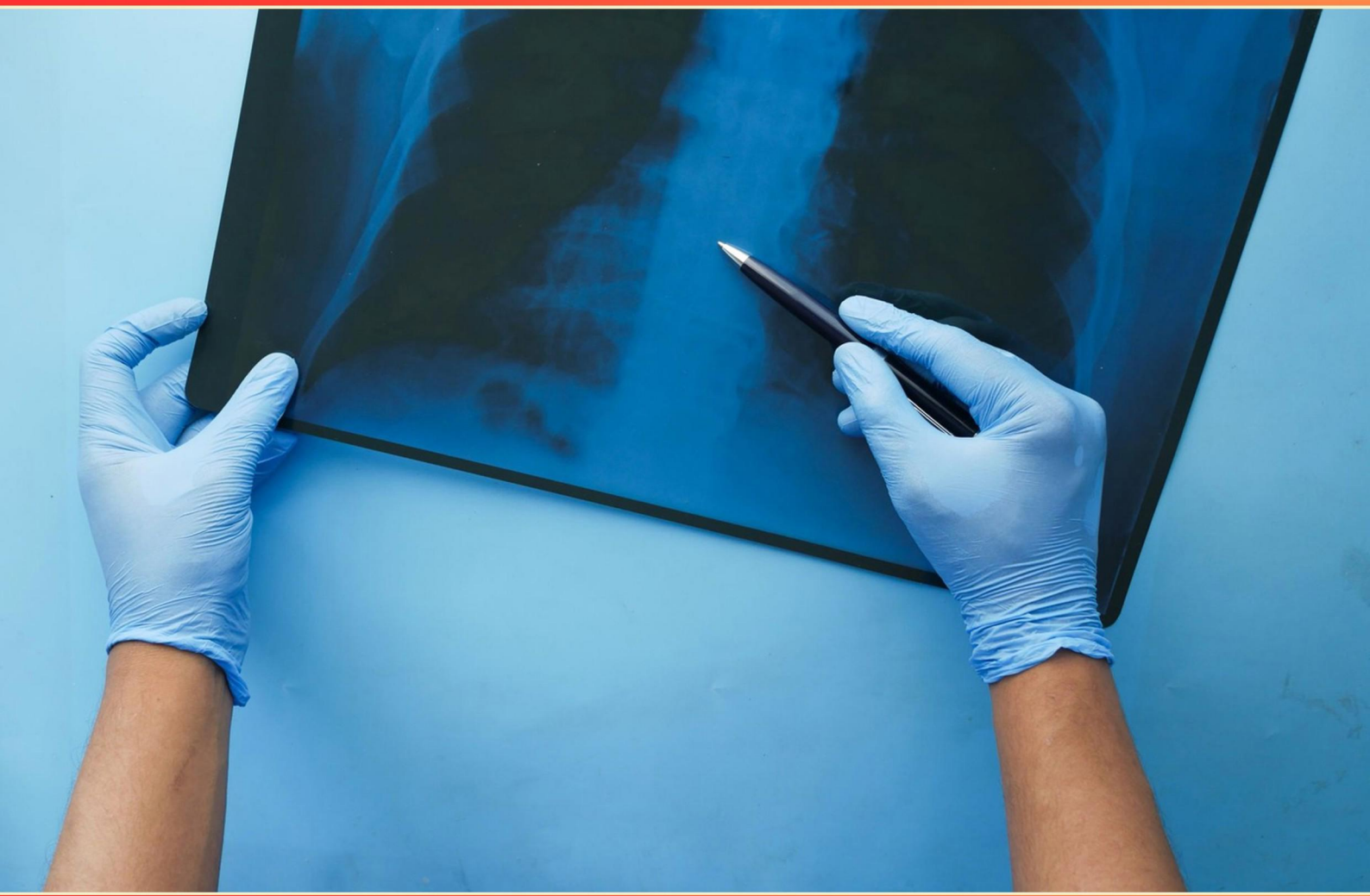
REGISTERED NURSE (RN) RESPIRATORY PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence

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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

1. How does emphysema affect lung function?

A. It improves elastic recoil of the lungs

B. It leads to increased lung capacity

C. It causes loss of elastic recoil and enlarged air spaces, causing airflow obstruction

D. It prevents airflow obstruction through bronchodilation

2. During transport to endoscopy, what should a patient with latent tuberculosis infection wear?

A. N95 mask

B. Surgical mask

C. No special PPE is needed

D. Face mask with shield

3. Which signs and symptoms are indicative of a tension pneumothorax?

A. Bradycardia

B. Jugular Venous Distention

C. Tachypnea

D. All of the Above

4. A common complication of chronic bronchitis related to gas exchange is:

A. Respiratory alkalosis

B. Respiratory acidosis

C. Metabolic acidosis

D. Metabolic alkalosis

5. Which of the following is NOT a common symptom of tuberculosis?

A. Weight gain

B. Night sweats

C. Hemoptysis

D. Chest pain

6. Which of the following is NOT a treatment for chronic bronchitis or emphysema?

A. Albuterol

B. Spiriva

C. Theophylline

D. Metoprolol

7. Which of the following actions should be taken when a patient is having their chest tube removed?

A. Educate the patient how to take a deep breath out and inhale rapidly while the tube is being removed.

B. Gather supplies needed which will include a petroleum gauze dressing per physician preference.

C. Place the patient in Semi-Fowler's position.

D. Have the patient take a deep breath, exhale, and bear down during the removal of the tube.

8. What does a pulse oximeter measure?

A. Blood pressure

B. The carbon dioxide level in the blood

C. The oxygen saturation level of hemoglobin

D. The respiratory rate

9. 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.

10. Which structure is NOT part of the lower respiratory system?

A. Trachea

B. Carina

C. Pharynx

D. Bronchioles

Answers

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

Explanations

1. How does emphysema affect lung function?

A. It improves elastic recoil of the lungs

B. It leads to increased lung capacity

C. It causes loss of elastic recoil and enlarged air spaces, causing airflow obstruction

D. It prevents airflow obstruction through bronchodilation

Emphysema is a chronic respiratory condition characterized by the destruction of the alveoli (air sacs) in the lungs. This destruction leads to a loss of elastic recoil, which is the ability of the lungs to return to their original shape after being stretched or filled with air. Normally, elastic recoil helps to push air out of the lungs during exhalation, but in emphysema, the damaged alveoli and surrounding lung tissue create enlarged air spaces that cannot effectively expel air. As a result, individuals with emphysema experience airflow obstruction, primarily during exhalation. This obstruction makes it difficult for air to leave the lungs, leading to a buildup of stale air and reduced oxygen exchange. The combination of loss of elastic recoil and the presence of large air spaces significantly impairs lung function and decreases overall respiratory efficiency. Therefore, the understanding of emphysema's impact on lung function centers on how it causes these anatomical and physiological changes, leading to airflow limitation and breathlessness in affected individuals.

2. During transport to endoscopy, what should a patient with latent tuberculosis infection wear?

A. N95 mask

B. Surgical mask

C. No special PPE is needed

D. Face mask with shield

In the case of a patient with latent tuberculosis infection, it is important to understand the nature of the condition. Latent tuberculosis infection (LTBI) is not contagious, meaning that individuals with LTBI do not spread the disease to others, unlike those with active tuberculosis who are infectious. Because of this, there is no need for special personal protective equipment (PPE) when transporting a patient with LTBI. Healthcare providers may take precautions for active tuberculosis cases due to the risk of transmission through respiratory droplets. However, with latent TB, the patient is not in a state to transmit the infection, which is why regular precautions are considered sufficient. Therefore, stating that no special PPE is needed for patients with latent TB is in alignment with infection control practices and guidelines.

3. Which signs and symptoms are indicative of a tension pneumothorax?

A. Bradycardia

B. Jugular Venous Distention

C. Tachypnea

D. All of the Above

A tension pneumothorax is a life-threatening condition where air enters the pleural space and cannot escape, leading to increased pressure on the thoracic structures. In this situation, the accumulation of air results in severe respiratory and cardiovascular compromise. Jugular venous distention is an important clinical finding in tension pneumothorax. It occurs because the increased intrathoracic pressure compresses the superior vena cava, which impedes venous return to the heart. This increased pressure leads to distension of the neck veins, providing a clear indication of potential cardiovascular instability. Tachypnea, or rapid breathing, is also a characteristic sign of tension pneumothorax. As the lungs become compromised due to increased pressure, the body attempts to compensate for reduced oxygenation by increasing the respiratory rate. Bradycardia may seem somewhat counterintuitive, as one might expect an increased heart rate in situations of significant distress. However, the increased intrathoracic pressure can lead to vagal responses, resulting in a slower heart rate, or bradycardia, as the body reacts to the stress on the cardiovascular system. Given that all these signs—jugular venous distention, tachypnea, and potential bradycardia—

4. A common complication of chronic bronchitis related to gas exchange is:

A. Respiratory alkalosis

B. Respiratory acidosis

C. Metabolic acidosis

D. Metabolic alkalosis

Chronic bronchitis is characterized by inflammation and obstruction of the airways, primarily due to long-term exposure to irritants such as cigarette smoke. This condition leads to impaired gas exchange in the lungs, resulting in respiratory insufficiency. One of the hallmark features of this impaired gas exchange is the retention of carbon dioxide (CO2), which can lead to respiratory acidosis. In respiratory acidosis, there is an increase in the concentration of carbon dioxide in the blood, leading to a decrease in blood pH. This condition is commonly seen in patients with chronic bronchitis because the obstructed airways prevent the effective elimination of CO2 during expiration. Over time, as CO2 levels rise, the acid-base balance shifts toward acidosis. Understanding this mechanism is crucial for managing patients with chronic bronchitis, as treatment may need to focus on improving ventilation and oxygenation to correct the acid-base disturbance. In contrast, the other options, such as respiratory alkalosis, metabolic acidosis, and metabolic alkalosis, do not directly reflect the primary physiological disturbance seen in chronic bronchitis related to gas exchange issues.

5. Which of the following is NOT a common symptom of tuberculosis?

A. Weight gain

B. Night sweats

C. Hemoptysis

D. Chest pain

Weight gain is not a common symptom of tuberculosis (TB) because the disease typically leads to weight loss rather than weight gain. TB often manifests with a variety of symptoms associated with systemic illness and respiratory involvement. Night sweats, hemoptysis (coughing up blood), and chest pain are all known symptoms of TB. Night sweats occur due to the body's immune response to the infection. Hemoptysis can occur as the disease progresses, particularly if the lungs are affected significantly. Chest pain may arise from pleuritic involvement or infection of lung tissue. Overall, the emphasis on weight loss as a symptom highlights the catabolic state induced by TB, contrasting sharply with the misconception of weight gain in the context of this illness.

6. Which of the following is NOT a treatment for chronic bronchitis or emphysema?

A. Albuterol

B. Spiriva

C. Theophylline

D. Metoprolol

Metoprolol is not a treatment for chronic bronchitis or emphysema as it is primarily a beta-blocker used to manage cardiovascular conditions like hypertension, heart failure, and arrhythmias. In the context of respiratory diseases, the main therapeutic approach involves bronchodilators and anti-inflammatory medications. Albuterol, a short-acting beta-agonist, is widely used in the management of obstructive airway diseases, providing quick relief of bronchospasm. Spiriva (tiotropium) is an anticholinergic long-acting bronchodilator that helps to open airways and improve breathing in patients with chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and emphysema. Theophylline, a methylxanthine, is another medication that can promote bronchodilation and is used as an adjunct therapy in chronic bronchitis and emphysema. In summary, while albuterol, Spiriva, and theophylline are specifically indicated for managing symptoms and improving lung function in patients with chronic bronchitis or emphysema, metoprolol does not address the underlying respiratory issues associated with these conditions.

7. Which of the following actions should be taken when a patient is having their chest tube removed?

A. Educate the patient how to take a deep breath out and inhale rapidly while the tube is being removed.

B. Gather supplies needed which will include a petroleum gauze dressing per physician preference.

C. Place the patient in Semi-Fowler's position.

D. Have the patient take a deep breath, exhale, and bear down during the removal of the tube.

Gathering the necessary supplies, including a petroleum gauze dressing, is crucial when preparing for the removal of a chest tube. This dressing helps to prevent air from entering the pleural space and promotes healing at the site where the tube was located. A petroleum gauze dressing creates an airtight seal, which is essential for maintaining pleural pressure and preventing complications such as pneumothorax. While certain positions and breathing exercises may be beneficial during the procedure, the priority is to ensure that the appropriate materials are on hand to address the patients' needs immediately after the chest tube is removed. Having these supplies readily available demonstrates preparedness for potential complications and supports patient safety during this critical procedure.

8. What does a pulse oximeter measure?

A. Blood pressure

B. The carbon dioxide level in the blood

C. The oxygen saturation level of hemoglobin

D. The respiratory rate

A pulse oximeter is a non-invasive device that measures the oxygen saturation level of hemoglobin in the blood. It operates by using light sensors that detect the amount of oxygenated and deoxygenated hemoglobin, providing a percentage that reflects the oxygen saturation. This reading is crucial in clinical settings, particularly in respiratory care, as it helps monitor patients' respiratory statuses and guide interventions when necessary. The other options pertain to different measurements that are not directly assessed by a pulse oximeter. Blood pressure, for example, requires a sphygmomanometer or another specialized device. Likewise, measuring carbon dioxide levels typically involves capnography or arterial blood gas analysis, which assesses the partial pressure of carbon dioxide ($PaCO_2$) in the blood. The respiratory rate is usually determined through physical observation or specialized monitoring equipment, but not through pulse oximetry. By specifically indicating oxygen saturation, the pulse oximeter plays a vital role in evaluating and managing respiratory function.

9. 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.

10. Which structure is NOT part of the lower respiratory system?

A. Trachea

B. Carina

C. Pharynx

D. Bronchioles

The pharynx is considered part of the upper respiratory system rather than the lower respiratory system. The lower respiratory system includes structures involved in gas exchange and the conduction of air to the lungs. This encompasses the trachea, which serves as a primary airway leading into the lungs; the carina, which is the ridge at the base of the trachea where it bifurcates into the bronchi; and the bronchioles, which are the smaller branches of the bronchi that lead into the alveoli, where gas exchange occurs. The pharynx, on the other hand, is positioned above the larynx and plays a role in both the respiratory and digestive systems, being involved in the passage of air to the larynx and food to the esophagus. This distinction is crucial when studying respiratory anatomy, as understanding which structures belong to each section helps clarify their functions and relevance in respiratory health.

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!