RRT Cheat Sheet

Tips and Tricks for Passing the TMC Exam
Disclaimer:

Medicine and respiratory therapy are continuously changing practices. The author and publisher have reviewed all information in this report with resources believed to be reliable and accurate and have made every effort to provide information that is up to date with the best practices at the time of publication. Despite our best efforts we cannot disregard the possibility of human error and continual changes in best practices the author, publisher, and any other party involved in the production of this work can warrant that the information contained herein is complete or fully accurate. The author, publisher, and all other parties involved in this work disclaim all responsibility from any errors contained within this work and from the results from the use of this information. Readers are encouraged to check all information in this book with institutional guidelines, other sources, and up to date information. Respiratory Therapy Zone is not affiliated with the NBRC, AARC, or any other group at the time of this publication.
Are you getting ready to take the TMC Exam?

If so, and if you're like me, you're probably a nervous wreck. I know I sure was. You've just spent months taking all your classes and cramming loads of information into your brain.

Now it's almost show time. Time to put it all on the line and test your knowledge. It's almost time to take the TMC Board Exam once and for all.

I have good news for you..

If you practice and prepare adequately, you will be just fine!

Sounds simple, right? It is very simple, yes — but it's definitely not easy.

It's not about how many total hours you put in. It's how many of the right hours. That means, in order to make the exam much easier on yourself, you need to be studying the right things.

And the information that you are about to read in this cheat sheet can help you do just that.

It wasn't too long ago that I was in your shoes trying to cram as much information into my brain as possible. But I want this exam to be easier for you than it was for me.

And that is exactly why I created this cheat sheet.

This eBook isn't meant to serve as a study guide that covers all the information you need to know for the exam. Instead, it focuses on the some of the most important topics that you are almost guaranteed to see when you take the exam.
I’m going to share with you a few of my absolute best tips, tricks, hacks, and insights that I learned from my experience taking the exam.

The good news for you is this..

You can use this information to boost your knowledge, which will also boost your chances of passing the exam on your very next attempt.

And as I said before, this eBook isn’t meant to serve as a fully comprehensive study guide on its own. That’s what our TMC Study Guide is for.

Instead, it’s meant to be used along with your study guide or textbooks as a way to guide you towards studying the most important information.

You may find that you already know some of the information that’s in this book. If so, that’s fantastic news!

That means that you are already ahead of the game and you are definitely farther along than me when I was in your shoes.

You can still use this cheat sheet as a refresher to truly imbed that crucial information into your brain. It will still serve as a great review for what’s to come when you take the exam.

I’m excited to share this information with you! I know that if you truly master it, you can most definitely pass the exam on your next attempt.

So if you’re ready, let’s go ahead and dive right in! 😊
1. When to Pull Back on the ET Tube

This question is always on the exam! I repeat, you will see this again!

The question will be something along the lines of this..

The patient was just intubated, so in order to verify that the ET tube is in the trachea, you listen to their lungs. But upon auscultation, you don’t hear any breath sounds on the left side.

What is the cause of this?

The reason you don’t hear any breath sounds on the left side is because the ET tube was pushed too far down into the trachea, and it slid into the right mainstem bronchus.

In this case, you should deflate the cuff and pull back on the tube 1–2 cm and reassess breath sounds. If you hear bilateral breaths sounds at this point, it confirms that the tube was inserted too far but is now in the correct place.

Please remember this!

2. Correcting Auto-PEEP

Auto-PEEP is caused by air trapping that results from an inadequate expiratory time. So if the patient’s expiratory time is too short, there will likely be some air trapping which cause Auto-PEEP.

So the simplest way to correct Auto-PEEP is this:
Strive to increase the expiratory time. You want to increase the patient’s expiratory time to allow a complete exhalation.

Here are some of the causes of Auto-PEEP:

- Patient-ventilator asynchrony
- Rate is too high
- Minute ventilation is too high
- Expiratory time is too short

So now we know that in order to correct Auto-PEEP, we need to increase the expiratory time. But how do we do that?

Here’s how:

- You can decrease the rate.
- You can decrease the inspiratory time. Remember, we talked about this earlier. You can decrease the i-time by increasing the flow.
- You can decrease the tidal volume.

You will most likely have a few questions on the exam regarding Auto-PEEP, so definitely remember the ways to correct it.

3. Setting the Respiratory Rate for Patients on the Ventilator

There will be a few questions regarding setting the respiratory rate appropriately for a patient that is receiving mechanical ventilation.

For example, you may get ABG results with a high CO₂ level.
In this case, you know the patient is hypoventilating, so you may need to increase the respiratory rate in order to blow off some of that CO₂ to help the pH get back into the normal range.

So just be sure to study up on setting up and making changes to the patient’s respiratory rate.

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**4. Strategy for Treating a Patient That is Hyperventilating**

This tip is a little more technical.

Let’s say you have a patient on the ventilator that is hyperventilating. As we know, that means that they are breathing too fast and blowing off too much PaCO₂.

You already tried to reduce the tidal volume and/or rate, but the PaCO₂ levels still aren’t where we want them.

What else can be done to treat this patient? Another strategy is to...

**Add mechanical deadspace to the circuit.**

It works because the patient will essentially rebreathe the gas from their anatomic deadspace, which will in turn, increase the PaCO₂ levels.

You would typically add the extra tubing in the circuit between the Y and the patient’s ET tube.

Just be sure to monitor the patient’s PaCO₂ levels to make sure that they don’t get too high. If they do, you can remove the mechanical deadspace.
5. Treating a Pneumothorax

You must know how to treat a pneumothorax. Period.

First and foremost, you must know what signs to look for when a mechanically ventilated patient develops a pneumothorax. Well, lucky for you, I'm going to share that with you now.

The following signs may indicate that a pneumothorax has developed:

- Hypoxemia
- Sudden deterioration of vital signs
- Decreased breath sounds over the affected side
- Sudden increase in peak and plateau pressure
- Mediastinal and tracheal shift away from the affected side
- Hyperresonant percussion note over the affected lung
- Asymmetric chest movement
- Subcutaneous Emphysema

Now that you have identified that a pneumothorax is present, you must know how to treat it.

You should recommend the insertion of a chest tube immediately to relieve the pressure in the chest if the patient has a tension pneumothorax.

A small pneumothorax (< 10%) may not require a chest tube to be inserted. But for a large (> 20%) or tension pneumothorax, you absolutely must recommend a chest tube.

One more thing regarding a patient on the ventilator that has a chest tube inserted..
You may see a question where you need to recognize that the patient is losing tidal volume through the chest tube.

You may be asked to determine how must volume is lost through the chest tube.

In order to do so, you can simply subtract the exhaled tidal volume from the set tidal volume. The difference equals the volume was lost through the chest tube.

We dive a little bit deeper into treating patients with a pneumothorax inside of our Hacking the TMC Exam Course.

6. Proper Placement of the ET Tube

You will definitely see a question about the proper placement of an ET tube.

- In adults, the ET tube should be inserted 3–4 cm through the vocal cords.
- Another mark to look for is this: The tube should be inserted 21–24 cm at the patient’s lip, which you can verify by the markings on the tube.
- And finally, the tube is in the proper place when it’s 1.5 inches above the carina. This can be verified with a chest x-ray.

Now that you know where the ET tube should be placed, do you know how verify that it’s in the correct position?

Here’s how:

- Auscultation to check for bilateral breath sounds
- Look for a rising SpO₂. If the patient’s oxygen saturation is increasing, this is a sign that the tube is in the trachea
• Look for condensation on the inside of the ET tube
• Verify color change on exhalation with a CO₂ detector
• Look for symmetric chest expansion on exhalation
• Use capnography to verify exhaled CO₂
• And as we already mentioned, confirm proper placement with a chest radiograph

7. Chest Radiographs

You will definitely see questions pertaining to chest x-ray on the exam. Specifically, you should know when to recommend a chest x-ray.

Here are some examples:

• To verify correct placement of the ET tube
• To check for a foreign body obstruction
• To confirm or rule out a pneumothorax
• To verify correct placement of a chest tube
• To assess a patient whose status suddenly get worse

Of course, there are many other scenarios in which a chest x-ray would be necessary — these are just a few of the main ones that you definitely need to remember.

8. Evaluating a Patient’s Sputum

You will likely see questions that involve assessing a patient’s sputum. I mean, hey, you signed up to become a Respiratory Therapist, so you might as well get used to it. 😊
Here are some things to look for on the exam:

Let’s say that you notice a change in the color of a patient’s sputum from white to green. This indicates that there is an infection — likely pneumonia.

In this case, you should take a sputum sample and recommend a sputum gram stain to classify the bacterial organisms.

After a gram stain has been performed, then you can recommend a culture and sensitivity test. This will help you determine what type of antibiotic the patient needs for their specific type of infection.

A few more things to remember about sputum color:

- Clear – Healthy
- Yellow – Infection starting to develop
- Green – Infection is present, think Bronchiectasis.

And definitely remember this for the exam..

When you have a patient that has pink, frothy secretions — you should automatically think pulmonary edema.

I repeat, pink, frothy secretions = pulmonary edema!

9. Croup vs Epiglottitis

You will most likely see a question where you need to know the difference between croup and epiglottitis.

So let’s cover how to easily know the difference once and for all!
• **Croup**
  o Also known as Laryngotracheobronchitis.
  o It is characterized as subglottic edema, which means that the swelling occurs **below** the glottis.
  o It is associated with inspiratory stridor.
  o The onset occurs more slowly, usually over 24–48 hours.
  o Look for the “steeple” sign.

• **Epiglottitis**
  o Characterized as inflammation of the epiglottis and supraglottic structures, which means that the swelling occurs **above** the glottis.
  o The onset occurs rapidly and this condition can be considered a medical emergency.
  o Look for the “thumb” sign.

For both conditions, you should recommend a lateral neck x-ray.

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10. **ABG Interpretation**

I have to go ahead and mention this now. On the exam, the NBRC will assume that since you already made it through Respiratory Therapy School, you know how to interpret ABG results.

Because, otherwise, you wouldn’t have been able to pass your classes.

So with that being said, there will likely only be one or two direct ABG interpretation questions on the exam.

However..

There absolutely WILL be several questions that will require you to interpret ABG results in order to solve whatever they’re looking for.
For example, the question may have to do with making adjustments to the patient’s ventilator settings.

In order to make the proper adjustments, you must be able to interpret the patient’s ABG results.

Does that make sense?

All that to say this:

You definitely must be able to interpret ABG results in order to pass the TMC Exam.

11. Nonrebreather Reservoir Bag Collapse

Another quick tip here. I have to include it because it’s always on the exam.

A nonrebreathing mask is a fast and easy way to provide 100% oxygen to the patient. The minimum amount of flow to use for a nonrebreather is 10 LPM.

However, if you need to provide an FiO₂ closer to 100%, you must turn the flow up all the way.

But there can sometimes be an issue with nonrebreather masks.

Let’s say you have a patient that’s on a nonrebreather. Upon inhalation, the reservoir bag collapses.

What does this mean?

It means that the flow isn’t set high enough, so all you have to do to fix the issue is increase the flow.
There also may be other questions related to troubleshooting aerosol delivery equipment. So just be sure to look over that section in your study guide.

**Bonus Tip: Obstructive vs Restrictive Diseases**

(Just because there’s so **many more** I want to share with you!)

I probably shouldn’t even be mentioning this at this point in your journey to becoming a Respiratory Therapist.

But this is something that you must know for the TMC Exam, so I have to at least bring it up.

**You MUST know the difference between the obstructive and restrictive diseases!**

I know you probably already know this stuff because we’ve already established that you’re a very bright and intelligent student. 😊

But just in case, I’m going to talk a little bit more about it now.

The best trick I know for this is, none other than: **CBABE**

You can remember this little mnemonic for all of the obstructive diseases.

- **C** – Cystic Fibrosis
- **B** – Bronchiectasis
- **A** – Asthma
- **B** – Bronchitis (Chronic)
- **E** – Emphysema
Those are your obstructive diseases.

**ANY** other disease that you see on the TMC Exam can be considered a restrictive disease.

But just in case, here are some examples of restrictive diseases that you may see on the exam: obesity, pulmonary fibrosis, sarcoidosis, cardiac diseases, pleural diseases, and neuromuscular diseases.

Restrictive diseases will result in a small FVC.

**Another thing I want you to remember is this:**

Air trapping is a key finding in patients with an obstruc**tive disease**. This results in a residual volume, FRC, and TLC greater than 120% of predicted.

And in patients with a **restrictive disease**, their residual volume, FRC, and TLC will be less than 80% of predicted.
Conclusion

So there you have it! Thank you so much for reading through this cheat sheet. I hope you found these tips and tricks to be helpful. If so, I have good news for you..

This is only the tip of the iceberg!

Because I have so many more tips and tricks that I want to share with you.

Everything you just learned is great, but this is only a small sample of what’s inside of our Hacking the TMC Exam video course.

The course has over 150 tips and tricks (like the ones you just read in this book). The best part is, it’s in video format, which means that I can go into much more detail and really explain exactly what you need to know in order to pass the TMC Exam.

Not to mention, just by watching and hearing the information can drastically increase your retention rate — especially for all you visual learners out there.

That way, when you see it on the exam, you’ll have no problem choosing the correct answer.

The course truly contains the absolute most important information that you must know in order to pass the exam.

Please Note the Following:

The course version is only for those who are extremely serious about passing the exam on their next attempt. If that isn’t you, then please do not sign up for the course.
However, since you made it this far — I’d be willing to bet that you are serious and you do have what it takes to pass the exam on your next attempt!

So if you’re interested, you can get access to the course now by clicking the link below:

![Course Cover Image]

**Click Here to Access the Course Now!**

Thank you so much for downloading and reading this cheat sheet!

I wish you the best of luck on your journey and as always, breathe easy, my friend! 😊
And you thought we were done! 😊

As a bonus for downloading this cheat sheet, I just wanted to give you access to some of our TMC Practice Questions that came straight from our TMC Test Bank.

So let’s test your knowledge — are you ready?

1. You are called to examine an acutely dyspneic and hypotensive patient and you note the following: reduced chest expansion on the left side, hyperresonant percussion note and tactile fremitus on the left side, absent breath sounds on the left side, and a tracheal shift to the right. What do these findings suggest?
   - A. Pleural effusion on the left side
   - B. Pneumothorax on the left side
   - C. Atelectasis on the left side
   - D. Consolidation on the left side

By assessing this patient, you can quickly determine that the correct answer is a left-sided pneumothorax.

The unilateral findings of reduced chest expansion, a hyperresonant percussion note, absent breath sounds and tactile fremitus all on the left side. That to go along with a tracheal shift to the right — this indicates that the patient has most likely suffered a large pneumothorax on the left side.

Remember, for a pneumothorax, the trachea will shift away from the affected side. You can rule out left-sided atelectasis because the trachea would shift to that side. And also, if the pneumothorax is severe enough, it can disrupt cardiac function which can cause
the blood pressure to decrease. That explains why this patient is hypotensive.

The correct answer is: B. Pneumothorax on the left side

2. You are asked to assess a 39-year-old man that was admitted through the emergency department with an abrupt onset of fever and chills. The man shows signs of bilateral rhonchi with a productive cough and his SpO2 is 88% on room air. What should you recommend?
   A. Intubate and provide mechanical ventilation with 40% oxygen
   B. Provide noninvasive positive pressure ventilation using a full face mask
   C. Implement postural drainage and percussion with directed coughing
   D. Provide oxygen therapy, give an antibiotic, and obtain a sputum sample for Culture and Sensitivity

Based on the information provided, we can easily figure out that D is the correct answer.

The likely problem is some type of bacterial pneumonia because it tells us that the patient has fever and chills. That is why you would want to obtain a sputum sample.

Antibiotics and oxygen therapy would be the proper initial treatment in this case, and the sputum sample is needed to help identify the type of organism.

Intubation nor NPPV is indicated in this case. And postural drainage and percussion are not recommended either. So we know that there can only be one correct answers, and it’s D.
3. A 50-year-old man is intubated and receiving mechanical ventilation with a size 8.0 mm endotracheal tube that is secured in place. The patient’s cuff pressure is measured at 36 cm H2O. What would you recommend in this situation?
   A. Withdraw the tube 1-2 cm and reassess the patient’s breath sounds
   B. Recommend reintubation with a smaller endotracheal tube
   C. Lower the cuff pressure to < 30 cm H2O and assess for leaks
   D. Recommend ventilation via a tracheotomy instead

In order to answer this one correctly, you have to know what the normal values for cuff pressure. And in this case, you must know that 36 cm H2O is way too high and could cause tracheal damage.

So your first action should be to lower the cuff pressure to < 30 cm H2O and check to make sure that there are not any leaks.

There is no indication to withdraw the tube, and using a smaller tube would only cause the patient’s peak pressure to increase, which is something that we do not want. And there is no indication for the insertion of a trach, so we know that the correct answer has to be C.

The correct answer is: C. Lower the cuff pressure to < 30 cm H2O and assess for leaks

4. While making a routine equipment check, you hear the patient’s bubble humidifier is making a whistling noise. Which of the following is the most likely cause of this problem?
A. There is an obstruction in the delivery tube
B. There is a rise in the patient’s ventilation
C. There is a clogged system diffuser
D. The wall outlet pressure is set too high

If you’ve ever accidentally stepped on the tubing when a bubble humidifier is being used, then you will automatically know that the answer is A.

The relief valve of a humidifier sounds when the pressure in the reservoir container exceeds the valve’s threshold pressure. And of course, the most common reason for this to occur is when there is a downstream obstruction to outflow.

Flowmeter restriction prevents high wall outlet pressures from affecting pressure in the humidifier because it is limited at 50 psig. Changes in patient ventilation would have no effect on pressure in the humidifier. So we know that there can only be one correct answers, and it’s A.

The correct answer is: A. There is an obstruction in the delivery tube

5. A forced expiratory measurement obtained after the administration of a bronchodilator shows an increase in the patient’s FEV1 from 60% to 80% of the predicted value. What does this indicate?
   A. A fixed airway obstruction
   B. A reversible airway obstruction
   C. A normal diffusion capacity
   D. A restrictive process
As you can see, the patient’s airway obstruction was relieved because the FEV1 increased from 60% to 80% of the predicted value. But was it enough to classify it as a reversible obstruction?

In order to achieve clinical significance, the post-bronchodilator results of an FVC, FEV1 or FEV1/FVC% should be at least 12-15% greater than the pre-bronchodilator value.

So in this case, there was a 20% increase, which means — yes — the increase was enough and this indicates that there is a reversible airway obstruction.

We can rule out all of the other answer choices because we know that the correct answer has to be B.

**The correct answer is:** B. A reversible airway obstruction

6. You are called to assess an intubated patient that is breathing asynchronously with the ventilator. Her breath sounds are absent on the left, with dullness to percussion and a left shift of the trachea. Which of the following is the most likely explanation for the problem?
   A. A tracheoesophageal fistula has developed
   B. A tension pneumothorax has developed on the left side
   C. The endotracheal tube is in the right mainstem bronchus
   D. The patient is experiencing diffuse bronchospasm

This is a question that we can determine the correct answer right away by looking at the information that they give us in the question.

It states that the patient has a dull percussion note on the left side, tracheal shift toward the left side, and absent breath sounds on the left side. These are all signs of atelectasis!
So now you have to think, “What would cause atelectasis?” In this instance, slippage of the endotracheal tube into the right mainstem bronchus would be the most likely cause left-sided atelectasis.

Diffuse bronchospasm would cause bilateral wheezing and a left-sided pneumothorax would cause a hyperresonant percussion note, not a dull percussion note. So we know that there can only be one correct answer, and it's C.

**The correct answer is:** C. The endotracheal tube is in the right mainstem bronchus

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7. A 63-year-old female patient is receiving pressure controlled A/C mechanical ventilation. Which of the following changes would occur if her compliance were to decrease?

   A. Her delivered volume will decrease
   B. Her peak pressure will increase
   C. Her inspiratory time will increase
   D. Her PEEP level will decrease

To get this one correct, you must have an understanding of lung compliance. You also have to take into account that the ventilator is in the pressure control mode, which means that the pressure is preset.

If there is a decrease in lung compliance when the ventilator is operating in the pressure control mode, the machine will continue delivering a constant pressure. But, since the lungs don’t expand as much when there is decreased compliance, it reaches the set pressure limit much faster. That means that there will be a decreased tidal volume.
In this case, the inspiratory time will decrease and the PEEP levels should not be affected. The correct answer has to be A.

The correct answer is: A. Her delivered volume will decrease

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8. You are called to assess a patient on the ventilator that is currently in volume control mode. After performing endotracheal suctioning, which of the following would indicate effective clearance of retained secretions?
   A. A smaller tidal volume
   B. A decreased inspiratory time
   C. A lower plateau pressure
   D. A lower peak pressure

Generally, you should remember that retained secretions will increase the patient’s airway resistance and peak airway pressure during volume control ventilation.

So taking that into consideration, the effective clearance of secretions via suctioning should effectively decrease the patient’s peak airway pressure.

On the other hand, if the patient had been receiving pressure control ventilation, you would expect an increase in delivered volume once secretions are cleared.

None of the other answer choices make sense in this situation, so you know that the correct answer has to be D.

The correct answer is: D. A lower peak pressure
9. You have a patient that complains of left-sided chest pain while receiving mechanical ventilation. While assessing the patient, you note tachypnea, a weak and thready pulse, tracheal deviation to the right, and decreased breath sounds and hyperresonance on the left. Which of the following would you recommend?
   A. Suctioning
   B. A bronchoscopy
   C. The insertion of a chest tube
   D. A thoracentesis

For this one, you have to be able to interpret the patient’s signs that were given in the question.

All of the physical assessment signs detected here are consistent with a tension pneumothorax.

Remember, patients with a pneumothorax will typically show tracheal deviation away from the affected side. They will also show decreased breath sounds and hyperresonance on the affected side as well.

So in the case of a tension pneumothorax, the patient requires the immediate insertion of a chest tube on the affected side. That means we know the correct answer has to be C.

The correct answer is: C. The insertion of a chest tube

10. You received an order from a new resident to administer an albuterol treatment to a CHF patient with acute pulmonary edema for wheezing. What should you do in this case?
    A. Recommend acetylcysteine instead of albuterol
    B. Perform the therapy with supplemental oxygen
    C. Perform the treatment as ordered
D. Recommend a diuretic and oxygen therapy

Once you begin working as a Respiratory Therapist, this is something you will run into far too often. A nurse or new physician will hear wheezing and automatically request for the RT to provide a breathing treatment for the patient.

It’s frustrating because wheezing in CHF is usually due to fluid overload or edema, and not due to bronchospasm.

So in general, acute pulmonary edema is best managed with a diuretic such as Lasix. Oxygen therapy may be indicated as well for hypoxemia. And BiPAP may also be indicated in some cases.

We can rule out the other answer choices and determine that the best answer in this case is D.

**The correct answer is:** D. Recommend a diuretic and oxygen therapy

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**How’d You Do?**

Did you know the answers? Were the detailed explanations after the question helpful for you?

I hope so, because you will see questions just like this when you take the actual TMC Exam.

We took these practice questions straight from our TMC Test Bank.

If you’re not familiar, it’s a massive bank of practice questions in the exact format as the ones you’ll see on the TMC Exam. It has successfully helped thousands of student pass the exam.
Going through practice questions is one of the best strategies when it comes to preparing for the TMC Exam.

Seriously, I can always tell a difference in the students who use practice questions to prepare and those that don’t. The repetition of thinking through practice questions helps your brain retain and actually remember the information. So when you see it on the exam, your brain knows how to react and you can quickly come up with the correct answer.

That is exactly why I recommend that every student use practice questions to prepare for the exam!

So if you liked the practice questions above and want more, definitely check out our TMC Test Bank.

Click Here to Get Access Now
One more thing!

How would you like to get new TMC Practice Questions sent to your inbox every single day?

If this is something that sounds interesting to you, Click Here to learn more. 😊
The exam has a total of 160 questions. 140 of them are actual questions that will be graded, while the other 20 questions are just experimental questions for future exams.

It is impossible to tell which questions are which, so you must try equally as hard on each and every question.

The exam is broken into two threshold passing scores:

- The low-cut score
- The high-cut score

If you pass the exam with the low-cut score, you will be rewarded the CRT credential. This is great and all, but this will not help you become eligible to take the Clinical Sims Exam to earn your RRT credential.

So our focus is going to be on helping you pass with the high-cut score.

If you do pass the exam with the high-cut score, you will be also rewarded the CRT credential — BUT — you will now be eligible to sit for the Clinical Simulations Exam (CSE).

Then, if you pass the CSE, you will then be rewarded your RRT credential.

TMC Exam Rules

Now we need to discuss the rules for the TMC Exam. We’re going to walk you through the important rules that you need to know.
Rules to remember for the TMC Exam:

- The test is fully computer-based thanks to, you know, this thing we like to call technology. No more written scantron exams, so you will take the test sitting in a cubicle on a computer.
- A pencil and a sheet of scratch paper will be provided for you so that you can take notes during the exam. Also note, you must hand in your scratch paper when you finish the exam, so you cannot take it with you when you leave.
- No outside notes or books are allowed in the testing area. So if you’re studying before the exam, you must leave the notes in your car.
- No personal belongings are allowed in the testing area. You will need to leave them in your car as well.
- You may leave the testing area at any time to stretch or use the restroom. Keep in mind, though, that your test timer will not stop. So if you do have to leave to use the restroom, try to make it as quickly as possible because those precious seconds will continue to tick away.
- If you arrive more than fifteen minutes late, you may not be admitted to take the exam. So definitely be on time!
- In order to enter the testing area, you will need to show two forms of identification, with at least one showing a current photograph. Both forms must be current and must include a signature. Some of the accepted forms of ID include your driver’s license, passport, state ID card, and military ID card.
- Please double check that your ID’s have not expired before arriving to take the exam. I would hate for them to not let to take the exam because of an expired ID.
TMC Exam Format

Now that you know the rules, let’s talk about the format of the exam. The TMC Exam is laid out in the multiple choice format that we’re all accustomed to.

The exam questions will have four possible answers:

- A
- B
- C
- D

You must select the BEST of the four answers!

That’s right, unfortunately, there may potentially be two answers that could be interpreted as correct. According to the NBRC, it’s expected that you will be able to select the BEST answer of the two.

Most of the questions, however, will distinctly have one answer that is clearly the correct choice. I just wanted to remind you that, unfortunately, some of the questions may appear to have more than one correct answer.

How to Prepare for the Exam?

First and foremost, you must plan your study time wisely!

You should begin studying months (preferably) but at the least, weeks in advance before you sit to take the exam.
Set up a schedule if you have to. You can break up the information into specific days and write it all out on your calendar.

Do whatever you have to do to plan ahead and ensure that you learn everything you need to know. Just make sure you keep track of how much time you have left before you take the exam and don’t let time slip away.

One more thing...

I highly recommend that you read this material more than once. Most people will need to read it multiple times.

If that’s you, that’s okay! I know I had to go through this stuff multiple times when I was in your shoes.

We all have to make sacrifices in order to reach our goals, right? This is a small price to pay in order to ensure that you pass the exam and start an amazing career as a Respiratory Therapist.

So go through this information again and again until you truly learn and understand it. Trust me, it will be worth it in the end.

Here’s another strategy that I always recommend..

Practice With Real-Life Practice Questions

This is, by far, one of the most effective strategies when it comes to passing the TMC Exam.

That is why I always recommend it to students. And I can always tell a big difference in the students that use practice questions to prepare for the exam and those that do not.
Just the repetition of going through the information using exam-like practice questions can really help imbed the information into your brain.

And that is exactly why we created our TMC Test Bank.

It’s a digital eBook (like this one) and it has a ton of helpful questions, answers, and detailed rationales that explain exactly why the answer is correct.

If you’re interested and haven’t grabbed your copy yet, you can Click Here to learn more.

I highly recommend that you use practice questions when preparing for the TMC Exam if you truly want to increase your chances of passing with the high-cut score.

Also, you can get new TMC Practice Questions delivered straight to your inbox every single day. If this sounds interesting to you, Click Here to learn more.

Practice With TMC Practice Exams

Throughout the preparation process, it’s always a good idea to test your knowledge to see where you stand. And the best way to do this is by taking TMC Practice Exams.

We offer a free TMC Practice Exam on our website that you can take at your convenience.

And the NBRC offers a free one as well.
You can strive to take a practice exam every 1-2 weeks, or whatever time frame works best for you. Obviously, your score should improve each time you take the exam.

Be Aware of the Time Limit

You will have 3 hours to complete the exam.

This may sound like a long time, but it’s not. Not at all. I can tell your first-hand, it’s very hard to try to answer all 160 questions in this amount of time.

(Especially if you tend to try to overanalyze things like me.)

I’ll be honest with you — I totally ran out of time and ended up having to just guess on the last 11 questions. Talk about stressful, right?

Fortunately, I was still able to pass the exam with the high-cut score on my first attempt. I’m sharing this with you now so that hopefully you can avoid the mistakes that I made.

When you are taking the exam, always remember that you should not spend too much time on the difficult questions that you do not immediately know the answer right away.

Just skip them, initially, and you can come back to them later at the end. The testing software will allow you to “bookmark” any questions that you want to skip and revisit.

This is something I wish I would have done.

As I took the exam, I spent too much time on the difficult questions. This ended up costing me points because I ran out of
time. Again, I'm sharing this story in hopes that I can help you avoid the mistakes that I made.

**You should shoot to answer about 60 questions per hour.**

If you’re good with math, you know that this equates to about one question per minute.

Going at this pace will give enough time to answer every question and look over those you aren’t sure about.

Do keep this in mind, though: It is better to guess or at least pick something than to leave the question unanswered because it doesn’t count against you.

That’s what I had to do — I just had to guess on the remaining 11 questions that I didn’t answer because I ran out of time. Again, it’s better to at least make a guess than to leave them blank.

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**Use Your Scratch Paper Wisely**

This strategy is also very important.

Before you begin the exam, you will have to opportunity to write out anything you want onto the scratch paper they provide for you.

**Again, you can do this BEFORE you begin the exam.**

That means that the timer has not started yet.

You will definitely want to take advantage of this because it gives you the opportunity to write down some helpful information that you can use throughout the exam.
For example, I made a drawing of the ‘lung box’ on my scratch paper and it helped me tremendously throughout the exam on all of the questions about PFTs.

I also made sure to write out a list of all normal values for mechanical ventilation weaning.

These are just some of the things that helped me. Every student is different, so you will need to figure what would be most helpful for you.

And having these important notes already written out will make the exam so much easier for you.

Just make sure that you look over this information one last time before you enter the testing center and make sure you have it memorized.

That means you should be practicing writing it out days before you take the exam.

You can thank me later for this one.😊

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**Be Sure to Read Each Question Carefully**

When taking the exam, it's natural for us to want to just skim the question and rush to select an answer, especially when your brain is tired and when you know you’re racing against the clock.

With that being said, you must do your best to focus and completely read each question AND answer carefully.

By doing so, you will usually be able to eliminate at least two choices almost instantly (most of the time).
Then you can use the process of elimination to select the BEST answer.

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**Interpret Only the Important Data**

The NBRC, at times, will try to throw you off by including information that is irrelevant to the question.

For example, within the question, they may include the patient’s age, gender, or other information that has nothing to do with the question that is being asked.

By doing so, they’re testing your critical thinking abilities to see if you can come to the selection that they are wanting you to make.

**Be sure to disregard any irrelevant information.**

Keep in mind, sometimes these random details ARE important and relevant — it’s up to you to be able to filter the important from the unimportant when choosing the correct answer.

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**Select an Answer for Every Question**

We touched on this earlier but I just want to remind you to answer every question before you submit the exam. It’s okay to skip the questions that you are unsure about. You can always revisit them at the end of the exam.

But before you hit submit, make sure you at least make a guess because it will not count against you. By doing so, you are at least giving yourself a 25% chance of answering the question correctly.
And to make it simple for you, if you don’t know the answer — don’t overthink it — just pick C. Or you can select any other letter option of your choosing. Just don’t leave anything blank!

**Focus on the Most Heavily Tested Subjects**

One of the biggest mistakes that I see students make when preparing for the TMC Exam is they spend too much time focusing on and studying the wrong things.

To make it simple for you, the most important thing to remember is that you should focus most of your time studying the largest sections.

These will be the sections on the exam that contain the most questions.

(Hint, Hint — Mechanical Ventilation.)

That is what our [Hacking the TMC Exam](#) video course is for.

Inside of the course, we take our best tips and tricks (like the ones in this cheat sheet) and expand on them even further and go into much more detail.

It’s designed to help students pinpoint exactly what information they need to be focusing on the most in regards to passing the TMC Exam, which explains why so many of our students are having success after going through the course.

 ⇒ **Click Here** if you want to learn more.
Here are a few of the notable sections that you should spend a lot of time on:

- Mechanical Ventilation
- Patient Assessment
- ABGs (making changes to the vent. etc.)
- Airway Management
- Pharmacology

Every section is important, but these are just a few that will most definitely make up a large portion of the questions on the exam.

(Especially mechanical ventilation!)

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**Don't Cram the Night Before the TMC Exam**

This one should go without saying, but you should try not to cram all the information into your brain a few days before the exam.

**Especially not the night before!**

Unfortunately, if you do not know the information by now, then these final few hours probably aren’t going to make that big of a difference.

The TMC Exam requires that you dedicate several hours and days to truly learn and understand all of the information. The questions are application-based, meaning you must apply what you know to come up with the correct answer.

That means trying to cram isn't going to do you any good.

Again, we always recommend for students to start preparing for the exam at least two months before you plan to take it. This will
ensure that you give yourself enough time to truly learn the information — not just memorize it temporarily.

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**Prepare Your Body and Mind**

You've put in the work. You've made it this far. It’s almost time for you to take the TMC Exam. Now is the time that it’s crucial to take good care of your body and mind.

This means you should get a good night’s rest and eat a good, healthy dinner the night before. You don’t want to eat something that could potentially cause stomach pain or nausea on test day.

Try to keep it clean.

And definitely stay away from alcohol the night before. Save the champagne for the celebration after you pass the exam.

**Another thing to keep in mind — don't overdo it with caffeine.**

Be safe and stick with your normal dose. For me, that’s usually one cup of coffee. Trust me, you will have plenty of adrenaline running through your body as you get ready to begin the exam.

And you should avoid sleeping pills the night before unless this is normal for you.

Otherwise, I definitely recommend that you stay away from them because you don’t want to oversleep or wake up feeling groggy.
Don’t Forget to Relax

At this point in your journey, you’ve been working your butt off in Respiratory Therapy School and preparing for boards.

You passed all your classes and graduated with a college degree. I mean, those are some pretty amazing accomplishments. Give yourself some credit here for a job well done!

Go into the TMC Exam with the attitude that you are about to crush it — because you are!

You are a smart, confident student, and you are worthy of being successful and are worthy of passing the exam.

I truly believe in you. Now you just have to relax and believe in yourself. 😊

Thank you!

Thanks again for downloading this cheat sheet! I really hope that this information was helpful for you.

Like I said before, this is only the tip of the iceberg when it comes to learning what you need to know in order to pass the TMC Exam.

Not to worry, you can easily get access to the rest of that information today and join thousands of other students who we’ve helped pass the TMC Exam.

• Click Here to learn more about our Hacking the TMC Exam video course.
• Click Here to get access to our massive bank of practice questions and explanations inside of our TMC Test Bank.
• [Click Here](#) to get **Daily TMC Practice Questions** sent to your inbox.

I wish you the best of luck on your journey to becoming a Respiratory Therapist!

I’m glad that we get to help you reach your goal of becoming a Registered Respiratory Therapist.

Keep working and studying hard because it will be well worth it in the end.

Breathe easy, my friend! 🙏


Johnny Lung

Johnny Lung RRT

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