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You can get access to our massive bank of TMC Practice Questions by [Clicking Here]. 😊
Why hello there!

Thank you so much for downloading this study guide! In this book, you will find a ton of helpful practice questions, all, of course, covering the topic of — Patient Assessment.

These questions are designed to help you prepare for the Patient Assessment final exam in Respiratory Therapy School.

Hopefully, by going through these practice questions, you will be able to boost your knowledge to a whole new level and ace your Patient Assessment final exam.

Patient Assessment is definitely one of the most important subjects in Respiratory Therapy School. Not to mention, it’s also the topic that some students struggle with.

With that being said, (hopefully) this study guide, along with the resources on our website and YouTube channel can help.

So if you’re ready, let’s go ahead and get started.

Good luck! 😊
1. The physician orders 28% oxygen to be administered to a COPD patient who is extremely short of breath. Which device will most accurately achieve this?
   A. Nasal cannula at 2 lpm
   B. Simple oxygen mask at 2 lpm
   C. Venturi mask at 28%
   D. Nonrebreathing mask at 6 lpm

2. In which of the following conditions would you NOT recommend keeping the dependent (good) lung in the upright position for better oxygenation?
   A. Left lower lobe pneumonia
   B. Lung abscess
   C. Right lower lobe pneumonia
   D. None of the above

3. A patient with a tracheostomy tube is receiving humidity via a heated wick humidifier. What temperature should the heater be kept at in order to provide proper humidity to this patient?
   A. 25 to 27 degrees C
   B. 28 to 30 degrees C
   C. 45 to 47 degrees C
   D. 31 to 35 degrees C

4. A patient is admitted to the hospital with the diagnosis of Haemophilus influenzae type B. The best way to prevent spread of this type of infection is to:
   A. Place patient in a room with negative airflow ventilation
   B. Do not wear gloves and a gown when assessing the patient
   C. Wear an isolation mask when administering aerosol therapy
   D. Use your own stethoscope when listening to breath sounds

5. Which of the following statements concerning aerosol particles are needed to ensure lower airway and alveolar deposition?
   A. Particles of 5 to 9 microns are needed
B. Patients should be instructed to forcefully exhale after inspiration
C. Patients should be instructed to inhale slowly to inspiratory capacity
D. None of the above

6. Which of the following cleaning methods sterilize equipment?
   A. Pasteurization
   B. Nitric oxide gas
   C. Steam autoclave
   D. Alcohol

7. A nasal cannula at a liter flow of 3 L/min applied to a patient with a normal ventilatory pattern delivers an oxygen concentration of approximately:
   A. 24%
   B. 32%
   C. 36%
   D. 28%

8. The physician has ordered and active 3-year-old to be placed on 40% oxygen. Which device would you recommend as being the most tolerable for this patient?
   A. Venturi mask
   B. Oxygen tent
   C. Nasal cannula
   D. Oxygen mask

9. A RCP is ensuring that a patient is receiving 40% from a nebulizer with an aerosol face mask. When analyzed, the reading is 65%. The RCP should do which of the following?
   A. Open the air-entrainment port to a larger size
   B. Leave condensation in the large bore tubing
   C. Analyze the O2 percentage near the patient
   D. All of the above
10. To protect yourself from contamination by a patient who coughs violently during endotracheal suctioning, which of the following should be done?
   A. Wear a mask
   B. Restrain the patient
   C. Wear gloves
   D. All of the above

11. As a general rule, most hospitals require that infectious waste and body fluids be placed in which container?
   A. A yellow bag
   B. A red bag
   C. A white bag
   D. A clear bag

12. Which of the following are true statements regarding needle and instrument precautions?
   A. Needles and sharp instruments should be placed into puncture-resistant containers
   B. Soiled needles and sharp instruments are not considered to be infectious waste
   C. Recapping of needles is allowed in emergency situations
   D. All of the above

13. A physician orders an ABG on a patient who is receiving O2 via a non-rebreather at 15 LPM. The RCP should record the O2 percentage on the ABG order form as:
   A. NRB at 100%
   B. NRB at 15 L/min
   C. NRB at 10 L/min
   D. PRB at 15 L/min

14. Which of the following O2 administration devices is capable of supplying all of the patients inspired gas?
   A. Nasal cannula
   B. Venturi mask
   C. Simple mask
D. Aerosol mask

15. Which of the following are recommended guidelines to minimize the spread of infection by equipment or procedures?
   A. Rain water collected in tubing back into the reservoir so it won’t be left in the tubing
   B. Medications should be reused within 24 hours or when recommended
   C. Do not discard remaining water in a reservoir system before refilling
   D. Each patient should have his or her own equipment

16. A COPD patient is experiencing dyspnea and a dry cough on a day when the temperature is 33 degrees C. The air can hold 36 mg/L of humidity, but the content is actually 28 mg/L. What is the relative humidity under these conditions?
   A. 53%
   B. 77%
   C. 84%
   D. 92%

17. A patient who has just been extubated is exhibiting mild respiratory distress. The RCP is asked to administer aerosol therapy to the patient. Which of the following statements are true in this situation?
   A. The RCP needs to administer a hypertonic saline solution
   B. The RCP needs to add ice to the aerosol
   C. The RCP needs to add heat to the aerosol therapy to assist with coughing
   D. The RCP needs to administer a sterile water solution

18. After setting up a partial rebreathing mask on a patient at a flow of 8 L/min, the reservoir bag collapses before the patient finishes inspire. The respiratory care practitioner should do which of the following?
   A. Change to a nasal cannula at 6 L/min
   B. Decrease the flow
C. Increase the flow  
D. Change to a non-rebreathing mask

19. In order to help prevent Retinopathy of Prematurity, it is recommended that the PaO2 should be kept to what values during the first week of life?  
   A. 30 to 40 mmHg  
   B. 50 to 60 mmHg  
   C. 70 to 80 mmHg  
   D. 90 to 100 mmHg

20. A RCP is teaching a patient who is to be discharged how to clean their small volume nebulizer at home. Important steps would include:  
   A. Wash equipment in detergent solution and rinse well  
   B. Soak equipment in a vinegar solution of 1 part vinegar and 3 parts water  
   C. Rinse equipment well after soaking and air dry  
   D. All of the above

21. A RCP is asked to disinfect a piece of respiratory equipment. Which of the following procedures would you choose to do this?  
   A. Pasteurization for 10 minutes  
   B. Immersion in vinegar for 10 minutes  
   C. Complete immersion in a 70% ethyl alcohol solution  
   D. Autoclave exposure at 100 degrees C for 20 minutes

22. Which of the following are considered high flow devices?  
   A. Venturi mask at 40%  
   B. High flow nasal cannula  
   C. Aerosol face mask at 60%  
   D. All of the above

23. A nebulizer driven by oxygen at 8 liters per minute with an FiO2 of .40 will have a total flow between:  
   A. 20-24 L/min
24. Which of the following conditions conform to the standards set for a patient in tuberculosis (AFB) isolation?
   A. Approved respirator mask
   B. Gloves required of all persons entering room
   C. Patient placed in a room with negative airflow capabilities
   D. All of the above

25. It is recommended to use a filter small volume nebulizer when administering which of the following drugs?
   A. Ribovarian
   B. NebuPent
   C. Gentamicin
   D. Atrovent

26. Your patient has a temperature of 98.6 degrees F (37 degrees C). To saturate the inhaled air to normal body conditions, how much absolute humidity must be provided?
   A. 37 degrees C
   B. 47 mmHg
   C. 760 mmHg
   D. 44 mg/L

27. Considerations for proper and optimal use of a MDI include all of the following EXCEPT:
   A. Do not use a holding chamber for an adult asthmatic patient receiving a steroid
   B. Use a holding chamber with MDI for small children
   C. Use a holding chamber for adults with small tidal volumes
   D. Use a holding chamber for an elderly patient

28. A patient is on a nasal cannula at 8 LPM; the patient is complaining of discomfort, this is primarily due to:
   A. Too high of a flow
B. Confusion
C. A clogged nasal prong
D. Lethargy

29. You receive a physician's order to provide 28% oxygen via nebulizer to a spontaneously breathing patient with a peak inspiratory flow rate of 48 L/min. What flowmeter setting must be utilized in order to provide a total flow rate of gas delivery that is greater than the patient's inspiratory flow rate?
   A. 2 L/min
   B. 3 L/min
   C. 4 L/min
   D. 5 L/min

30. While administering O2 through a non-rebreather mask, a patient suddenly becomes more dyspneic and experiences respiratory distress. Which of the following actions are correct for the RCP to take?
   A. Check the patient's SpO2
   B. Increase the flow to the reservoir bag on the NRB mask
   C. Ensure that the mask fits snuggly and tight on the patient's face
   D. All of the above

31. While making O2 rounds you discover that the 6-inch reservoir tubing on a T-piece (Briggs) adapter setup has fallen off. What may result from this?
   A. Delivered FiO2 would not be affected
   B. Delivered FiO2 would increase
   C. The patient would entrain room air during inspiration
   D. None of the above

32. Aerosol output of an ultrasonic nebulizer is dependent upon:
   A. The speed of the blower motor
   B. The pressure in the couplant chamber
   C. The setting on the amplitude control
   D. The setting on the frequency control
33. A patient receiving 38 mmHg per liter of gas from a nebulizer has a humidity deficit of which of the following?
   A. 6 mg/L
   B. 9 mg/l
   C. 12 mg/L
   D. 18 mg/L

34. Which of the following humidity devices is capable of providing 100% of a patient’s body humidity?
   A. Passive type humidifier
   B. HME
   C. Heated wick humidifier
   D. Bubble humidifier

35. A pneumatic nebulizer that delivers 70% oxygen would have an air to oxygen ratio of:
   A. 1:1
   B. 6:1
   C. 1.6:1
   D. 3:1

36. Which piece of equipment would be needed to set up a tracheostomy collar on a patient?
   A. Heated aerosol generator
   B. Spinning disk nebulizer
   C. Bubble humidifier
   D. Pass-over humidifier

37. Which of the following methods of disinfection are effective against TB, bacteria, viruses, and fungi?
   A. Cidex 7
   B. Iodine with 70% ethyl alcohol
   C. Pasteurization
   D. All of the above
38. An H cylinder of oxygen was placed in service with 2000 psig and has been used for 5 hours at a flow rate of 10 L/min. It can be used for how many additional hours?
   A. 4
   B. 5
   C. 6
   D. 7

39. When using mechanical ventilation with a heated humidifier, the large bore tubing circuit has a loop and drainage bag below the patient:
   A. To prevent condensate from entering machine
   B. To prevent back pressure from affecting the ventilator
   C. To prevent the humidifier from overheating
   D. To prevent condensate from entering the reservoir

40. How long will an H cylinder take to empty running at 12 LPM with 1200 psig?
   A. 1 hour
   B. 2 hours
   C. 5 hours
   D. 10 hours

41. After occluding a pre-filled disposable bubble humidifier by pinching the tubing, no whistling noise occurs. The correct action to take would be to:
   A. Check to see if there is a kinked tubing
   B. Replace the humidifier with a new one
   C. Check to see if there is a clogged nasal cannula
   D. Decrease the flow from the flowmeter

42. A patient is receiving O2 via simple mask at 5 L/min. The patient's SpO2 drops with attempts to decrease the O2 and it is decided that the patient should wear the mask until he becomes more stable. Which of the following should the RCP recommend?
   A. Change the patient to a nasal cannula at 3 L/min
B. Add a bubble humidifier to the oxygen set-up
C. Change the patient to a aerosol therapy set-up at 40%
D. Add a cascade-type humidifier to the oxygen set-up

43. Indications for warm humidity therapy include which of the following?
   A. Treat hypothermic patient
   B. Provide humidity to a patient with a tracheostomy tube in place
   C. To help break up secretions
   D. All of the above

44. How long will an E cylinder with 1000 psig last running at 5 L/min until it reaches 200 psig?
   A. 21 minutes
   B. 45 minutes
   C. 56 minutes
   D. 1 hour and 10 minutes

45. Biologic indicators are used in decontamination procedures for which of the following reasons?
   A. They speed up the decontamination process
   B. They increase the concentration of liquid sterilants
   C. They indicate what organisms have contaminated the equipment
   D. They determine if the decontamination process was effective

46. An air entrainment mask will deliver a higher FiO2 than expected if:
   A. The internal diameter of the jet is decreased
   B. The external diameter of the jet is decreased
   C. The entrainment ports have been blocked
   D. The flow rate on the flowmeter has been increased
47. A RCP is asked to obtain a cylinder of carbon dioxide and oxygen for a diagnostic test. To ensure the correct cylinder is chosen, the RCP should:
   A. Choose a cylinder that is blue and yellow
   B. Inform the supervisor that is mixture of gases does not exist
   C. Choose a cylinder that is blue and green
   D. Read the label on the cylinder

48. A patient is receiving oxygen from an “E” cylinder at 4 L/min through a nasal cannula. The cylinder pressure is 1900 psig. How long will the cylinder run until it is empty?
   A. 47 minutes
   B. 1.7 hours
   C. 2.2 hours
   D. 3.6 hours

49. All of the following statements concerning a Bourdon gauge are true EXCEPT:
   A. It is not compensated for pressure
   B. Its flow reading is not affected when placed in a horizontal position
   C. It measures pressure directly and flow indirectly
   D. The gauge reads lower than the amount the patient actually receives

50. Your patient has an endotracheal tube in place. Which of the following devices would be the least effective in reducing this patient’s humidity deficit?
   A. HME
   B. Unheated bubble-type humidifier
   C. Heated pass-over humidifier
   D. Heated wick humidifier

51. Two flowmeters are needed to supply a FiO2 of 60%. What flow rate needs to set on the oxygen flowmeter, and what flow rate
needs to be set on the air flowmeter do delivers 60% FiO2 and keep the total flow at 10 L/min?
A. 2 L O2 and 8 L Air
B. 5 L O2 and 5 L Air
C. 1 L O2 and 9 L Air
D. 3 L O2 and 7 L Air

52. A patient is on a 30% Venturi mask at an O2 flow of 5 L/min. The total flow delivered by this device is which of the following?
A. 36 L/min
B. 45 L/min
C. 54 L/min
D. 60 L/min

53. A patient has come to the ER with nasal trauma due to a burn. His eyes and nasal area are also very swollen. Which of the following devices would be appropriate to deliver O2 to this patient?
A. Simple mask
B. Face tent
C. Nasal cannula
D. Nasal trumpet

54. While making O2 rounds you notice that a disposable bubble humidifier contains only 20 ml of sterile water. What is the appropriate action to take?
A. Let it run until the humidifier is empty
B. Refill it with fresh, sterile water
C. Replace it with a new disposable humidifier
D. Pour out the remaining water, rinse with tap water, and add fresh sterile water

55. You set up a bubble humidifier and no bubbling occurs. What could be the cause of this?
A. The humidifier working properly
B. The delivery (capillary) tube is obstructed
C. The flowmeter is set too high
D. None of the above

56. Which of the following oxygen administration devices would qualify as a “low-flow” oxygen system?
   A. Simple mask
   B. Nasal cannula
   C. Partial rebreathing mask
   D. All of the above

57. A patient is set up on 40% flow-by, and during inspiration mist is not visible exiting the T-tube reservoir. What should the respiratory care practitioner recommend?
   A. Increase the nebulizer flow
   B. Add water to the nebulizer
   C. Shorten the T-tube reservoir
   D. Decrease the nebulizer flow

58. The E cylinder has a special oxygen connection. This connection is to ensure safety in the use of oxygen. This system is called:
   A. Diameter Index Safety System
   B. American Standard Connection System
   C. Pin Index Safety System
   D. American Standard Safety System

59. Which of the following conditions would be standard requirements for a patient with localized herpes zoster (shingles)?
   A. Gloves and handwashing
   B. A special respirator mask
   C. Full head mask
   D. Patient placed in a room with negative pressure ventilation
60. A patient has been supported by a mechanical ventilator using a hygroscopic condenser humidifier (HME) for the last 3 days. Suctioning reveals an increase in the amount and tenacity of secretions. Which of the following actions are indicated?
   A. Increase the hygroscopic condenser humidifier temperature
   B. Switch the patient to a heated wick humidifier
   C. Switch the patient to continuous ultrasonic nebulization
   D. Reassess the patient’s secretions over the next 24 to 48 hours

61. A patient is ineffectively breathing with a consistent large tidal volume, a variable respiratory rate and short periods of apnea. This patient could be suffering from:
   A. Cystic fibrosis
   B. Airway tumor
   C. Head injury
   D. Asthma

62. What is the proper rate of external chest compressions for children up to 8 and to the age of puberty?
   A. 60/minute
   B. 90/minute
   C. 100/minute
   D. 120/minute

63. Which of the following sets of ABG measurements would be indicative of a renal compensated respiratory acidosis?
   A. pH 7.26, PCO2 60 torr, PO2 68 torr, HCO3- 24 mEq/L, BE 0
   B. pH 7.42, PCO2 39 torr, PO2 87 torr, HCO3- 22 mEq/L, BE –1
   C. pH 7.25, PCO2 61 torr, PO2 75 torr, HCO3- 26 mEq/L, BE +1
   D. pH 7.37, PCO2 58 torr, PO2 60 torr, HCO3- 31 mEq/L, BE +8

64. Which of the following conditions will appear hyperlucent with retrosternal air space on a chest x-ray?
   A. Pneumothorax
B. Emphysema  
C. Acute asthma  
D. All of the above

65. A patient is being manually ventilated at a rate of 12/min with a bag-valve resuscitation bag. With the oxygen flow running at 8 L/min into the bag, the patient’s PaO2 is 55 torr. Which of the following actions would increase the FiO2 delivered to the patient?
   
   A. Increasing the ventilation rate to 30/min  
   B. Decreasing the oxygen flow to 5 L/min  
   C. Ensue that an oxygen reservoir is connected to the bag  
   D. None of the above

66. All of the following are conditions where bronchial and bronchovesicular breath sounds may be heard over consolidated areas EXCEPT:
   
   A. Pneumonia  
   B. Atelectasis  
   C. Pulmonary edema  
   D. Foreign body aspiration

67. Clubbing of the fingers in associated with:
   
   A. Acute lung disease  
   B. Pulmonary hypertension  
   C. Acute cardiovascular disease  
   D. Chronic obstructive lung disease

68. Which of the following PaO2 findings is considered severe at any age?
   
   A. PaO2 of 55 mmHg  
   B. PaO2 of 60 mmHg  
   C. PaO2 of 65 mmHg  
   D. PaO2 of 40 mmHg
69. On receiving a new medication nebulizer treatment order, the RCP checks the order and finds the order is written incorrectly. What should the RCP do?
   A. Draw up the medication and give the treatment
   B. Ask the family what medication the patient should receive
   C. Obtain a past home care history
   D. Call the physician and clarify the order

70. Which of the following could influence the results of pulse oximetry?
   A. Nail polish
   B. Motion artifact
   C. Hypotension
   D. All of the above

71. Dark yellow secretions with a foul odor may be due to:
   A. Bronchiectasis
   B. Asthma
   C. Pulmonary edema
   D. Lung carcinoma

72. You are called to the ER to assess a patient who has suffered blunt chest trauma in an automobile accident. Which of the following clinical signs could indicate the presence of a pneumothorax?
   A. Subcutaneous emphysema (crepitus)
   B. Paradoxical chest movement
   C. Peripheral edema
   D. Clubbing

73. You are preparing to perform a right radial puncture on a patient and are doing the Allen’s test prior to the puncture. The response to the test is for the patient’s hand to “pink up” after pressure is released. The results are consistent with:
   A. Occluded radial artery
   B. Patent ulnar artery
   C. Occluded ulnar artery
74. After obtaining a blood gas sample, the respiratory care practitioner fails to rid the sample of an air bubble before analyzing the blood. This could result in:
   A. An abnormal high CO2
   B. An abnormal low pH
   C. An abnormal low O2
   D. An abnormal low CO2

75. In order to palpate for symmetrical chest movement of a patient, the respiratory care practitioner should do which of the following?
   A. Order a chest x-ray
   B. Place a hand on the abdomen and observe abdominal movement
   C. Percuss the chest bilaterally
   D. Place a hand on the chest and observe chest movement

76. A patient arrives in the emergency room in a full cardiopulmonary arrest with a cervical neck collar in place. The best alternative site that could be used to check the pulse would be the:
   A. Carotid pulse
   B. Femoral pulse
   C. Brachial pulse
   D. Radial pulse

77. You are a RCP working in the ER when a MVA victim arrives. You quickly determine that the patient is in severe respiratory distress and has crepitus on the left side of his chest. What should you do to further evaluate these findings?
   A. Collect an ABGs and order a peak flow study
   B. Administer a STAT aerosol treatment with Albuterol and Atrovent
   C. Intubate and ventilate the patient
   D. Collect an ABG and order a STAT chest x-ray
78. A patient enters the ER in moderate respiratory distress. The RCP is called to assess the patient and determines the following: intercostal muscle use, stridor, slow respiratory rate with an I:E of 1:1. What are possible causes of these findings?
   A. Croup
   B. Laryngeal edema
   C. Airway tumor
   D. All of the above

79. A patient has normal breath sounds following therapy. Which of the following best describes this finding?
   A. Adventitious
   B. Vesicular
   C. Wheezes
   D. Trachea

80. The respiratory therapist has received an order to obtain ABG levels from a patient, but an Allen’s test indicates collateral circulation is not present in the right wrist. At this time the therapist would:
   A. Obtain blood from the right radial artery
   B. Obtain blood from the right brachial artery
   C. Wait for the physician to evaluate collateral circulation
   D. Check collateral circulation in the left wrist

81. Which of the following are possible techniques to accurately check a patient’s pulse rate?
   A. Listen to heart tones with a stethoscope
   B. Locate and palpate the radial artery
   C. Locate and palpate the carotid artery
   D. All of the above

82. A RCP is called to give a STAT aerosol treatment with Xopenex to a patient in respiratory distress. The patient appears very fearful and anxious and tells the RCP that he does not want the treatment. What action should the RCP take at this time?
A. Contact the physician and tell her the patient has refused treatment
B. Restrain the patient and forced him to take the treatment
C. Assume the patient doesn't understand and ask for a translator
D. Reassure the patient, explain the benefits of the treatment and attempt to give the treatment again

83. You are caring for a patient has been previously intubated and note that the patient is exhibiting signs of respiratory distress. Upon auscultation, you note decreased breath sounds on the left and the patient’s SpO2 has dropped from 94% to 87%. What action should you take:
   A. Advanced the tube 2 cm
   B. Withdraw the tube until equal breath sounds are heard
   C. Leave the tube in the present position and monitor closely
   D. Call for a chest x-ray to verify position

84. You enter a patient's room to give a treatment and observe the patient is unconscious and not breathing. Your first action should be which of the following?
   A. Deliver two breaths
   B. Open the airway
   C. Perform abdominal thrust
   D. Call for help

85. You are caring for a patient who attempted suicide by inhaling poisonous fumes in a car with the engine running. What level of COHb is lethal for this patient?
   A. 5%
   B. 10%
   C. 15%
   D. 30%

86. Pulse oximetry should NOT be recommended to determine oxygenation status in which of the following situations?
   A. A patient receiving a sleep study
B. A patient arrives in the ER department after being pulled from a burning house.
C. A post-op patient who is still sedated
D. A patient receiving a bronchoscopy

87. A patient who has overdosed on narcotics has been admitted to the ER. The RCP hears course breath sounds in the right lower lobe and it is determined that the patient has aspirated vomitus. Which of the following chest x-ray findings is consistent with this diagnosis?
   A. Lobar consolidation and air bronchograms on the right
   B. Lobar infiltrates and depressed hemidiaphragms on the right
   C. Bilateral hyperlucent lung fields
   D. Total white-out of chest x-ray

88. While ventilating a patient with a manual resuscitator, you notice the bag is not refilling adequately. What could be the cause of this problem?
   A. Reversed or improperly placed one-way valve
   B. Excessive liter flow from flowmeter
   C. Improper sized facemask
   D. Reservoir tubing too short

89. An RCP has just performed incentive spirometry on a post-operative patient and when you ask the patient to cough, she states that it is too painful to cough. The RCP should encourage which of the following modifications to coughing?
   A. Manually assisted cough
   B. Mid-inspiratory cough
   C. Cough assistance with splinting
   D. Normal cough

90. It is determined that a patient’s respiratory rate is 35 beats/minute. This would be considered normal with which patient age population?
   A. A 19 year-old patient
B. A 45 year-old patient
C. A newborn or infant
D. A 10 year-old patient

91. Which of the following methods may best determine decreased cardiac output and perfusion in the extremities?
   A. Obtaining ABG studies and determining the PaO2 level
   B. Assessing the SaO2 level with a pulse oximeter
   C. Assessing capillary refill
   D. Palpating a brachial pulse

92. Physical examination of a patient with pleural effusion might reveal which of the following?
   A. Decreased tactile fremitus
   C. Depressed hemidiaphragms
   D. Diminished breath sounds on the affected side
   D. All of the above

93. You are called to the nursery to help provide emergency care to a 9-month-old infant. The infant has had a cardiac arrest. Which of the following apply to correct technique for providing external chest compressions to this infant?
   A. Sternum should be depressed 3 inches with each compression
   B. A compression: ventilation ratio of 15:2 should be used
   C. Two fingers should be placed just below the nipple line
   D. A compression: ventilation ratio of 5:1 should be used

94. You are performing an initial evaluation of a patient who complains of dyspnea. The patient informs you that he becomes dyspneic after climbing one flight of stairs. You would record this as:
   A. Class I dyspnea
   B. Class II dyspnea
   C. Class III dyspnea
   D. Class IV dyspnea
95. As you enter the patient’s room to administer a nebulizer treatment, you notice the patient is breathing rapidly and looks to be in distress. You notice the following during the physical exam: reduced chest expansion, a hyperresonant percussion note on the left side, absence of breath sounds on the left and a tracheal shift to the right. This suggests:
   A. Left sided consolidation
   B. Left sided pneumothorax
   C. Pleural effusion
   D. Right sided pneumothorax

96. A term used to describe a condition in which a patient has difficulty breathing while in a supine position is which of the following?
   A. Orthopnea
   B. Hypoventilation
   C. Paroxysmal nocturnal dyspnea
   D. Kussmaul’s respirations

97. A patient who is in bed is in respiratory distress, displaying use of accessory muscles and nasal flaring. What is the best explanation for the nasal flaring?
   A. Patient is attempting to decrease airway resistance by dilating nares
   B. Patient is attempting to increase airway resistance by dilating nares
   C. Patient is attempting to decrease lung compliance by dilating nares
   D. Patient is attempting to breathe more shallow by dilating nares

98. While palpating the chest, the respiratory care practitioner determines that there is decreased vibrations (decreased tactile fremitus) over the right lower lobe. This may be the result of which of the following?
   A. Pneumonia
   B. Pleural effusion
C. Pneumonia  
D. Asthma

99. After two attempts at opening the airway and providing ventilation to an infant, you cannot confirm adequate air movement. At this point, what should you do?
   A. Perform a finger sweep in an attempt to restore ventilation  
   B. Apply 6 to 10 abdominal thrust  
   C. Apply back blows followed by chest thrust  
   D. Try to ventilate infant with smaller breaths

100. On performing a chest assessment, you hear high-pitched wheezes over both lower lobes. This could be caused by all of the following except:
   A. Laryngospasm  
   B. Bronchitis  
   C. Airway tumor  
   D. Asthma

101. A patient coughs up dark, yellow sputum after an IPPB treatment. Which one of the following statements is TRUE in regard to this sputum production?
   A. It can be classified as normal  
   B. It is termed hemoptysis  
   C. It is often found in patients who have pneumonia  
   D. It is a normal color for pulmonary edema

102. When asking a patient if she knows what hospital she is in and what day of the week it is, you are trying to assess the patient's:
   A. Orientation to place and time  
   B. Reaction to chronic illness  
   C. Understanding of the English language  
   D. Cooperation

103. Crackles (rales) are generally heard when the patient has:
   A. Pneumothorax
B. Pneumonia  
C. Pulmonary edema  
D. Pleural effusion

104. The compression-breath ratio for one-rescuer CPR on an adult victim is which of the following?  
A. 5:1  
B. 15:2  
C. 5:2  
D. 30:2

105. You measure the blood pressure of a patient as 88/53. Which of the following entries would you use to describe this finding?  
A. Patient is hypertensive  
B. Patient is hypotensive  
C. Patient has low pulse pressure  
D. Patient has high pulse pressure

106. A patient complaining of chest pressure is sweating profusely. Which of the following should the RCP recommend?  
A. Check patient’s BP  
B. Check patient’s pulse and respiratory rate  
C. Administer O2 at 2 LPM BNC  
D. All of the above

107. You are called to ER to see Mr. Jones who is lethargic and cyanotic. He has a history of emphysema. He was complaining of SOB and was placed on 6 L/min via a nasal cannula. His ABGs after 20 minutes are as follows:  
PpH 7.32  
PaCO2 74 torr  
PaO2 80 torr  
HCO3- 31 mEq/L  
What is the cause of his symptoms?  
A. Patient has severe hypoxemia  
B. Decreased hypoxic drive
C. No need for concern, emphysema patients always have this type of ABGs
D. Patient has acute bronchospasm

108. A patient on 2L/min nasal cannula has the following ABG results:
   - pH 7.51
   - PaCO2 27 mmHg
   - PaO2 62 mmHg
   - HCO3- 23 mEq/L

   These results indicate which of the following conditions?
   A. Uncompensated respiratory acidosis
   B. Chronic respiratory alkalosis
   C. Compensated metabolic alkalosis
   D. Acute respiratory alkalosis

109. A patient arrives in the ER after being pulled from a burning house. The RCP places a pulse oximeter on the patient's ear lobe and obtains a SpO2 reading of 93%. An ABG is drawn and the SaO2 analyzed by co-oximetry is 76%. Which of the following is the most likely reason for the discrepancy in the two saturation readings?
   A. The oximeter needs to be calibrated
   B. The co-oximeter electrode is out of calibration
   C. There is an elevated HbCO level
   D. The pulse oximeter probe is loose

110. A physical exam reveals the following: decreased expansion, a dull percussion note on the left lower lobe area, absence of breath sounds in the left lower lobe and a shift of the trachea to the left. These findings suggest:
   A. Interstitial fibrosis
   B. Left sided atelectasis
   C. Left sided consolidation
   D. Left sided pleural effusion
111. A patient with a pH of 7.15 is breathing abnormally. He has an increased respiratory rate and increased tidal volume for his size. This type of breathing pattern is called:
   A. Biot’s respiration
   B. Kussmaul’s respirations
   C. Cheyne-Stokes respirations
   D. Hyperventilation

112. During a physical examination, it is determined that a patient has 2+ pitting edema in the extremities. What are possible explanations of this finding?
   A. Patient has pulmonary fibrosis
   B. Patient has CHF
   C. Patient has COPD
   D. Patient has pneumonia

113. Which of the following arteries is palpated to determine absence of a pulse in infants?
   A. Radial artery
   B. Femoral artery
   C. Carotid artery
   D. Brachial artery

114. A patient enters the emergency department and on initial examination, the respiratory care practitioner observes paradoxical respirations. Which of the following should the practitioner suspect?
   A. Pulmonary edema
   B. Pneumonia
   C. Flail chest
   D. Pleural effusion

115. A patient’s chart has a note on the front stating a “DNR status”. What does this indicate to care givers?
   A. That the patient does not want kidney dialysis
   B. That the patient wants to be an organ donor
   C. That the patient does not want to be resuscitated
D. That the patient does not want a cardiac pacemaker

116. A 3-year-old child enters the ER in mild respiratory distress. The mother of the child suspects that the child has aspirated a coin. What should the RCP recommend?
   A. Lateral x-ray of the chest be taken
   B. PA chest x-ray be taken
   C. A CT scan of the stomach be performed
   D. Lateral x-ray of the neck and upper airway be taken

117. A RCP has just administered an IPPB treatment to a patient. The patient’s BBS reveal rhonchi and the therapist encourages the patient to cough by pushing on the abdominal area during the coughing effort. This patient most likely has which of the following diagnosis?
   A. COPD
   B. Neuromuscular defect
   C. Post-operative atelectasis
   D. Cystic fibrosis

118. The most effective way to communicate with other members of the health care team about a patient’s condition is by:
   A. Discussing the information during patient rounds with the attending physician
   B. Telling the shift supervisor who will tell the other staff members
   C. Paper clipping a note on the front of the patient’s chart
   D. Recording the information in the patient’s chart

119. A patient presents to the ER with the following clinical signs and symptoms: weak pulse, mentally confused, decreased urine output, and decreased blood pressure. Possible causes are:
   A. Patient is in severe pain
   B. Patient has COPD
   C. Patient has taken vasoconstricting drugs
   D. Patient is in shock
120. During a chest physical exam, it is noted that there is decreased tactile fremitus on the right side. This could be due to:
   A. Pneumonia on the right side
   B. Pneumothorax on the right side
   C. Atelectasis on the right side
   D. Severe asthma on the right side

121. During a bedside assessment of an adult patient, the respiratory care practitioner hears a harsh, monophonic, inspiratory sound over the larynx. A note should be put in the chart that this represents:
   A. Laryngeal edema
   B. Normal breath sounds
   C. Secretions in the airways
   D. Decreased breath sounds

122. Heavy smokers commonly have HbCO levels as high as:
   A. 10%
   B. 20%
   C. 30%
   D. 40%

123. Arterial blood gas results obtained from a patient are as follows:
   - pH 7.24
   - PaCO2 54 torr
   - PaO2 81 torr
   - HCO3- 25 mEq/L
   - B.E. -1

   You would interpret these ABG results as:
   A. Compensated respiratory acidosis
   B. Uncompensated respiratory acidosis
   C. Compensated metabolic acidosis
   D. Uncompensated metabolic acidosis
124. While palpating the chest of a patient, you notice that the trachea is shifted to the right, there is flatness to percussion on the right side and increased tactile fremitus. These findings are consistent with which of the following?
   A. Pneumothorax of the left lung
   B. Pulmonary fibrosis in the left lung
   C. Pulmonary effusion of the right lung
   D. Atelectasis of the right lung

125. Bilateral, high-pitched polyphonic expiratory wheezes most likely indicate:
   A. Asthma
   B. Pneumonia
   C. Empyema
   D. Pulmonary edema

126. A patient displays the following physical findings: prolonged expiratory times, an increased AP chest diameter, use of accessory muscles, depressed hemidiaphragms and diminished breath sounds. These findings suggest:
   A. Bronchial obstruction with atelectasis
   B. Diffuse interstitial fibrosis
   C. Chronic Obstruction Pulmonary Disease
   D. Acute upper airway obstruction

127. It is determined that the P50 for a patient is 42 mmHg. Which of the following conditions could this patient be experiencing?
   A. Low fever
   B. Exposure to carbon monoxide
   C. Acute acidosis
   D. Decreased PCO2

128. In inspecting an elderly female patient, you note that her spine has an abnormal anteroposterior (AP) curvature of the upper spine which results in a hunchback appearance. Which
of the following terms would you use in charting this observation?
A. Kyphosis
B. Scoliosis
C. Pectus carinatum
D. Kyphoscoliosis

129. A 50-year-old patient has a PaO2 of 72 torr when breathing room air. You would interpret this as:
A. Normal for a person of this age
B. Severe hypoxemia
C. Moderate hypoxemia
D. Mild hypoxemia

130. A patient with pneumonia and fever of 103 degrees F is sitting up in bed. Her respiratory rate is regular and 35 times a minute. Accessory muscles of ventilation are being used. She is demonstrating which of the following?
A. Kussmaul respirations
B. Cheyne-Stokes respiration
C. Tachypnea
D. Eupnea

131. Signs of pneumonia on the chest x-ray may include:
A. Hyperlucency
B. Consolidation of the affected area
C. Flattened diaphragm
D. Ground glass appearance

132. A heart rate of 160 beats/minute could be considered normal for which of the following patient’s?
A. A neonate at birth
B. A neonate at 12 hours of age
C. A 1-year-old child
D. A 3-year-old child
133. A RCP enters a patient's room to administer an IPPB treatment. The RCP finds the patient sleepy with slow responses and answers inappropriately to questions. This finding would be termed:
   A. Alert, but confused
   B. Lethargic
   C. Semicomatose
   D. Comatose

134. A patient is admitted to the hospital with the diagnosis of a severe intestinal virus. An arterial blood gas sample drawn while the patient is breathing room air reveals the following results:
   pH 7.54
   PaCO2 38 torr
   PaO2 83 torr
   HCO3- 33 mEq/L
The patient's arterial blood gas results indicate:
   A. Respiratory alkalosis
   B. Respiratory acidosis
   C. Metabolic acidosis
   D. Metabolic alkalosis

135. A patient has a productive cough of clear to white sputum. What does this indicate about the patient’s secretions?
   A. The secretions contain cellular debris
   B. The patient is likely suffering from asthma
   D. The sputum is mucoid
   D. All of the above
Conclusion

So there you have it! Wow, you made it all the way to the end — that’s impressive!

By doing so, that lets me know that you have what it takes to become a successful Respiratory Therapist.

You’re definitely on the right track, so keep working and studying hard and you’ll be just fine.

And not to worry — we’re going to be with you every step of the way along your journey.

Thanks again for reading through this study guide! If you thought that these questions were helpful, you should definitely consider checking out our TMC Test Bank.

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Breathe easy, my friend! 🙏

Johnny Lung

Johnny Lung RRT
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This way, over time, you can master every single topic that you need to know to increase your chances of passing the exam on your first (or next) attempt.

Let's go through an example so that you can see what I'm talking about.

Here’s an example of a TMC Practice Question:

Upon entering a patient rooms for a routine assessment, you noticed distinct distention of the patient’s jugular vein in the neck. Which of the following is the most likely cause?

A. Systolic hypertension
B. Hypovolemia
C. Obstruction of pulmonary vein
D. Right ventricular failure

Do you know the answer? Not to worry, let's break it down!
To get this one right, you simply just had to know what jugular venous distention is a sign of.

JVD (jugular venous distention) presents when the jugular vein is noticeably sticking out of the side of the neck. This is a sign of right heart failure and it can also be seen during exhalation in patients with an obstructive lung disease.

JVD would not be seen in any of the other answer choices, so we know that the correct answer has to be D.

**The correct answer is:** D. Right ventricular failure

Well, what did you think? Do you see how valuable this information can be??

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