

OXYGEN THERAPY PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. How can the administration of oxygen be tailored for individual patients?

- A. By using a universal high-dose approach
- B. Through titration based on clinical signs and saturation levels
- C. By following a strict time schedule for all patients
- D. By adjusting based on patient preference only

2. When should oxygen therapy be reassessed in a patient receiving treatment?

- A. Only once a week
- B. Whenever there is a change in the patient's clinical status or complaint
- C. Before discharge from the hospital only
- D. When a new medication is prescribed

3. What is the primary goal of administering oxygen therapy?

- A. To enhance patient comfort
- B. To improve oxygen delivery to tissues
- C. To reduce the cost of treatment
- D. To stabilize blood flow

4. What is capnography used for?

- A. Measuring oxygen saturation
- B. Monitoring CO₂ levels exhaled
- C. Assessing heart rate
- D. Checking blood pressure

5. How should a nasopharyngeal airway be measured for insertion?

- A. From the mouth to the ear
- B. From the tragus of the ear to the nare
- C. From the chin to the nasal bridge
- D. From the throat to the ear

- 6. What defines chronic respiratory failure?**
- A. A temporary condition requiring immediate support
 - B. A state where the lungs are unable to maintain normal gas exchange over an extended period
 - C. A condition marked by uncontrollable coughing
 - D. A state resulting from acute infections
- 7. What monitoring equipment is often used to measure oxygen saturation non-invasively?**
- A. Electrocardiogram
 - B. Pulse oximeter
 - C. Stethoscope
 - D. Blood pressure cuff
- 8. What does the term 'flow' refer to in oxygen therapy?**
- A. Percentage of inspired air
 - B. Liters per minute
 - C. Amount of oxygen absorbed
 - D. Duration of therapy
- 9. What is an important benefit of deep breathing exercises post-surgery?**
- A. Reduces anxiety
 - B. Enhances lung inflation
 - C. Improves psychological well-being
 - D. Decreases heart rate
- 10. What is the recommended oxygen saturation target for most patients requiring supplemental oxygen?**
- A. 85% to 90%
 - B. 90% to 92%
 - C. 92% to 96%
 - D. 96% to 100%

Answers

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

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Explanations

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1. How can the administration of oxygen be tailored for individual patients?

- A. By using a universal high-dose approach
- B. Through titration based on clinical signs and saturation levels**
- C. By following a strict time schedule for all patients
- D. By adjusting based on patient preference only

The administration of oxygen can be tailored for individual patients through titration based on clinical signs and saturation levels. This method allows healthcare providers to monitor the patient's response to oxygen therapy closely and adjust the flow rate as necessary to achieve the desired oxygen saturation level while avoiding hyperoxia and its potential complications. For instance, using pulse oximetry provides real-time feedback about the patient's oxygen saturation, allowing clinicians to make informed decisions about oxygen delivery. The goal is to maintain the saturation within a target range that supports effective tissue oxygenation, which can vary from patient to patient depending on their underlying conditions, such as chronic obstructive pulmonary disease (COPD) or heart failure. This individualized approach is crucial because it ensures that the therapy meets the specific needs of each patient, facilitating optimal outcomes and minimizing risks associated with inappropriate oxygen levels.

2. When should oxygen therapy be reassessed in a patient receiving treatment?

- A. Only once a week
- B. Whenever there is a change in the patient's clinical status or complaint**
- C. Before discharge from the hospital only
- D. When a new medication is prescribed

Oxygen therapy should be reassessed whenever there is a change in the patient's clinical status or complaint because the effectiveness of oxygen therapy can vary based on numerous factors, including the patient's underlying condition, response to treatment, and the presence of new symptoms or complications. Regular reassessment ensures that oxygen delivery is optimized according to the patient's current needs. For instance, if a patient experiences increased shortness of breath, altered mental status, or any significant change in vital signs, it indicates a potential need to adjust oxygen levels. Additionally, sudden changes in the patient's clinical picture, such as a worsening of a respiratory condition, may necessitate an immediate evaluation of adequate oxygen saturation levels and whether the current therapy is still appropriate. This approach is aligned with standard clinical practices that emphasize the need for ongoing monitoring and adjustment of therapy based on real-time patient feedback and health status, rather than adhering to a fixed schedule or only assessing at certain points in time. Thus, the correct answer highlights the dynamic nature of patient care in oxygen therapy, ensuring safety and adequacy of treatment.

3. What is the primary goal of administering oxygen therapy?

- A. To enhance patient comfort
- B. To improve oxygen delivery to tissues**
- C. To reduce the cost of treatment
- D. To stabilize blood flow

The primary goal of administering oxygen therapy is to improve oxygen delivery to tissues throughout the body. When patients experience conditions such as respiratory illnesses, trauma, or any situation that impairs breathing, their body may not receive adequate oxygen. This can lead to tissue hypoxia, where the cells do not get the oxygen necessary for proper function. By providing supplemental oxygen, healthcare providers aim to increase the oxygen saturation levels in the blood, ensuring that enough oxygen is available to meet the metabolic demands of the organs and tissues. This is crucial for maintaining cellular function, promoting healing, and preventing complications related to low oxygen levels. While enhancing patient comfort and stabilizing blood flow can be beneficial aspects of oxygen therapy, they are not the primary goals. Cost reduction is generally a consideration in healthcare management but does not pertain to the primary therapeutic objectives of providing oxygen to patients.

4. What is capnography used for?

- A. Measuring oxygen saturation
- B. Monitoring CO₂ levels exhaled**
- C. Assessing heart rate
- D. Checking blood pressure

Capnography is primarily used for monitoring the levels of carbon dioxide (CO₂) that are exhaled by the patient. This technique provides valuable insight into a patient's ventilatory status, indicating how effectively CO₂ is being expelled from the body. By displaying the concentration of CO₂ throughout the breathing cycle, capnography can help clinicians identify issues such as hypoventilation, hyperventilation, or even emergency conditions like respiratory failure. Understanding CO₂ levels is critical in various medical situations, especially during sedation or anesthesia, where proper ventilation must be maintained. Additionally, monitoring exhaled CO₂ can guide treatment decisions in patients with respiratory illnesses, helping to ensure that they receive appropriate care based on their carbon dioxide levels. In contrast, measuring oxygen saturation, assessing heart rate, and checking blood pressure do not pertain to the use of capnography, as these involve different physiological parameters that are monitored through separate means.

5. How should a nasopharyngeal airway be measured for insertion?

- A. From the mouth to the ear
- B. From the tragus of the ear to the nare**
- C. From the chin to the nasal bridge
- D. From the throat to the ear

The correct method for measuring a nasopharyngeal airway for insertion is from the tragus of the ear to the nare. This measurement ensures that the airway is of appropriate length to effectively reach the nasopharynx without causing trauma or obstruction. This measurement is critical because an incorrectly sized airway may result in inadequate ventilation or injury to the surrounding structures. The tragus, being a consistent anatomical landmark, provides a reliable starting point for measurement. The nare, being the nasal passage, is the endpoint that allows for proper placement of the airway to maintain patency. Other methods of measurement do not provide the same level of accuracy or may lead to complications. For example, measuring from the mouth to the ear or the throat to the ear does not consider the curvature and length of the nasal passages, which varies among individuals. Additionally, measuring from the chin to the nasal bridge does not correspond adequately with the route that the airway will take, which can result in either an airway that is too short or one that is improperly positioned. Therefore, measuring from the tragus of the ear to the nare is the standard practice for ensuring correct sizing and optimal outcomes.

6. What defines chronic respiratory failure?

- A. A temporary condition requiring immediate support
- B. A state where the lungs are unable to maintain normal gas exchange over an extended period**
- C. A condition marked by uncontrollable coughing
- D. A state resulting from acute infections

Chronic respiratory failure is characterized by a prolonged inability of the lungs to maintain adequate gas exchange, specifically oxygenation and carbon dioxide removal, for an extended period. This condition often develops gradually due to underlying chronic lung diseases such as chronic obstructive pulmonary disease (COPD), interstitial lung disease, or conditions that affect the neuromuscular system. In chronic respiratory failure, the patient may not show immediate distress, but over time, the inadequate gas exchange leads to symptoms like fatigue, cyanosis, and shortness of breath during exertion. Unlike acute respiratory failure, which is sudden and requires immediate medical intervention, chronic respiratory failure may allow the patient to adapt to lower levels of oxygen in their blood over a longer duration. This definition distinguishes chronic respiratory failure from acute conditions, which are typically transient and require urgent treatment, emphasizing the importance of understanding the timeline and permanence of the gas exchange issue in chronic respiratory failure.

7. What monitoring equipment is often used to measure oxygen saturation non-invasively?

- A. Electrocardiogram
- B. Pulse oximeter**
- C. Stethoscope
- D. Blood pressure cuff

The pulse oximeter is the instrument used to measure oxygen saturation non-invasively. This device works by using light sensors to assess the changes in light absorption of oxygenated and deoxygenated hemoglobin in the blood, providing a quick and accurate measurement of the percentage of hemoglobin that is saturated with oxygen. Monitoring oxygen saturation is crucial in various clinical settings, as it helps determine how well oxygen is being transported throughout the body and is essential for managing patients with respiratory or cardiovascular issues. In contrast, other options do not measure oxygen saturation: an electrocardiogram monitors the heart's electrical activity, a stethoscope is used for auscultation to listen to the body's sounds, and a blood pressure cuff measures arterial blood pressure. Thus, among the available choices, the pulse oximeter is the clear choice for non-invasive measurement of oxygen saturation.

8. What does the term 'flow' refer to in oxygen therapy?

- A. Percentage of inspired air
- B. Liters per minute**
- C. Amount of oxygen absorbed
- D. Duration of therapy

In the context of oxygen therapy, the term 'flow' specifically refers to the amount of oxygen delivered to a patient, which is quantified in liters per minute. This measurement is crucial for ensuring that patients receive an adequate and appropriate concentration of oxygen to meet their respiratory needs. Understanding flow in liters per minute allows healthcare providers to adjust the oxygen delivery systems, such as nasal cannulas or oxygen masks, to precisely control how much oxygen the patient is receiving. This is essential for managing various medical conditions that require supplemental oxygen, as different patients may require different flow rates based on their individual oxygen saturation levels and clinical status. The other options, while related to oxygen therapy in some manner, do not capture the definition of 'flow' as used in this context. The percentage of inspired air refers more to the concentration of oxygen within the air mixture rather than the flow, and the amount of oxygen absorbed relates to the efficiency of the therapy rather than the delivery rate. The duration of therapy pertains to how long a patient is receiving treatment rather than the rate at which oxygen is administered.

9. What is an important benefit of deep breathing exercises post-surgery?

- A. Reduces anxiety
- B. Enhances lung inflation**
- C. Improves psychological well-being
- D. Decreases heart rate

Deep breathing exercises post-surgery are crucial because they significantly enhance lung inflation. After surgery, patients may experience reduced lung capacity due to factors such as anesthesia, pain, or prolonged immobility. These factors can hinder normal breathing patterns and lead to complications such as atelectasis (the collapse of part or all of a lung) or pneumonia. By engaging in deep breathing exercises, patients actively expand their lungs, promoting adequate ventilation and ensuring the exchange of gases within the alveoli. This practice increases oxygen supply to the bloodstream, aids in clearing mucus, and helps prevent respiratory complications, which can be critical for a patient's recovery process. While the other options may reflect some benefits of deep breathing, the primary and most significant outcome directly related to lung recovery post-surgery is the enhancement of lung inflation. This functional aspect is essential for restoring normal respiratory mechanics and ensuring optimal recovery after surgical interventions.

10. What is the recommended oxygen saturation target for most patients requiring supplemental oxygen?

- A. 85% to 90%
- B. 90% to 92%
- C. 92% to 96%**
- D. 96% to 100%

The recommended oxygen saturation target for most patients requiring supplemental oxygen is typically between 92% to 96%. This range is considered optimal for ensuring adequate oxygen delivery to tissues while minimizing the risk of hyperoxia, which can occur if saturation levels exceed 96%. Maintaining oxygen saturation within this target range helps to provide sufficient oxygen for cellular metabolism and prevent complications associated with both low oxygen levels (hypoxemia) and excessively high levels of oxygen. In clinical practice, targeting oxygen saturations below 92% may not provide adequate oxygenation for patients, especially those with respiratory conditions. Conversely, aiming for saturations above 96% could potentially lead to adverse effects, particularly in certain populations, such as patients with chronic obstructive pulmonary disease (COPD), where elevated oxygen levels can inhibit the patient's drive to breathe. Therefore, the range of 92% to 96% strikes a balance between the need for adequate oxygenation and safety for the patient.

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://oxygentherapy.examzify.com>

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

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