

REGISTERED RESPIRATORY THERAPIST CSE 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. In a patient with a large pneumothorax (>20%), what is the preferred definitive management?**
 - A. Evacuation by needle aspiration
 - B. Chest tube thoracostomy
 - C. Oxygen therapy only
 - D. Mechanical ventilation with PEEP
- 2. In the initial assessment of a patient with GBS, which symptom is typical?**
 - A. Acute weakness in the legs
 - B. Chronic cough
 - C. Seizures
 - D. Visual hallucinations
- 3. What is the primary treatment for a hemothorax?**
 - A. O₂ for hypoxemia
 - B. Hyperinflation therapy after chest tube
 - C. MV with PEEP for acute ventilatory failure
 - D. Thoracentesis or chest tube to drain fluid
- 4. What diagnostic modality is used to diagnose sleep apnea?**
 - A. Spirometry
 - B. Polysomnography
 - C. Chest X-ray
 - D. Arterial blood gas
- 5. Staphylococcus aureus infection requires which type of isolation precautions?**
 - A. Contact precautions
 - B. Droplet precautions
 - C. Airborne isolation
 - D. Standard precautions

- 6. In hypothermia management, arterial blood gas abnormalities should be corrected to match the patient's temperature.**
- A. True
 - B. False
 - C. Only if pH < 7.2
 - D. Not necessary
- 7. What is a common treatment for premature ventricular contractions (PVCs) in this context?**
- A. Oxygen, lidocaine, consider other causes
 - B. Amiodarone
 - C. Magnesium sulfate
 - D. Propranolol
- 8. Which diagnostic tests are used to evaluate suspected stroke?**
- A. CT or MRI of the brain
 - B. EEG
 - C. Chest X-ray
 - D. Carotid ultrasound only
- 9. Which feature is part of the general appearance in CHF with pulmonary edema?**
- A. Peripheral edema, diaphoresis, cyanosis
 - B. Tachypnea
 - C. Orthopnea
 - D. Pink, frothy secretions
- 10. What is the definitive airway management for epiglottitis?**
- A. Immediate endotracheal intubation or tracheostomy in OR
 - B. Oral antibiotics and discharge home
 - C. Nebulized bronchodilators
 - D. Observation without airway management

Answers

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

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Explanations

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1. In a patient with a large pneumothorax (>20%), what is the preferred definitive management?

- A. Evacuation by needle aspiration
- B. Chest tube thoracostomy**
- C. Oxygen therapy only
- D. Mechanical ventilation with PEEP

When a pneumothorax is large, the primary problem is a significant amount of air in the pleural space compressing the lung and reducing ventilation. The goal is to rapidly evacuate that air and allow the lung to re-expand, while preventing further air from leaking into the space. A chest tube thoracostomy provides continuous drainage of intrapleural air and allows the lung to re-expand reliably, making it the definitive treatment for a large pneumothorax. Removing air with a needle or using oxygen alone does not address the persistent space-occupying air in a large pneumothorax, so those approaches are not definitive. Oxygen accelerates air resorption but doesn't immediately drain the pleural space. Mechanical ventilation with PEEP can actually worsen the pneumothorax by increasing intrathoracic pressures and promoting air leakage, so it's not appropriate as the primary management for a large pneumothorax.

2. In the initial assessment of a patient with GBS, which symptom is typical?

- A. Acute weakness in the legs**
- B. Chronic cough
- C. Seizures
- D. Visual hallucinations

Guillain-Barré syndrome classically presents with an abrupt, rapidly progressing weakness that begins in the legs and often ascends to involve other muscle groups, accompanied by reduced or absent reflexes. This motor-focused onset mirrors the peripheral nerve inflammation and demyelination that characterizes the condition, making acute leg weakness the hallmark seen early in evaluation. Sensory symptoms like tingling can occur, but the defining feature in the initial assessment is that sudden leg weakness with diminishing reflexes. The other symptoms don't fit this pattern: a chronic cough points to airway or lung issues, seizures are not typical of a peripheral demyelinating process, and visual hallucinations suggest central nervous system or psychiatric causes rather than Guillain-Barré. Recognizing the acute, ascending motor weakness helps distinguish GBS from other conditions and prompts urgent assessment of respiratory function, since weakness can progress to involve the respiratory muscles.

3. What is the primary treatment for a hemothorax?

- A. O₂ for hypoxemia
- B. Hyperinflation therapy after chest tube
- C. MV with PEEP for acute ventilatory failure
- D. Thoracentesis or chest tube to drain fluid**

A hemothorax requires removing the blood from the pleural space to allow the lung to re-expand and improve ventilation. The primary treatment is chest tube thoracostomy to drain the blood and evacuate the pleural space. By draining the blood, you restore negative intrapleural pressure, re-expand the affected lung, and reduce the risk of complications such as infection or fibrothorax. Thoracentesis can be used to diagnose or drain very small amounts, but for a true hemothorax the definitive approach is chest tube drainage. Oxygen and supportive care may be used as needed, and if bleeding is massive or persistent after drainage, surgical intervention may be required to control the source.

4. What diagnostic modality is used to diagnose sleep apnea?

- A. Spirometry
- B. Polysomnography**
- C. Chest X-ray
- D. Arterial blood gas

Polysomnography is the diagnostic modality used to diagnose sleep apnea. It records multiple signals during sleep—brain activity, eye movements, muscle tone, airflow, respiratory effort, oxygen saturation, and heart rate—so clinicians can compute the apnea-hypopnea index and determine whether breathing pauses are obstructive or central. This overnight study captures events only present during sleep, which daytime tests cannot show. Spirometry measures lung function while awake and doesn't document nocturnal breathing pauses. Chest X-ray provides anatomical pictures but not sleep-related breathing events. Arterial blood gas shows gas exchange at a single time point and doesn't diagnose sleep-disordered breathing.

5. Staphylococcus aureus infection requires which type of isolation precautions?

- A. Contact precautions**
- B. Droplet precautions
- C. Airborne isolation
- D. Standard precautions

Staphylococcus aureus is spread primarily by direct contact with infected wounds or contaminated surfaces, so preventing transmission relies on wearing gowns and gloves and managing equipment carefully. This is why contact precautions are used: they add gloves and gown for all patient care, place the patient in a private room or with another S. aureus patient when possible, and ensure dedicated equipment to minimize cross-contamination. Standard precautions are always in place, but extra contact precautions are added for active infection or colonization to curb skin and wound spread. Droplet precautions protect against respiratory droplets, requiring masks for close contact, and airborne precautions require a negative-pressure room and respirator—neither fits the typical transmission pattern of Staphylococcus aureus.

6. In hypothermia management, arterial blood gas abnormalities should be corrected to match the patient's temperature.

- A. True**
- B. False
- C. Only if pH < 7.2
- D. Not necessary

Temperature changes alter how blood gases behave, so arterial blood gas values aren't interpreted the same at hypothermic temperatures as they are at normal body temperature. In hypothermia, CO₂ solubility and buffering shift with temperature, which can make pH and PCO₂ appear more or less abnormal than they truly are once the patient warms. Therefore, ABG abnormalities should be corrected to reflect the patient's current temperature (often interpreted as or compared after adjusting to normal body temperature) to reveal the true acid-base status and guide appropriate management. If you don't adjust for temperature, you risk misinterpreting whether there is a metabolic or respiratory disturbance and how to treat it.

7. What is a common treatment for premature ventricular contractions (PVCs) in this context?

- A. Oxygen, lidocaine, consider other causes
- B. Amiodarone
- C. Magnesium sulfate**
- D. Propranolol

Premature ventricular contractions often respond best when you address underlying irritability of the ventricular cells, especially if it's related to low magnesium. Magnesium sulfate helps stabilize the cardiac cell membranes and reduces early afterdepolarizations that can trigger ectopic beats. It's a quick, relatively safe fix that can suppress PVCs when hypomagnesemia or electrolyte imbalance is a contributing factor, which is common in acutely ill patients or those on diuretics. Oxygen is helpful if the patient is hypoxemic but doesn't treat PVCs themselves. Lidocaine and amiodarone can suppress ventricular ectopy, but they're not as routinely first-line for isolated PVCs and carry more risks or are reserved for more sustained arrhythmias. Propranolol may reduce ectopy driven by sympathetic tone but doesn't correct the underlying electrolyte issue and isn't the immediate fix in most PVC scenarios.

8. Which diagnostic tests are used to evaluate suspected stroke?

- A. CT or MRI of the brain**
- B. EEG
- C. Chest X-ray
- D. Carotid ultrasound only

The key idea is that confirming a suspected stroke relies on imaging of the brain to see the event, its type, and its location so treatment can be guided appropriately. A brain scan with CT or MRI is the go-to evidence for this. In the acute setting, a non-contrast CT is usually performed first because it's fast and widely available and helps quickly rule out bleeding, which is crucial before starting certain treatments. MRI provides greater sensitivity for early ischemic changes and can detect strokes that CT might miss, especially in certain brain regions, though it may not be as readily available right away. EEG measures electrical activity and is not used to diagnose a stroke itself, though it can be helpful for seizures or other neurological conditions. A Chest X-ray doesn't inform about brain stroke and isn't part of the core evaluation for suspected stroke. Carotid ultrasound examines carotid artery narrowing and is useful for understanding potential etiologies or planning prevention, but it does not diagnose an acute stroke at presentation. So, imaging the brain with CT or MRI is the primary diagnostic test for evaluating suspected stroke.

9. Which feature is part of the general appearance in CHF with pulmonary edema?

- A. Peripheral edema, diaphoresis, cyanosis
- B. Tachypnea
- C. Orthopnea
- D. Pink, frothy secretions**

When CHF progresses to pulmonary edema, fluid leaks into the alveoli and the airways, so you often see sputum that is pink and frothy as air passes through edema fluid. This pink, frothy secretion is a classic observable sign of alveolar flooding and pulmonary edema, making it the best example of the general appearance in this situation. Other signs like tachypnea indicate respiratory distress and orthopnea is a positional symptom, while peripheral edema, diaphoresis, or cyanosis can occur in various conditions and are less specific to the pulmonary edema picture.

10. What is the definitive airway management for epiglottitis?

A. Immediate endotracheal intubation or tracheostomy in OR

B. Oral antibiotics and discharge home

C. Nebulized bronchodilators

D. Observation without airway management

The key idea is that epiglottitis can cause rapid, life-threatening airway obstruction, so securing the airway is the top priority. The definitive airway management is immediate control of the airway with endotracheal intubation, or a tracheostomy if intubation cannot be achieved, typically in the operating room under controlled conditions with an experienced team. This approach directly addresses the dangerous swelling at the epiglottis and prevents sudden airway collapse. Antibiotics and steroids may be started to treat the infection and reduce edema, but they do not provide a secure airway on their own. Nebulized bronchodilators target bronchospasm, which is not the primary issue in epiglottitis. Observation without airway management leaves a high risk of rapid deterioration, which is why it's not appropriate.

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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:

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

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