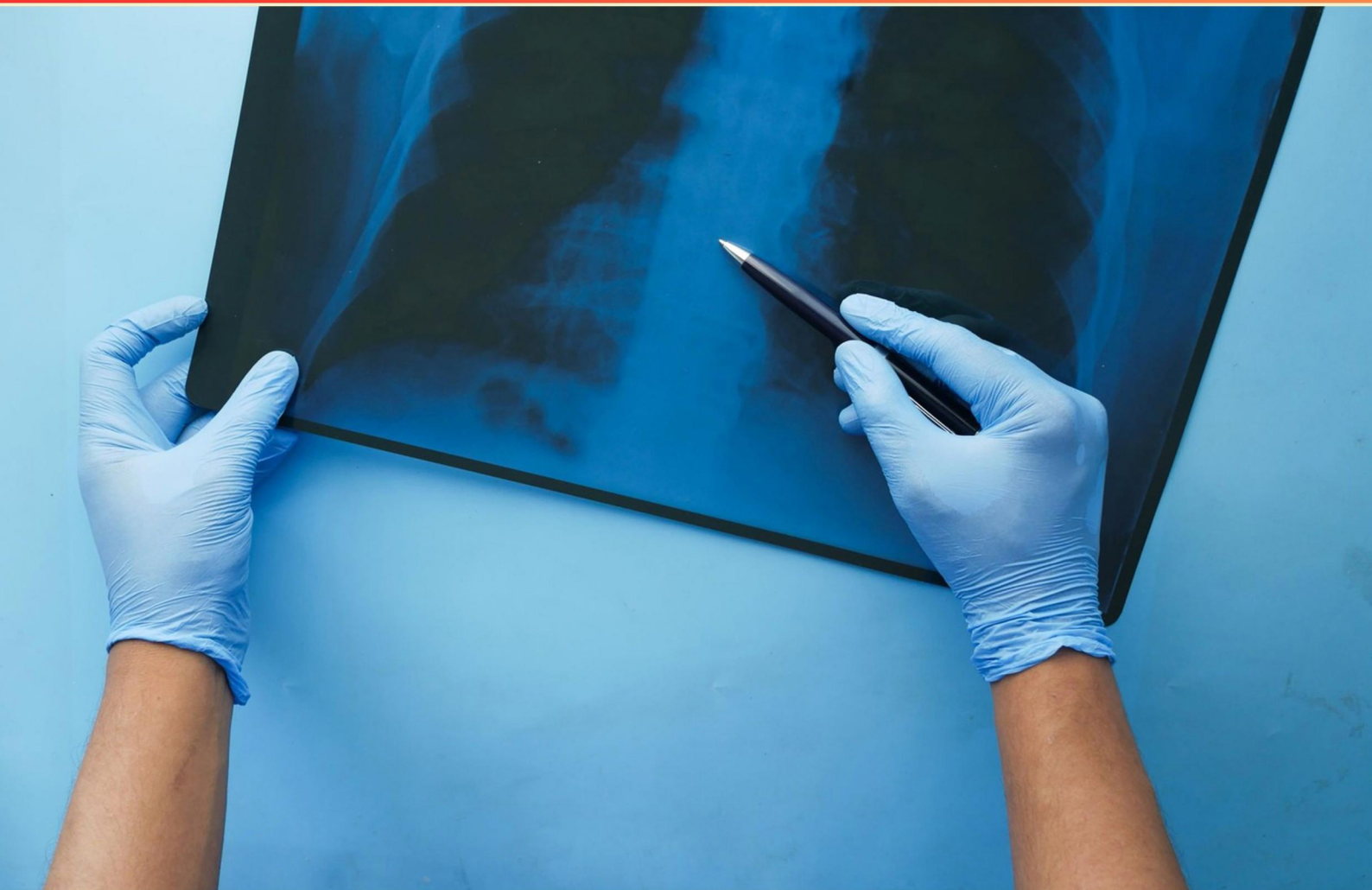


REGISTERED NURSE (RN) RESPIRATORY PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
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 action demonstrates proper use of the Pulmicort inhaler?**
 - A. The patient rinses their mouth after using the Spiriva inhaler.
 - B. The patient rinses their mouth after using the Pulmicort inhaler.
 - C. The patient dispenses of the inhalers.
 - D. The patient coughs 2 times after using the Pulmicort inhaler.
- 2. Name a non-invasive method to support patients with sleep apnea.**
 - A. Oxygen therapy
 - B. Continuous positive airway pressure (CPAP) therapy
 - C. Bronchodilator therapy
 - D. Mechanical ventilation
- 3. What effect does loss of elastic recoil in emphysema have?**
 - A. Improved airflow capacity
 - B. Enhanced muscular control of breathing
 - C. Increased airflow obstruction
 - D. Better oxygenation
- 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. What finding during a chest tube assessment requires immediate intervention?**
 - A. Intermittent bubbling in the water seal chamber
 - B. Slight tracheal deviation to the opposite side
 - C. Normal fluctuations in the water seal chamber
 - D. Tenderness at the chest tube insertion site
- 6. For how long must a patient usually remain on tuberculosis medications?**
 - A. 4-6 months
 - B. 6-12 months
 - C. 8-10 months
 - D. 1-2 months

- 7. What is the primary role of a pulmonary function test (PFT)?**
- A. To determine blood oxygen levels
 - B. To evaluate lung capacity and airflow to diagnose respiratory diseases
 - C. To assess the effectiveness of medications
 - D. To measure physical endurance
- 8. What is the appropriate nursing action when assessing a normal post-operative chest tube patient?**
- A. Document findings as normal
 - B. Assess for bubbling in the suction chamber
 - C. Notify the physician of drainage amount
 - D. Milk the tubing to ensure patency
- 9. Which class of antibiotics does Vancomycin belong to?**
- A. Aminoglycosides
 - B. Glycopeptides
 - C. Tetracyclines
 - D. Beta-lactams
- 10. What is the normal range for adult respiratory rate?**
- A. 10 to 15 breaths per minute
 - B. 12 to 20 breaths per minute
 - C. 15 to 25 breaths per minute
 - D. 20 to 30 breaths per minute

Answers

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

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Explanations

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1. Which action demonstrates proper use of the Pulmicort inhaler?

- A. The patient rinses their mouth after using the Spiriva inhaler.
- B. The patient rinses their mouth after using the Pulmicort inhaler.**
- C. The patient dispenses of the inhalers.
- D. The patient coughs 2 times after using the Pulmicort inhaler.

Rinsing the mouth after using the Pulmicort inhaler is an important step in ensuring proper medication management and minimizing potential side effects. Pulmicort (budesonide) is an inhaled corticosteroid, and one of its common side effects is oral thrush, a fungal infection that can occur in the mouth and throat due to the immune suppression associated with corticosteroid use. By rinsing the mouth after inhalation, the patient helps to clear any residual medication from their oral cavity, reducing the risk of developing oral thrush or other oral complications. This practice also helps maintain oral hygiene and can enhance the overall effectiveness of the inhaled medication by ensuring that it targets the lungs rather than lingering in the oral cavity. The other options do not correctly reflect the standard practice associated with the use of inhalers, particularly with an inhaled corticosteroid like Pulmicort. Rinsing the mouth specifically after using this inhaler is a recommended practice to mitigate the side effects related to its use.

2. Name a non-invasive method to support patients with sleep apnea.

- A. Oxygen therapy
- B. Continuous positive airway pressure (CPAP) therapy**
- C. Bronchodilator therapy
- D. Mechanical ventilation

Continuous positive airway pressure (CPAP) therapy is a non-invasive method specifically designed to treat sleep apnea. This therapy involves the use of a CPAP machine that delivers a steady stream of air through a hose connected to a mask worn over the nose or mouth during sleep. The continuous pressure helps keep the airways open, preventing the collapse that characterizes obstructive sleep apnea. CPAP therapy is considered the gold standard for managing moderate to severe obstructive sleep apnea because it directly addresses the underlying issue of airway obstruction. Unlike other options, which may have different applications or are more invasive, CPAP is tailored to support patients by maintaining airflow and enhancing overall sleep quality without surgical intervention. Oxygen therapy, while beneficial in some respiratory conditions, does not address the obstructive nature of sleep apnea. Bronchodilator therapy is targeted mainly for conditions like asthma and COPD, focusing on dilating the airways rather than providing continuous airway pressure. Mechanical ventilation is an invasive method reserved for critically ill patients and is not suitable for routine management of sleep apnea in the home setting.

3. What effect does loss of elastic recoil in emphysema have?

- A. Improved airflow capacity
- B. Enhanced muscular control of breathing
- C. Increased airflow obstruction**
- D. Better oxygenation

In emphysema, the loss of elastic recoil significantly impacts the lungs' ability to expel air effectively. Elastic recoil is the property of the lung tissue that enables it to return to its original shape after being stretched or filled with air. When this recoil is diminished, the airways can collapse during exhalation, making it difficult for a person to fully expel air from the lungs. This results in increased airflow obstruction, as the narrowed air passages lead to a buildup of air and difficulty in breathing. As the disease progresses, the air trapped in the lungs contributes to hyperinflation and worsens the obstruction. Patients often experience symptoms such as shortness of breath and decreased exercise tolerance as a result of this compromised airflow. Understanding the mechanics of breathing and the changes that occur in emphysema is crucial in managing the condition, emphasizing the importance of recognizing how loss of elastic recoil contributes to increased airway resistance.

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. What finding during a chest tube assessment requires immediate intervention?

- A. Intermittent bubbling in the water seal chamber
- B. Slight tracheal deviation to the opposite side**
- C. Normal fluctuations in the water seal chamber
- D. Tenderness at the chest tube insertion site

The finding of slight tracheal deviation to the opposite side requires immediate intervention because it may indicate a serious underlying condition, such as tension pneumothorax or significant pleural effusion. Tracheal deviation can suggest increased pressure in the pleural space on one side of the chest, which compresses the lung and shifts the mediastinum, including the trachea, to the opposite side. In contrast, intermittent bubbling in the water seal chamber is often a normal finding when a patient is breathing or coughing, and it may not necessarily indicate a malfunction in the chest tube system. Normal fluctuations in the water seal chamber reflect positive and negative pressure changes during respiration and are expected, indicating that the drainage system is functioning properly. Tenderness at the chest tube insertion site can occur due to irritation or minor inflammation, but unless it is severe or accompanied by other concerning symptoms, it may not require immediate intervention. The significance of tracheal deviation necessitates prompt assessment and potential intervention to ensure the patient's airway and breathing are not compromised.

6. For how long must a patient usually remain on tuberculosis medications?

- A. 4-6 months
- B. 6-12 months**
- C. 8-10 months
- D. 1-2 months

A patient typically needs to remain on tuberculosis medications for a duration of 6 to 12 months to effectively treat the infection and prevent the development of drug-resistant strains of the bacteria. This extended course of treatment is necessary because tuberculosis (TB) bacteria can linger in the body and become inactive, but may reactivate if treatment is not completed. Adhering to this 6 to 12 month regimen allows for the full eradication of the bacteria, reduces the risk of transmission to others, and significantly lowers the chance of treatment failure. Following this timeframe ensures that the treatment is comprehensive, as TB may require ongoing medication even when symptoms improve, necessitating close monitoring and adherence to the prescribed medication schedule throughout the duration of treatment.

7. What is the primary role of a pulmonary function test (PFT)?

- A. To determine blood oxygen levels
- B. To evaluate lung capacity and airflow to diagnose respiratory diseases**
- C. To assess the effectiveness of medications
- D. To measure physical endurance

The primary role of a pulmonary function test (PFT) is to evaluate lung capacity and airflow, which is essential for diagnosing respiratory diseases. PFTs encompass a variety of assessments that measure how well the lungs work, focusing on the volume of air the lungs can hold (lung capacity) and how quickly air can be exhaled (airflow). This information helps healthcare providers identify conditions such as asthma, chronic obstructive pulmonary disease (COPD), restrictive lung disease, and others, by providing objective data about lung function. While assessing blood oxygen levels is important in respiratory care, it is typically done using other methods such as pulse oximetry or arterial blood gas analysis. Evaluating the effectiveness of medications can also be a component of overall patient management in respiratory therapy, but it is not the primary focus of PFTs; instead, it often requires follow-up testing or direct observation of clinical symptoms. Measuring physical endurance is related to exercise testing rather than pulmonary function specifically, as PFTs focus on the mechanical aspects of lung function rather than the patient's overall endurance. Thus, the correct answer highlights the key diagnostic purpose of PFTs in identifying and managing respiratory disorders.

8. What is the appropriate nursing action when assessing a normal post-operative chest tube patient?

- A. Document findings as normal**
- B. Assess for bubbling in the suction chamber
- C. Notify the physician of drainage amount
- D. Milk the tubing to ensure patency

Documenting findings as normal is appropriate when assessing a post-operative chest tube patient if the assessment aligns with expected norms for such a patient. This includes aspects like the integrity of the chest tube, drainage characteristics, the absence of abnormalities (such as excessive bubbling or significant air leak), and the patient's respiratory status. Accurate documentation is crucial in communicating the patient's status to the rest of the healthcare team and provides a baseline for ongoing assessments. In this scenario, other actions may not be necessary or appropriate. For instance, if the assessment shows expected normal findings, continuously checking for bubbling in the suction chamber or notifying a physician of drainage amounts may not be warranted, as these are typically responses to abnormal findings. Milking the tubing, which aims to maintain patency, should be approached carefully and is not a routine action for a patient whose condition appears stable and without complications. Maintaining vigilance is essential, but if everything is within normal limits, documenting those findings is the most appropriate nursing action.

9. Which class of antibiotics does Vancomycin belong to?

- A. Aminoglycosides
- B. Glycopeptides**
- C. Tetracyclines
- D. Beta-lactams

Vancomycin is classified as a glycopeptide antibiotic. This class of antibiotics works by inhibiting bacterial cell wall synthesis, which is crucial for the growth and survival of bacteria. Vancomycin specifically targets gram-positive bacteria and is often used to treat serious infections caused by resistant strains, such as methicillin-resistant Staphylococcus aureus (MRSA). Understanding the mechanism of action of glycopeptides is important in clinical settings, especially when considering the treatment of infections where beta-lactam antibiotics may be ineffective due to resistance. The unique structure of glycopeptides allows them to create a different interaction with the bacterial cell wall compared to other classes of antibiotics, which is vital in addressing specific bacterial pathogens effectively.

10. What is the normal range for adult respiratory rate?

- A. 10 to 15 breaths per minute
- B. 12 to 20 breaths per minute**
- C. 15 to 25 breaths per minute
- D. 20 to 30 breaths per minute

The normal range for adult respiratory rate is 12 to 20 breaths per minute. This range is established based on extensive clinical observations and studies that note the average resting respiratory rates for healthy adults. Breathing rates can vary based on numerous factors including age, activity level, and overall health. However, within the context of a calm and resting adult, rates falling within 12 to 20 breaths per minute are considered physiological norms. Rates lower than this might indicate bradypnea (which could signal respiratory or metabolic issues), while rates higher than this could indicate tachypnea (potentially reflecting anxiety, fever, or distress). Including this range in clinical assessments is crucial, as it helps healthcare professionals determine whether a patient's respiratory function is within the expected parameters or if further evaluation is necessary. Understanding this range is essential for nursing practice, especially in respiratory care.

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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