

NCA RESPIRATORY 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 commonly used to treat acute bronchoconstriction during an asthma attack?**
 - A. Antihistamines
 - B. Bronchodilators
 - C. Corticosteroids
 - D. Antibiotics
- 2. Which of the following components is not part of a complete pulmonary function test (PFT)?**
 - A. FVC
 - B. FEV1
 - C. Residual volume
 - D. Blood pressure
- 3. What is the purpose of a lung ventilation/perfusion ratio scan?**
 - A. To assess lung function and blood flow
 - B. To diagnose lung infections
 - C. To measure oxygen levels in the blood
 - D. To evaluate cardiac function
- 4. Which condition may lead to respiratory acidosis?**
 - A. Hyperventilation
 - B. Asthma attack
 - C. Severe anxiety
 - D. Respiratory failure
- 5. What does the term "epistaxis" refer to?**
 - A. Nasal congestion
 - B. Nosebleed
 - C. Sinus inflammation
 - D. Throat hoarseness

- 6. Which characteristic of stridor is notable?**
- A. Heard primarily in the lower airway
 - B. Indicates lung congestion
 - C. Indicates narrowing or choking in the upper airway
 - D. Is always accompanied by fever
- 7. Which of the following assessments would be least likely included in respiratory evaluations?**
- A. Medical history
 - B. Physical examination
 - C. Blood glucose levels
 - D. Diagnostic tests
- 8. What is the surgical procedure for removing an entire lung called?**
- A. Pneumonectomy
 - B. Lobectomy
 - C. Oophorectomy
 - D. Thoracotomy
- 9. What does pleural effusion refer to?**
- A. Inflammation of lung tissue
 - B. Accumulation of air in the pleural space
 - C. Abnormal accumulation of fluid in the pleural space
 - D. Complete collapse of a lung
- 10. What does the assessment of respiratory excursion primarily involve?**
- A. Measuring blood pressure
 - B. Palpating the abdomen
 - C. Movement of the chest and diaphragm
 - D. Listening for heart sounds

Answers

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

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Explanations

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1. What is commonly used to treat acute bronchoconstriction during an asthma attack?

- A. Antihistamines
- B. Bronchodilators**
- C. Corticosteroids
- D. Antibiotics

Bronchodilators are commonly used to treat acute bronchoconstriction during an asthma attack because they work by relaxing the smooth muscles around the airways. This relaxation helps to open the airways, allowing for improved airflow and making it easier for the person to breathe. They are quick-acting medications, often referred to as "rescue" inhalers, and are essential during an asthma exacerbation to rapidly alleviate symptoms such as wheezing, shortness of breath, and chest tightness. While other options like antihistamines, corticosteroids, and antibiotics can play important roles in asthma management, they do not provide the immediate relief needed during an acute attack. Antihistamines are more effective for allergic reactions rather than bronchoconstriction. Corticosteroids help to reduce inflammation and can be used for long-term management, but they do not act as quickly as bronchodilators during an acute episode. Antibiotics are used to treat bacterial infections, not directly related to the bronchoconstriction experienced during asthma attacks.

2. Which of the following components is not part of a complete pulmonary function test (PFT)?

- A. FVC
- B. FEV1
- C. Residual volume
- D. Blood pressure**

A complete pulmonary function test (PFT) is designed to evaluate various aspects of lung function and includes several key measurements. Among the fundamental components of a PFT, forced vital capacity (FVC) and forced expiratory volume in one second (FEV1) are central indicators of how well the lungs are functioning. FVC measures the total amount of air exhaled during a forced breath, while FEV1 indicates how much air can be forcibly exhaled in the first second. Residual volume, which is the amount of air remaining in the lungs after a maximal exhalation, is also a vital measurement for assessing lung health, particularly in understanding conditions like obstructive and restrictive lung diseases. In contrast, blood pressure is a measurement related to cardiovascular health and does not directly assess lung function. Including blood pressure in a pulmonary function test would not provide relevant information regarding pulmonary mechanics or airflow, which are the primary focuses of a PFT. Thus, it is accurately identified as not being part of a complete pulmonary function test.

3. What is the purpose of a lung ventilation/perfusion ratio scan?

- A. To assess lung function and blood flow**
- B. To diagnose lung infections
- C. To measure oxygen levels in the blood
- D. To evaluate cardiac function

The purpose of a lung ventilation/perfusion ratio scan, commonly referred to as a V/Q scan, is to assess lung function and blood flow. This imaging test evaluates both the airflow (ventilation) and the blood flow (perfusion) in the lungs, allowing healthcare providers to determine how well air is reaching the lung's air sacs compared to how well blood is flowing through the lung's blood vessels. An optimal ventilation/perfusion ratio is crucial for effective gas exchange and overall respiratory efficiency. A V/Q scan can help identify conditions such as pulmonary embolism, where blood flow is disrupted, or other respiratory problems that can affect oxygenation. By analyzing the distribution of ventilation and perfusion, clinicians can gain valuable insight into lung health and address issues accordingly. Other options, while related to respiratory health, do not accurately reflect the specific purpose of a V/Q scan. Diagnosing lung infections focuses more on microbiological assessments or imaging like CT scans. Measuring oxygen levels in the blood is typically done through arterial blood gas analysis or pulse oximetry. Evaluating cardiac function is usually approached through tests like echocardiograms or cardiac stress tests. Thus, the correct purpose of a V/Q scan is to assess both ventilation and perfusion, providing

4. Which condition may lead to respiratory acidosis?

- A. Hyperventilation
- B. Asthma attack
- C. Severe anxiety
- D. Respiratory failure**

Respiratory acidosis occurs when there is an accumulation of carbon dioxide in the blood, leading to a decrease in blood pH. This condition typically arises from impaired ventilation, which can occur in various situations, including respiratory failure. Respiratory failure can be due to many underlying causes, such as chronic obstructive pulmonary disease (COPD), severe pneumonia, or neuromuscular disorders, all of which can reduce the lungs' ability to expel carbon dioxide effectively. When the body fails to eliminate CO₂ adequately, it results in elevated levels of carbon dioxide. This increase causes the formation of carbonic acid, leading to a decrease in pH levels, hence the development of acidosis. In contrast, conditions such as hyperventilation and severe anxiety often lead to respiratory alkalosis, characterized by decreased CO₂ levels due to excessive breathing. An asthma attack may vary in its effects but typically does not lead to respiratory acidosis in its early stages; rather, it can cause wheezing and difficulty exhaling, which might later lead to acidosis if severe enough.

5. What does the term "epistaxis" refer to?

- A. Nasal congestion
- B. Nosebleed**
- C. Sinus inflammation
- D. Throat hoarseness

The term "epistaxis" specifically refers to a nosebleed, which is an involuntary bleeding from the nasal cavity. This condition can occur due to various factors such as dry air, trauma, nasal infections, or underlying health issues. It is commonly characterized by the sudden onset of bleeding from one or both nostrils and often requires immediate care or first aid to manage. In medical terminology, recognizing "epistaxis" as a nosebleed is essential, as it helps healthcare professionals accurately communicate about the condition and its potential causes, treatments, and implications. Understanding this term is particularly important in respiratory practice, where nasal health can significantly impact overall respiratory function.

6. Which characteristic of stridor is notable?

- A. Heard primarily in the lower airway
- B. Indicates lung congestion
- C. Indicates narrowing or choking in the upper airway**
- D. Is always accompanied by fever

Stridor is a high-pitched, wheezing sound that is typically heard during inhalation and is associated with turbulent airflow through a narrowed or obstructed upper airway. The notable characteristic is that it indicates an issue in the upper airway, often due to conditions like laryngomalacia, croup, or foreign body aspiration. This sound arises specifically from the narrowing at levels such as the larynx or trachea, making it a critical sign in clinical assessment. The other options do not align with the defining characteristics of stridor. For instance, stridor is not primarily associated with the lower airway or lung congestion, which would be more indicative of conditions like wheezing. Additionally, while stridor may occur alongside fever in some infections, it is not a definitive symptom and is not always present. Therefore, the correct understanding of stridor's significance relates back to its indication of upper airway obstruction or narrowing.

7. Which of the following assessments would be least likely included in respiratory evaluations?

- A. Medical history
- B. Physical examination
- C. Blood glucose levels**
- D. Diagnostic tests

In the context of respiratory evaluations, assessing blood glucose levels is least relevant compared to the other assessment methods mentioned. Respiratory evaluations primarily focus on the function and health of the respiratory system, which involves gathering information about the patient's medical history, performing a physical examination, and conducting specific diagnostic tests to evaluate lung function and detect any respiratory conditions. Medical history provides essential context about a patient's previous respiratory issues, risk factors like smoking or exposure to pollutants, and any comorbidities that may affect lung health. A physical examination allows the clinician to assess respiratory rate, chest expansion, and the presence of abnormal lung sounds. Diagnostic tests such as spirometry, chest X-rays, or CT scans are specifically designed to measure lung function and identify diseases. In contrast, blood glucose levels are not directly relevant to respiratory assessments, even though glucose levels can impact overall health and may be significant in systemic conditions like diabetes. However, they do not provide insights into lung function or respiratory health, which is the focus of a respiratory evaluation.

8. What is the surgical procedure for removing an entire lung called?

A. Pneumonectomy

B. Lobectomy

C. Oophorectomy

D. Thoracotomy

The surgical procedure for removing an entire lung is known as pneumonectomy. This procedure is typically performed in cases of lung cancer, severe lung disease, or trauma that has affected the lung's functionality. During a pneumonectomy, the entire lung on one side of the chest is removed, which may be necessary to eliminate cancerous tissue or to free up space in cases where other treatments have failed. Understanding this procedure is essential for respiratory care professionals as it has significant implications for a patient's recovery and long-term respiratory function. After a pneumonectomy, the patient usually undergoes rehabilitation and may need assistance to adapt to the decrease in lung capacity. Other surgical options such as lobectomy involve removing only a portion of the lung, making them different from pneumonectomy both in scope and purpose. It's also important to differentiate from procedures like thoracotomy, which refers to creating an incision in the chest wall rather than removing lung tissue.

9. What does pleural effusion refer to?

A. Inflammation of lung tissue

B. Accumulation of air in the pleural space

C. Abnormal accumulation of fluid in the pleural space

D. Complete collapse of a lung

Pleural effusion refers specifically to the abnormal accumulation of fluid in the pleural space, which is the thin fluid-filled area between the two pleurae (the membranes lining the thoracic cavity and surrounding the lungs). This condition can arise from various causes, including infections, malignancies, heart failure, or inflammatory diseases. The accumulation of fluid can lead to symptoms such as shortness of breath, chest pain, and cough due to the pressure it exerts on the lungs, restricting their expansion during breathing. Understanding why this choice is correct involves recognizing the nature of pleural effusion and how it differs from other respiratory conditions. For instance, inflammation of lung tissue pertains to a different pathophysiological process, while the accumulation of air in the pleural space is defined as a pneumothorax, not a pleural effusion. Finally, the complete collapse of a lung, or atelectasis, also signifies a separate respiratory issue unrelated to fluid accumulation in the pleural space. This clarification highlights the uniqueness of pleural effusion in the context of respiratory pathology.

10. What does the assessment of respiratory excursion primarily involve?

A. Measuring blood pressure

B. Palpating the abdomen

C. Movement of the chest and diaphragm

D. Listening for heart sounds

The assessment of respiratory excursion focuses on evaluating the movement of the chest and diaphragm during breathing. This involves observing and palpating the thoracic region to determine the extent of expansion that occurs with inhalation and exhalation. Proper respiratory excursion indicates that the lungs are expanding adequately and suggests that there are no obstructions or issues limiting thoracic movement. Assessing respiratory excursion is crucial as it can help identify conditions such as pleural effusion, pneumonia, or atelectasis, where there might be compromised lung function. Therefore, when determining the effectiveness of respiratory mechanics, understanding how well the chest and diaphragm move is essential for assessing a patient's respiratory health and functionality.

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:

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

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