

Registered Nurse (RN) Respiratory 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. Which type of pneumonia is most commonly associated with healthcare exposure?**
 - A. Community-acquired pneumonia**
 - B. Healthcare-associated pneumonia**
 - C. Aspiration pneumonia**
 - D. Chronic pneumonia**
- 2. What is the main concern with the use of sedatives in patients with respiratory issues?**
 - A. They can cause respiratory infections.**
 - B. They can depress respiratory drive and lead to respiratory failure.**
 - C. They can increase respiratory rate.**
 - D. They are generally safe for all patients.**
- 3. During assessment, which finding might indicate subcutaneous emphysema?**
 - A. Skin coloration changes**
 - B. Skin feels firm and swollen**
 - C. Chest pain during inhalation**
 - D. Presence of crepitation in skin**
- 4. What is the pathophysiology of pneumonia?**
 - A. Constricted airways leading to obstruction**
 - B. Smooth muscle hypertrophy**
 - C. Inflammation and infection in the alveoli**
 - D. Decreased lung volume due to stiffness**
- 5. "Walking pneumonia" is primarily caused by which infectious agent?**
 - A. Fungi**
 - B. *Streptococcus pneumoniae***
 - C. *Mycoplasma pneumoniae***
 - D. Influenza**

6. Which product should a patient taking Theophylline avoid consuming?

- A. Caffeine**
- B. Dairy**
- C. Wheat**
- D. Shellfish**

7. Which of the following is a common assessment finding in patients with pneumonia?

- A. Wheezing on auscultation**
- B. Crackles or rales heard on auscultation**
- C. Decreased respiratory rate**
- D. Clear lung sounds**

8. Why is directly observed therapy (DOT) implemented in treating tuberculosis?

- A. To reduce overall treatment duration**
- B. To ensure consistent medication consumption**
- C. To eliminate the need for monitoring**
- D. To increase the patient's comfort level**

9. What element of the patient's clinical scenario primarily indicates it's hospital-acquired pneumonia?

- A. Presence of a productive cough**
- B. History of gunshot wound**
- C. Fever of 104.3 °F**
- D. Chest x-ray shows infiltrates**

10. What symptom may suggest Digoxin toxicity instead of a complication from Vancomycin?

- A. Seeing yellow halos around the light**
- B. Experiencing a metallic taste**
- C. Complaining of headaches**
- D. Having ringing in the ears**

Answers

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

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Explanations

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1. Which type of pneumonia is most commonly associated with healthcare exposure?

- A. Community-acquired pneumonia**
- B. Healthcare-associated pneumonia**
- C. Aspiration pneumonia**
- D. Chronic pneumonia**

Healthcare-associated pneumonia is specifically linked to exposure to healthcare settings, such as hospitals or long-term care facilities. It typically occurs in patients with risk factors such as recent hospitalization, long-term care residency, or those receiving outpatient care that involved procedures or therapies that may predispose them to infections. This type of pneumonia is important to differentiate from community-acquired pneumonia, which occurs outside of healthcare settings and is often caused by different pathogens. Aspiration pneumonia involves inhaling substances such as food, liquid, or vomit into the lungs, which is not solely related to healthcare environments. Chronic pneumonia refers to long-standing lung infections and is not specific to healthcare exposure. Therefore, the recognition of healthcare-associated pneumonia as the correct answer emphasizes the significant role that healthcare environments play in the acquisition and progression of certain types of pneumonia, particularly due to factors like antibiotic resistance and the presence of more virulent strains of bacteria in these settings.

2. What is the main concern with the use of sedatives in patients with respiratory issues?

- A. They can cause respiratory infections.**
- B. They can depress respiratory drive and lead to respiratory failure.**
- C. They can increase respiratory rate.**
- D. They are generally safe for all patients.**

The primary concern with the use of sedatives in patients with respiratory issues lies in their potential to depress respiratory drive, which can lead to respiratory failure. Sedatives, particularly those that act on the central nervous system, can diminish the sensitivity of the respiratory center in the brain to carbon dioxide levels in the blood. This results in a reduced respiratory rate and decreased tidal volume, impairing the patient's ability to maintain adequate ventilation and oxygenation. In patients who already have compromised respiratory function, such as those with chronic obstructive pulmonary disease (COPD) or acute respiratory distress, the use of sedatives can exacerbate their condition by further suppressing their ability to breathe effectively. This risk is critical because it can lead to hypoventilation, oxygen desaturation, and ultimately respiratory failure, which is a life-threatening situation requiring immediate intervention. Understanding this risk is crucial for healthcare providers to carefully assess each patient's respiratory status and judiciously use sedatives as part of a comprehensive care plan.

3. During assessment, which finding might indicate subcutaneous emphysema?

- A. Skin coloration changes**
- B. Skin feels firm and swollen**
- C. Chest pain during inhalation**
- D. Presence of crepitation in skin**

Subcutaneous emphysema occurs when air is trapped in the subcutaneous tissue, often resulting from trauma, mechanical ventilation, or certain medical procedures. The presence of crepitation in the skin is a classic sign of subcutaneous emphysema. This crepitant sound or sensation occurs because of air bubbles moving within the layers of the skin when palpated. It can be felt as a crackling or popping sensation and is a direct indication that air has infiltrated the subcutaneous tissue. Skin coloration changes and changes in firmness and swelling may indicate other conditions such as inflammation or infection but are not specific indicators of subcutaneous emphysema. Similarly, chest pain during inhalation can stem from various causes, including pleural issues or muscle strain, and does not directly indicate the presence of air in subcutaneous layers. Therefore, the presence of crepitation in the skin is the most definitive finding associated with subcutaneous emphysema, as it aligns directly with the condition's pathophysiology.

4. What is the pathophysiology of pneumonia?

- A. Constricted airways leading to obstruction**
- B. Smooth muscle hypertrophy**
- C. Inflammation and infection in the alveoli**
- D. Decreased lung volume due to stiffness**

The pathophysiology of pneumonia primarily involves inflammation and infection of the alveoli, which are the small air sacs in the lungs where gas exchange occurs. This condition is typically caused by a variety of pathogens, including bacteria, viruses, or fungi, leading to an inflammatory response in the lung tissue. When the alveoli become infected, inflammatory cells, such as neutrophils, migrate to the affected areas, contributing to the swelling and accumulation of fluid and pus, which can severely impair gas exchange. This process results in symptoms such as cough, fever, difficulty breathing, and chest pain, reflecting the body's effort to manage the infection and restore normal lung function. Additionally, this inflammation can cause consolidation of the lung tissue, further diminishing oxygen uptake and leading to the clinical manifestations of pneumonia. Understanding this pathophysiology is crucial for the management and treatment of pneumonia in patients.

5. "Walking pneumonia" is primarily caused by which infectious agent?

- A. Fungi**
- B. Streptococcus pneumoniae**
- C. Mycoplasma pneumoniae**
- D. Influenza**

Walking pneumonia is primarily caused by *Mycoplasma pneumoniae*, which is a unique bacterium due to its lack of a cell wall. This organism is known for causing atypical pneumonia, which tends to present with milder symptoms than typical pneumonia, allowing affected individuals to carry on with their daily activities, thus the term "walking" pneumonia. *Mycoplasma pneumoniae* infection often results in a persistent dry cough, low-grade fever, and fatigue, rather than the more severe manifestations seen with other types of pneumonia caused by different agents. The organism is primarily transmitted through respiratory droplets, and outbreaks often occur in crowded environments, such as schools and military barracks. The other infectious agents mentioned do not primarily cause walking pneumonia. For instance, *Streptococcus pneumoniae* is known for causing typical pneumonia and is associated with more severe symptoms. Fungi are generally involved in different classes of pneumonia, such as fungal or opportunistic infections. Influenza is a viral respiratory infection that can lead to complications like pneumonia, but it is not the direct cause of walking pneumonia.

6. Which product should a patient taking Theophylline avoid consuming?

- A. Caffeine**
- B. Dairy**
- C. Wheat**
- D. Shellfish**

Theophylline is a medication often used in the treatment of respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD). It functions by relaxing the muscles around the airways, making breathing easier. One important consideration for patients taking Theophylline is the impact of other substances on its metabolism and effectiveness. Caffeine, found in coffee, tea, and many soft drinks, has a similar structure to Theophylline and can increase its effects. This means that consuming caffeine while on Theophylline can lead to heightened side effects, such as increased heart rate, insomnia, and gastrointestinal disturbances. Additionally, both Theophylline and caffeine are metabolized by the liver, so excessive caffeine consumption could lead to elevated levels of Theophylline in the bloodstream, raising the risk of toxicity. Understanding the relationship between Theophylline and caffeine is crucial for managing potential adverse effects and ensuring the medication is used safely and effectively. While other dietary components like dairy, wheat, and shellfish may not have the same direct impact on Theophylline levels or effects, caffeine stands out as a substance that should be avoided to prevent complications.

7. Which of the following is a common assessment finding in patients with pneumonia?

- A. Wheezing on auscultation**
- B. Crackles or rales heard on auscultation**
- C. Decreased respiratory rate**
- D. Clear lung sounds**

Crackles, also known as rales, are a common assessment finding in patients with pneumonia due to the presence of fluid in the alveoli and the associated inflammation that occurs during the infection. During auscultation, the crackling sounds indicate that there are abnormal lung sounds resulting from the movement of air through fluid-filled airways. This is characteristic of pneumonia, as the disease process leads to consolidated lung tissue and resultant airway obstruction. In contrast, wheezing, while it may be present in some cases of pneumonia, is not typically a hallmark of the condition. Decreased respiratory rate is generally not seen in pneumonia; often patients exhibit an increased respiratory rate due to hypoxia or respiratory distress. Clear lung sounds would indicate healthy lung function and are not expected in a pneumonia case where abnormal lung sounds are prevalent due to infection. Therefore, crackles or rales are the most direct and common indicator of pneumonia during lung assessment.

8. Why is directly observed therapy (DOT) implemented in treating tuberculosis?

- A. To reduce overall treatment duration**
- B. To ensure consistent medication consumption**
- C. To eliminate the need for monitoring**
- D. To increase the patient's comfort level**

Directly observed therapy (DOT) is specifically implemented in the treatment of tuberculosis to ensure consistent medication consumption. Tuberculosis treatment requires a strict and prolonged regimen of antibiotics to be effective. Patients often struggle with adherence, which can lead to incomplete treatment and the risk of developing drug-resistant strains of the bacteria. By having a healthcare provider observe the patient taking their medication, DOT enhances adherence to the prescribed treatment regimen, ensuring that patients receive the full course of therapy. The approach directly addresses medication compliance, which is critical in controlling and eradicating tuberculosis in both individual patients and the community at large. Consistent intake of medication under supervision helps to prevent relapse and the spread of the disease. This rigorous monitoring is essential in managing such a serious infectious disease and allows for immediate intervention if a patient misses a dose or exhibits any side effects.

9. What element of the patient's clinical scenario primarily indicates it's hospital-acquired pneumonia?

- A. Presence of a productive cough**
- B. History of gunshot wound**
- C. Fever of 104.3 °F**
- D. Chest x-ray shows infiltrates**

The indication of hospital-acquired pneumonia (HAP) primarily relies on a specific clinical context and the patient's exposure to a healthcare environment where the infection could be contracted. In this scenario, the history of a gunshot wound suggests that the patient likely received medical care in a hospital setting, which could expose them to pathogens that are not typically found in the community. While elements like a productive cough, fever, and chest x-ray findings provide valuable information regarding the presence and severity of a respiratory infection, they are more general symptoms associated with pneumonia in a broader sense. The history of a gunshot wound suggests recent hospitalization or medical intervention, placing the patient at risk for acquiring infections during their stay, thereby supporting the diagnosis of hospital-acquired pneumonia.

10. What symptom may suggest Digoxin toxicity instead of a complication from Vancomycin?

- A. Seeing yellow halos around the light**
- B. Experiencing a metallic taste**
- C. Complaining of headaches**
- D. Having ringing in the ears**

Seeing yellow halos around the light is a classic symptom associated with Digoxin toxicity. This visual disturbance, known as xanthopsia, occurs due to the pharmacological effects of Digoxin on the visual system, leading to alterations in color perception. It is important for healthcare professionals to recognize this specific symptom because it helps differentiate Digoxin toxicity from side effects or complications related to other medications such as Vancomycin. While experiencing a metallic taste may be linked to various medications and conditions, it is not typically indicative of Digoxin toxicity. Similarly, headaches may arise from numerous causes unrelated to Digoxin, including medication side effects or other systemic issues. Ringing in the ears, or tinnitus, can occur with certain medications, including Vancomycin, particularly if there is toxicity, and does not correlate with Digoxin. Hence, the presence of yellow halos is a clear and distinctive indicator of potential Digoxin toxicity.

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://registerednurse-respiratory.examzify.com>

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

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