to their condition.

10. What symptom involving breathing is commonly associated with an advanced stage of COPD?

- A. Hyperventilation
- B. Dizziness
- C. Dyspnea on exertion**
- D. Regular inspiratory effort

The symptom most commonly associated with an advanced stage of Chronic Obstructive Pulmonary Disease (COPD) is dyspnea on exertion. As COPD progresses, individuals typically experience an increased difficulty in breathing, especially during physical activities. This symptom arises due to the limitations in airflow and the lung's reduced ability to oxygenate the blood effectively. In advanced stages, as the disease causes significant damage to the airways and lung tissues, even minimal exertion can lead to pronounced shortness of breath, making daily activities challenging. Patients often describe this dyspnea as a worsening sensation of breathlessness that limits their capacity to engage in normal activities, leading to a more sedentary lifestyle. As such, dyspnea on exertion serves as a crucial indicator of disease progression and patient quality of life in those with advanced COPD.

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://nbrccse.examzify.com>

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

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