

Saunders Respiratory Practice (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

- 1. Which of the following conditions may lead to a false normal sputum culture in suspected TB?**
 - A. Recent antibiotic use**
 - B. Tobacco smoking**
 - C. Presence of asthma**
 - D. Chronic respiratory illness**
- 2. What is the significance of the cough reflex in the respiratory system?**
 - A. A protective mechanism to clear airways of irritants**
 - B. A method to enhance lung capacity**
 - C. A method of maintaining heart rate during emergencies**
 - D. A voluntary action to improve breathing**
- 3. What is a common treatment for COPD?**
 - A. Antibiotics only**
 - B. Bronchodilators and corticosteroids**
 - C. Surgery exclusively**
 - D. Medication to suppress the immune system**
- 4. Which observation suggests that a chest tube is functioning correctly?**
 - A. The drainage system is placed above the client's chest**
 - B. Fluctuation of water in the water-seal chamber**
 - C. Constant level in the drainage-collection chamber**
 - D. The dressing over the insertion site is loose**
- 5. What is pulmonary edema?**
 - A. A type of lung infection**
 - B. Fluid accumulation in lung tissue**
 - C. A condition causing bronchoconstriction**
 - D. A genetic lung disease**

- 6. What is the correct approach to assess for normal breath sounds in a client?**
- A. Auscultate while the patient is resting quietly**
 - B. Assess only when the patient is standing**
 - C. Auscultate after the patient has just exercised**
 - D. Check breath sounds when the patient is speaking**
- 7. What should a nurse do if fluctuations are observed in the water-seal chamber of a chest tube?**
- A. Document the findings**
 - B. Check for kinks in the tubing**
 - C. Increase suction pressure**
 - D. Continue to monitor the situation**
- 8. What should be done to ensure the security of chest tube connections?**
- A. Use unsealed tape**
 - B. Leave connections loose for easy access**
 - C. Secure with airtight tape**
 - D. Allow for some fluid movement**
- 9. When a client presents with status asthmaticus, what position should the nurse place them in initially?**
- A. Supine position**
 - B. High-Fowler's position**
 - C. Left lateral position**
 - D. Trendelenburg position**
- 10. What is the function of the diaphragm during respiration?**
- A. To create vocal sounds**
 - B. To contract and move upward during inhalation**
 - C. To contract and move downward during inhalation**
 - D. To regulate airflow in the nasal passages**

Answers

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

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Explanations

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1. Which of the following conditions may lead to a false normal sputum culture in suspected TB?

- A. Recent antibiotic use**
- B. Tobacco smoking**
- C. Presence of asthma**
- D. Chronic respiratory illness**

The correct answer is recent antibiotic use. When a patient suspected of having tuberculosis (TB) has recently been treated with antibiotics, this can suppress the growth of mycobacteria that would otherwise be detected in a sputum culture. Antibiotics can eliminate or significantly reduce the number of bacteria present, leading to a false normal result even in cases where TB is actually present. In contrast, tobacco smoking, the presence of asthma, and chronic respiratory illness may have varying effects on the respiratory system but are not typically associated with yielding a false normal sputum culture for TB. Tobacco smoking can affect lung health and increase the risk of respiratory infections, but it does not directly inhibit the growth of mycobacteria in sputum cultures. Asthma, while it can affect sputum production, does not usually impact the accuracy of TB cultures, and chronic respiratory illnesses may complicate the clinical picture but do not specifically lead to a false negative result in sputum cultures for TB. Thus, the most significant influence in this context causing a false negative sputum culture is recent antibiotic use.

2. What is the significance of the cough reflex in the respiratory system?

- A. A protective mechanism to clear airways of irritants**
- B. A method to enhance lung capacity**
- C. A method of maintaining heart rate during emergencies**
- D. A voluntary action to improve breathing**

The cough reflex serves as a vital protective mechanism within the respiratory system, primarily functioning to clear the airways of irritants, such as dust, smoke, mucus, or pathogens. When these irritants stimulate sensory receptors in the airway, a signal is sent to the cough center in the brain, prompting a forceful expulsion of air from the lungs. This process helps to remove unwanted substances from the airways, thereby preventing them from entering the lungs and potentially causing infection or other respiratory issues. The significance of the cough reflex extends beyond simple airway clearance; it is an essential component of respiratory health, as it aids in maintaining clear air passages and ensuring optimal gas exchange. Without an effective cough reflex, the body would be more susceptible to respiratory infections and irritations, highlighting the protective role it plays in overall respiratory function.

3. What is a common treatment for COPD?

- A. Antibiotics only
- B. Bronchodilators and corticosteroids**
- C. Surgery exclusively
- D. Medication to suppress the immune system

Bronchodilators and corticosteroids are a cornerstone in the management of chronic obstructive pulmonary disease (COPD). Bronchodilators work by relaxing the muscles around the airways, making it easier to breathe and improving airflow. This is crucial for COPD patients, who often struggle with narrowed air passages. Corticosteroids help to reduce inflammation in the airways, which can further enhance breathing capacity and reduce flare-ups of COPD symptoms. These two types of medications can be used in combination to provide symptomatic relief and improve lung function. Utilizing bronchodilators and corticosteroids together allows for a more comprehensive approach in managing COPD, addressing both airflow limitation and the inflammatory component of the disease.

4. Which observation suggests that a chest tube is functioning correctly?

- A. The drainage system is placed above the client's chest
- B. Fluctuation of water in the water-seal chamber**
- C. Constant level in the drainage-collection chamber
- D. The dressing over the insertion site is loose

Fluctuation of water in the water-seal chamber indicates that the chest tube is functioning correctly. This fluctuation, often referred to as "tidaling," occurs with changes in intrathoracic pressure during breathing. When the patient inhales, the chest expands, and the water level in the chamber rises. When the patient exhales, the pressure decreases, causing the water level to lower. Observing this fluctuation is a sign that the chest tube is effectively draining fluid or air from the pleural space and that the system is functioning as intended. In contrast, the other observations provide different implications about the chest tube's functioning. If the drainage system is placed above the client's chest, it may lead to improper drainage, as gravity assists with fluid evacuation. A constant level in the drainage-collection chamber might indicate the absence of drainage, which could signify a blockage or that the tube is not functioning effectively. Lastly, a loose dressing over the insertion site poses a risk for air entry and potential infection, indicating compromised function of the chest tube system.

5. What is pulmonary edema?

- A. A type of lung infection
- B. Fluid accumulation in lung tissue**
- C. A condition causing bronchoconstriction
- D. A genetic lung disease

Pulmonary edema refers specifically to the accumulation of fluid in the lung tissue and air spaces, which can lead to difficulties in breathing and decreased oxygen exchange. This condition often results from various underlying issues such as heart problems that cause increased pressure in the pulmonary circulation, leading to fluid leakage from the capillaries into the lung interstitium and alveoli. The presence of excess fluid hinders the normal function of the lungs, making it challenging for oxygen to enter the bloodstream and for carbon dioxide to be expelled. Understanding pulmonary edema in this context is crucial. It is not a lung infection, nor does it involve bronchoconstriction or stem from a genetic condition. Each of these alternatives represents separate respiratory conditions with distinct pathophysiological mechanisms. Recognizing the correct definition of pulmonary edema allows for better identification and management of this potentially serious condition.

6. What is the correct approach to assess for normal breath sounds in a client?

- A. Auscultate while the patient is resting quietly**
- B. Assess only when the patient is standing
- C. Auscultate after the patient has just exercised
- D. Check breath sounds when the patient is speaking

Auscultating while the patient is resting quietly is the correct approach to assess for normal breath sounds because this creates a stable environment that allows for a clear evaluation of lung sounds. When a patient is at rest, their breathing is typically more regulated and less influenced by external factors, such as exertion or stress. This provides a reliable baseline for understanding the normal physiological sounds produced by the lungs, which include bronchial, bronchiovesicular, and vesicular breath sounds. In contrast, conducting the assessment in other conditions, such as when the patient is standing, may not produce the same clarity in breath sounds, as some sounds can be altered by body positioning due to gravitational influences on lung volumes. Assessing breath sounds immediately after exercise could lead to the identification of abnormal sounds that do not reflect the patient's resting state. Lastly, checking breath sounds while the patient is speaking may introduce additional noise, thus compromising the clarity and accuracy of the assessment. Therefore, auscultation during a period of quiet rest is essential for obtaining the best representation of normal breath sounds.

7. What should a nurse do if fluctuations are observed in the water-seal chamber of a chest tube?

- A. Document the findings**
- B. Check for kinks in the tubing**
- C. Increase suction pressure**
- D. Continue to monitor the situation**

The correct response to fluctuations observed in the water-seal chamber of a chest tube is to continue to monitor the situation. This is because fluctuations in the water-seal chamber, also known as tidaling, are typically expected during normal respiratory cycles. Such fluctuations indicate that the chest tube is functioning properly, allowing for air or fluid to be drained from the pleural space while still maintaining a one-way seal. Monitoring the situation allows the nurse to assess any changes in the pattern or intensity of fluctuations that may indicate complications. If fluctuations cease and the water level remains constant, this may signify an obstruction or that the lung has re-expanded, which warrants further assessment. Therefore, maintaining close observation ensures that any relevant changes can be addressed promptly. Documentation of findings is important but is part of the ongoing process rather than an immediate response upon observing fluctuations. Checking for kinks in the tubing and increasing suction pressure are interventions that may be necessary if further symptoms or issues arise, but they are not appropriate first responses if the observed fluctuations are within a normal range.

8. What should be done to ensure the security of chest tube connections?

- A. Use unsealed tape**
- B. Leave connections loose for easy access**
- C. Secure with airtight tape**
- D. Allow for some fluid movement**

Securing chest tube connections with airtight tape is essential to prevent air and fluid leaks that can compromise the patient's respiratory status and lead to complications. Properly securing these connections ensures that the pleural space remains negative, which is vital for effective lung expansion and promotes proper drainage of fluid or air from the thoracic cavity. Airtight tape creates a barrier that minimizes the risk of contamination and maintains the integrity of the system, ultimately enhancing patient safety and improving clinical outcomes. In contrast, using unsealed tape would not provide an adequate seal, potentially allowing for leaks. Leaving connections loose undermines the purpose of the chest tube, as it can lead to ineffective drainage and respiratory distress, while allowing too much fluid movement can introduce variability in pressure and drainage capacity, again risking patient complications. Overall, the best practice emphasizes the importance of a secure and airtight connection in maintaining the functionality and safety of chest tube systems.

9. When a client presents with status asthmaticus, what position should the nurse place them in initially?

- A. Supine position**
- B. High-Fowler's position**
- C. Left lateral position**
- D. Trendelenburg position**

High-Fowler's position is the optimal initial position for a client experiencing status asthmaticus. By elevating the head of the bed to a 60-90 degree angle, this position facilitates easier breathing and maximizes lung expansion. It allows for the diaphragm to have more space to move and decreases the work of breathing by enhancing the mechanics of ventilation. This is particularly important in cases of severe asthma exacerbations where airway obstruction and difficulty in breathing are prominent. Placing the client in a supine position could exacerbate their breathing difficulties because it may compress the diaphragm and increase the work required for respiration. The left lateral position, while sometimes beneficial in different medical contexts, does not provide the same respiratory advantages as High-Fowler's position in cases of severe bronchospasm. Trendelenburg position, which involves tilting the body so that the head is lower than the feet, is not appropriate for respiratory distress as it can lead to increased abdominal pressure on the diaphragm, further hindering effective lung function.

10. What is the function of the diaphragm during respiration?

- A. To create vocal sounds**
- B. To contract and move upward during inhalation**
- C. To contract and move downward during inhalation**
- D. To regulate airflow in the nasal passages**

The diaphragm plays a crucial role in the mechanics of breathing, particularly during inhalation. When the diaphragm contracts, it moves downward, which increases the thoracic cavity's volume. This expansion creates a negative pressure within the chest, allowing air to be drawn into the lungs. This process is essential for effective respiration, as it enables the body to take in the oxygen necessary for cellular metabolism. Understanding the mechanics of respiration emphasizes the diaphragm's primary function in facilitating air flow into the lungs. Its downward movement is critical in differentiating inhalation from exhalation, where the diaphragm relaxes and moves back up, reducing the thoracic cavity's volume and expelling air from the lungs.

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://saundersrespiratory.examzify.com>

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