

PULMONARY EMERGENCIES PRACTICE TEST (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. Which disease is described as a chronic condition with significant fixed airway obstruction that remains at baseline even when the illness is under control, typically linked to a long smoking history?**
 - A. COPD
 - B. Asthma
 - C. Bronchitis
 - D. Pneumonia

- 2. Advanced COPD is associated with _____ sided heart failure**
 - A. Left
 - B. Biventricular
 - C. Right
 - D. No heart failure

- 3. In evaluating suspected PE, a positive D-Dimer most commonly leads to which next test?**
 - A. D-Dimer
 - B. CTA
 - C. CXR
 - D. EKG

- 4. Which population is more likely to have poorer functional status and confusion rather than typical cough and pleuritic chest pain?**
 - A. Healthy adult
 - B. Child
 - C. Athlete
 - D. Nursing home pt

- 5. Which statement about simple pneumothorax is true?**
 - A. Simple pneumothorax involves pleuritic chest pain, dyspnea, and decreased breath sounds on the affected side
 - B. Simple pneumothorax always causes tracheal deviation
 - C. Simple pneumothorax is unrelated to respiratory symptoms
 - D. Simple pneumothorax requires immediate chest tube for all patients

- 6. Which condition is a must-not-miss differential diagnosis for hemoptysis?**
- A. Pulmonary embolism
 - B. Common cold
 - C. Sinusitis
 - D. Bronchitis
- 7. Inpatient treatment for community-acquired pneumonia includes which regimen?**
- A. Azithromycin
 - B. IV Levaquin
 - C. Amoxicillin
 - D. Doxycycline
- 8. Which disease presents with fever, cough, dyspnea, pleuritic chest pain, sputum, and rigors, with ill appearance and dullness to percussion?**
- A. Pulmonary embolism
 - B. Pneumonia
 - C. Pleural effusion
 - D. Acute bronchitis
- 9. Which of the following is listed as a cause of hemoptysis?**
- A. Pulmonary infarction
 - B. Pneumonia
 - C. Bronchitis
 - D. Trauma
- 10. Which of the following is a cardiac biomarker that may be elevated in PE?**
- A. Troponin
 - B. D-Dimer
 - C. BNP
 - D. ABG

Answers

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

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Explanations

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1. Which disease is described as a chronic condition with significant fixed airway obstruction that remains at baseline even when the illness is under control, typically linked to a long smoking history?

- A. COPD**
- B. Asthma
- C. Bronchitis
- D. Pneumonia

Chronic obstructive pulmonary disease presents with persistent, largely irreversible airflow limitation that does not return to normal between episodes, even when symptoms are under control. This fixed obstruction results from long-term smoking causing airway remodeling, inflammation, and loss of elastic recoil, so airflow cannot be fully restored with bronchodilators. The description emphasizes a baseline impairment that remains despite control of the illness, which is characteristic of COPD. Asthma, in contrast, usually features reversible obstruction that improves with bronchodilators or anti-inflammatory treatment. Pneumonia is an acute infection with temporary symptoms and does not describe chronic fixed obstruction. Chronic bronchitis can be part of COPD and involves a productive cough for years, but the hallmark in this scenario is the fixed, non-reversible airflow limitation tied to sustained smoking history, pointing to COPD.

2. Advanced COPD is associated with _____ sided heart failure

- A. Left
- B. Biventricular
- C. Right**
- D. No heart failure

Advanced COPD often leads to cor pulmonale, a form of right sided heart failure. Chronic low oxygen levels cause the pulmonary arteries to constrict and remodel, raising the pressure the right ventricle must pump against. Over time the right ventricle dilates and weakens, resulting in right sided heart failure. This produces venous congestion signs such as leg edema, jugular venous distension, hepatomegaly, and sometimes ascites. Left sided failure isn't the typical direct outcome of COPD, which is why the most likely associated heart failure is on the right.

3. In evaluating suspected PE, a positive D-Dimer most commonly leads to which next test?

- A. D-Dimer
- B. CTA**
- C. CXR
- D. EKG

D-dimer is a sensitive screening test for suspected PE: a negative result makes PE unlikely, but a positive result isn't specific and needs imaging to confirm. The next test chosen is CT pulmonary angiography because it directly visualizes the pulmonary arteries and can detect emboli, providing both confirmation and information on location and extent. It's fast, widely available, and generally the most informative imaging modality in this scenario. Chest X-ray and EKG can be abnormal with PE but do not confirm it, and repeating the D-dimer won't establish the diagnosis. If CTA isn't possible, alternatives like a ventilation-perfusion scan or other imaging may be considered.

4. Which population is more likely to have poorer functional status and confusion rather than typical cough and pleuritic chest pain?

- A. Healthy adult
- B. Child
- C. Athlete
- D. Nursing home pt**

In older adults, especially those in long-term care like nursing homes, chest infections often present atypically. Instead of the classic cough and pleuritic chest pain, these patients more commonly show confusion, agitation, or a noticeable decline in functional status. This happens because aging blunts typical inflammatory responses, cognitive impairment can mask symptom reporting, and baseline frailty makes any new decline stand out more than specific chest symptoms. Among the options, the nursing home resident best fits this pattern: they are at higher risk for atypical presentations of pneumonia or other chest problems, so poorer functional status and confusion are more likely than a typical cough or sharp chest pain. In contrast, a healthy adult is more likely to have the classic symptoms; a child often has fever and respiratory symptoms; an athlete would usually report exertional discomfort or cough rather than confusion.

5. Which statement about simple pneumothorax is true?

- A. Simple pneumothorax involves pleuritic chest pain, dyspnea, and decreased breath sounds on the affected side**
- B. Simple pneumothorax always causes tracheal deviation
- C. Simple pneumothorax is unrelated to respiratory symptoms
- D. Simple pneumothorax requires immediate chest tube for all patients

A simple pneumothorax presents with pleuritic chest pain and shortness of breath because air has entered the pleural space and partially collapses the lung. The irritation of the pleura causes the sharp, worsened chest pain with breathing, and the collapsed lung leads to reduced ventilation and dyspnea. On exam, you typically hear decreased breath sounds on the affected side due to the absence of air movement where the lung has collapsed. Hyperresonant percussion can also be present because there's more air in the chest. Tracheal deviation is not expected in a simple pneumothorax; that finding points toward a tension pneumothorax, where pressure buildup pushes the mediastinum to the opposite side and is a life-threatening emergency. Additionally, a simple pneumothorax does not automatically require a chest tube for every patient. Stable, small pneumothoraces can be managed with observation and oxygen, with intervention reserved for larger or symptomatic cases.

6. Which condition is a must-not-miss differential diagnosis for hemoptysis?

- A. Pulmonary embolism
- B. Common cold
- C. Sinusitis**
- D. Bronchitis

When assessing hemoptysis, you have to consider whether the bleeding is actually coming from the lower airways or from the upper airway. Blood from the nose or sinuses can drain into the throat and be coughed up as blood-tinged sputum, so sinusitis should be included as a must-not-miss possibility. If sinusitis is suspected, you'd typically see ENT-type symptoms such as facial pressure or pain, purulent nasal discharge, or sinus tenderness, and the chest may appear normal. This distinction matters because the management shifts from pulmonary-directed workup to treating the sinus infection and addressing the upper airway source. The other options are less likely to explain true hemoptysis on their own: a common cold or bronchitis mainly cause cough with mucus but not typically frank blood, and pulmonary embolism, while dangerous and important to consider, is a different clinical pathway that would usually present with more acute chest symptoms and embolic risk features.

7. Inpatient treatment for community-acquired pneumonia includes which regimen?

- A. Azithromycin
- B. IV Levaquin**
- C. Amoxicillin
- D. Doxycycline

Inpatient treatment of community-acquired pneumonia requires parenteral antibiotics with broad coverage to address both typical bacteria like *Streptococcus pneumoniae* and atypical pathogens such as *Mycoplasma* and *Chlamydia*. A fluoroquinolone given IV, such as levofloxacin, fits this need well because it provides strong activity against both typical and atypical organisms in one medication and delivers reliable lung penetration. This makes IV levofloxacin a convenient and effective single-drug regimen for hospitalized patients who require IV therapy. The other options are less ideal for inpatient regimens. Azithromycin alone is more typical of outpatient therapy and may not provide enough coverage in the hospital without a beta-lactam partner. Amoxicillin is usually used for milder outpatient CAP and doesn't cover atypicals well, which is important in inpatient care. Doxycycline can be used in some outpatient regimens but isn't the preferred inpatient choice due to potentially less reliable coverage against certain pneumococcal strains and the need for broader initial coverage in hospitalized patients.

8. Which disease presents with fever, cough, dyspnea, pleuritic chest pain, sputum, and rigors, with ill appearance and dullness to percussion?

- A. Pulmonary embolism
- B. Pneumonia**
- C. Pleural effusion
- D. Acute bronchitis

Pneumonia presents when infection settles in the lung parenchyma, so you see fever and a productive cough with sputum, along with difficulty breathing and pleuritic chest pain from inflammation near the pleura. The body's response often makes the person appear ill and may bring rigors. On exam, the infected area of the lung becomes consolidated, which dampens the normal air-filled sounds and produces dullness to percussion. You'll commonly hear crackles and may have increased tactile fremitus over the affected lobe. This combination of systemic illness, productive sputum, pleuritic pain, and focal dullness points to pneumonia rather than other possibilities. Pulmonary embolism can cause sudden dyspnea and pleuritic pain and may spike a fever, but it usually lacks a productive sputum with focal lung consolidation. Pleural effusion can cause dullness to percussion, yet it typically shows reduced breath sounds and decreased fremitus over the effusion rather than the crackles and consolidative signs of pneumonia. Acute bronchitis features a prominent cough and sometimes wheezing but often lacks focal chest findings of consolidation and the same pattern of fever and ill appearance.

9. Which of the following is listed as a cause of hemoptysis?

- A. Pulmonary infarction**
- B. Pneumonia
- C. Bronchitis
- D. Trauma

Hemoptysis happens when bleeding enters the airways from the lungs. A pulmonary infarction—typically from a pulmonary embolism blocking blood flow to a portion of the lung—causes ischemic damage and rupture of small vessels, leading to bleeding into the airways and coughing up blood. This mechanism makes infarction a classic listed cause of hemoptysis. Pneumonia and bronchitis involve infection and inflammation of the airways and lung tissue and can produce sputum that's bloody on occasion, but they are less often cited as direct, primary causes of hemoptysis in standard references. Trauma can cause bleeding as well, but the scenario most often highlighted as a recognized cause in exam contexts is infarction from embolic obstruction.

10. Which of the following is a cardiac biomarker that may be elevated in PE?

- A. Troponin**
- B. D-Dimer
- C. BNP
- D. ABG

When a pulmonary embolism suddenly increases the right ventricle's afterload, the heart can suffer injury from the strain and potential ischemia. This releases troponin I or T into the bloodstream, making it a cardiac biomarker that may be elevated in PE. Elevated troponin in this context signals myocardial injury due to right-sided strain and is associated with worse prognosis, helping with risk stratification. D-dimer is a marker of fibrin breakdown used to help diagnose PE but isn't a cardiac injury marker. BNP reflects ventricular stretch and can rise with right-heart strain but isn't as specific for myocardial injury as troponin. ABG is a gas analysis test, not a cardiac biomarker.

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://pulmonaryemergencies.examzify.com>

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

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