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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 — Pulmonary Function Testing.

These questions are designed to help you prepare for the PFT 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 final exam.

This 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. When using water traps to help minimize the problems caused by condensation in a heated humidifier ventilator circuit, where should the RCP place the traps?
   A. Near the humidifier
   B. At low points in the circuit
   C. At high points in the circuit
   D. Near patient’s airway

2. Which of the following describes the correct position of a properly inserted oropharyngeal airway?
   A. Distal tip at the level of the uvula, flange extending outside the teeth
   B. Distal below the epiglottis, flange extending outside the teeth
   C. Distal tip at the base of the tongue, flange just outside the teeth
   D. Distal tip at the base of the tongue, flange inside teeth

3. Which of the following devices can deliver an FiO2 higher than expected if the patient's tidal volume decreases?
   A. Simple O2 mask
   B. Nasal cannula
   C. Partial rebreathing mask
   D. All of the above

4. Which of the following devices is appropriate to use for temporarily administering ventilation during CPR when a manual resuscitator is not available?
   A. Guedel airway
   B. Mouth-to-valve mask
   C. Partial rebreathing mask
   D. Berman airway

5. Which of the following features incorporated into most endotracheal tubes assist the RCP in verifying proper tube placement?
   A. Length markings on the curved body of the tube
6. Which of the following humidifiers would be appropriate to use with adult mechanical ventilators?
   A. Bubble
   B. Bubble-jet
   C. HME
   D. None of the above

7. Which of the following is NOT a consideration when administering ventilation to an infant with a manual resuscitator?
   A. Attaching the resuscitator to an oxygen source
   B. Choosing the proper size mask for the infant
   C. Using a manual resuscitator without a pressure release valve
   D. Choosing the proper size bag for the infant

8. Which of the following should the RCP suggest to help minimize the problems caused by condensation in heated humidifier circuits?
   A. Install an HME in the circuit
   B. Using a heated wire circuit
   C. Setting the heater temperature to 25 degrees C
   D. All of the above

9. Which of the following statements is false about low-flow O₂ delivery systems?
   A. The greater the patient's inspiratory flow, the greater the FiO₂.
   B. The patient's flow usually exceeds that from a low-flow device.
   C. The O₂ provided by a low-flow device is diluted with air.
   D. All low-flow devise provides variable O₂ concentrations.
10. Which of the following types of humidifiers should the RCP select to reduce the accumulation of water in the circuit of a mechanical ventilator?
   A. Heat and moisture exchanger
   B. Heated pass-over humidifier
   C. Heated cascade humidifier
   D. Heated wick humidifier

11. Which of the following would be an absolute contraindication to CPAP therapy?
   A. Patient who is tachycardic
   B. Patient with an elevated blood pressure
   C. Patient who is hypoventilating
   D. Patient in acute congestive heart failure

12. While an oropharyngeal airway is being inserted into an apparently unconscious patient, the patient suddenly begins to cough violently. What should the RCP do to ensure a patent airway for this patient?
   A. Continue to insert the airway because this response is normal
   B. Spray the back of the throat with lidocaine and reinsert the airway
   C. Withdraw the oropharyngeal airway and insert a nasopharyngeal airway
   D. Perform an emergency tracheostomy

13. While analyzing the FiO2 in different areas of a mist tent providing aerosol therapy to a 15-month-old, the RCP notices that the analyzer is fluctuating from 25% to 35%. What action should the RCP take at this time?
   A. Ensure that all of the possible sources of leaks are sealed
   B. Use an air-oxygen blender to provide the FiO2
   C. Use an oxyhood instead of a mist tent
   D. Increase the oxygen flow rate on the flow meter
14. While checking the operation of a mist tent being used by a two-year-old child, the CRT notices the absence of mist entering the enclosure. What corrective actions should be taken in this situation?
   A. Tuck the canopy sides under the mattress
   B. Ensure that the canopy zipper is closed
   C. Check the water level in the nebulizer
   D. None of the above

15. While performing rounds, a RCP is told by a patient wearing a cannula at 4 L/min O2, “It feels like nothing is coming out.” Which of the following should be examined by the RCP?
   A. Ensure that the cannula is connected to the flow meter
   B. Ensure that the cannula or any of its tubing is not kinked
   C. Ensure that the flow meter is working correctly
   D. All of the above

16. While using a heated wick humidifier, the physician asks you to ensure that the patient does not receive a burn to the airway. To monitor this situation, you should place a thermistor probe or thermometer:
   A. In the inspiratory limb of the circuit, near the patient wye
   B. In the expiratory limb of the circuit, near the wye
   C. In the expiratory limb of the circuit, just after the heater-tubing interface
   D. In the inspiratory limb of the circuit, just after the drainage bag

17. While using a manual resuscitator during a resuscitation effort, the patient remains cyanotic. What steps should the RCP take to ensure that the highest possible oxygen concentration is being administered?
   A. Use the highest oxygen input flow
   B. Use the longest possible refill time
   C. Connect an oxygen reservoir to the bag
   D. All of the above
18. You note that the air intake port of a venturi mask set to deliver 35% is partially obstructed by the patient’s bedding. Which of the following would you expect to occur?
   A. A decrease in the device’s output flow
   B. An increase in the O2 percent delivered by device
   C. A change in the FiO2 received by the patient
   D. All of the above

19. Which of the following accessory devices would be appropriate to use with MDI for administration of metaproterenol to a patient who has hand-breath coordination difficulty?
   A. Nose clips
   B. Spacer
   C. Mask
   D. One-way valve

20. When using an MDI without a holding chamber, the patient should be instructed to fire the device at what point?
   A. Immediately after a slow inspiration
   B. Immediately as you begin a slow inspiration
   C. Immediately before beginning a slow exhalation
   D. Immediately after beginning a slow exhalation

21. To ensure delivery of the proper drug dosage with an MDI, which of the following must be done before it is used?
   A. The canister valve stem should be cleaned with a pin
   B. The canister should be warmed to hand temperature
   C. The canister should be exchanged
   D. All of the above

22. A patient’s prescription for an MDI bronchodilator specifies “2 puffs QID”. What time period should elapse between each puff of a single treatment?
   A. 1 minute
   B. 5 minutes
   C. 30 seconds
   D. 10 seconds
23. For which of the following patients would you recommend against using a flow-triggered MDI for a bronchodilator delivery system?
   A. A patient who cannot coordinate MDI firing with inhalation
   B. A patient who has developed acute severe bronchospasm
   C. A teenager with asthma who refuses to use a holding chamber
   D. A stable, elderly patient on maintenance bronchodilator therapy

24. Proper use of a DPI requires that the patient be able to do which of the following?
   A. Coordinate firing of the DPI with inspiration
   B. Generate inspiratory flows of 40 L/minute or higher
   C. Exhale forcibly through the device before drug therapy
   D. Inhale slowly and perform a breath hold

25. Which of the following patient groups would use of a DPI for bronchodilator administration NOT be recommended?
   A. Infants and children less than 6 years of age
   B. Patients suffering from pneumonia
   C. Patients requiring maintenance therapy
   D. All of the above

26. All of the following are critical components of a CPAP system EXCEPT:
   A. Source gas
   B. Pressure resistor
   C. Oxygen analyzer
   D. A nebulizer

27. A patient receiving 60% FiO2 via a t-piece at 12 LPM is receiving a total flow of:
   A. 24 Liters
   B. 36 Liters
   C. 48 Liters
   D. 12 Liters
28. An 18-month-old cystic fibrosis patient is hospitalized for secretion problems. Which of the following devices would be best suited for this patient?
   - A. Mist tent
   - B. Aerosol face mask
   - C. Incubator
   - D. Oxyhood

29. An adult patient has a Shiley cuffed tracheostomy tube inserted and is receiving aerosol therapy from a T-piece. The patient complains of difficulty breathing and the RCP is unable to pass a 14-French suction catheter into the patient's trachea. Which of the following actions is most appropriate at this time?
   - A. Remove patient from T-Piece and begin manual ventilation with a manual resuscitator
   - B. Increase the FiO2
   - C. Inspect the inner cannula for a mucus plug
   - D. Replace the tracheostomy tube

30. An alert patient who has a pH of 7.36, PaCO2 of 42 mmHg, and a PaO2 of 40 mmHg while receiving a FiO2 of .60 is considered to be in acute oxygenation failure. The patient will require oxygenation for the next 24 to 72 hours. Which of the following devices would be most appropriate for administering oxygen to his patient?
   - A. Nonrebreathing mask
   - B. Noninvasive mask CPAP
   - C. Mechanical ventilator
   - D. Air-entrainment mask

31. An infant requires both a precise high O2 and needs to maintain a neutral thermal environment to prevent cold stress. Which of the following systems would best achieve this?
   - A. Oxyhood or warmed O2 with blender
   - B. Heated incubator
C. Heated incubator in combination with an oxyhood and blending system
D. Air-entrainment nebulizer infant mask with added heater

32. An intubated patient with a minute ventilation of 12 L/min is connected to a T-piece and air entrainment nebulizer set at 70% O2 with the O2 flowmeter set at 12 L/min. Which of the following is true?
   A. The patient is not receiving 70% O2 throughout inspiration
   B. The setup is not operating as a high flow system for this patient
   C. The O2 flowmeter setting needs to be increased
   D. All of the above

33. At high flow rates, some humidifiers increase the risk of contamination due to the production of:
   A. Low pressures
   B. Microorganisms
   C. Additional heat
   D. Aerosol particles

34. During administration of a noninvasive CPAP via mask to a patient with atelectasis, you find it difficult to maintain the prescribed airway pressure. Which of the following are most likely the problems?
   A. Inflow obstruction
   B. Outflow obstruction
   C. Improper fit of mask for patient
   D. None of the above

35. How often should HMEs be replaced?
   A. When ventilator circuits are changed out
   B. When condensate is visible
   C. At least once a week
   D. When contaminated by secretions
36. How would you estimate the appropriate length for a nasopharyngeal airway?
   A. Just estimate the length based on age
   B. Measure the distance from the earlobe to the Adam’s apple
   C. Measure the distance from the earlobe to the tip of the nose
   D. Subtract twice the diameter of the tube from its length

37. Immediately after an oral intubation attempt on a cardiac arrest victim, you hear bilateral breath sounds during ventilation but observe only a slight color change on a disposable CO2 colorimeter attached to the airway. Which of the following actions would be most appropriate to take?
   A. Extubate the patient and try to reintubate nasally
   B. Confirm correct placement by requesting a chest x-ray
   C. Immediately obtain an arterial blood gas and check PaCO2
   D. Continue ventilation and assume tube is correctly placed

38. It is suggested that bubble humidifiers are of limited effectiveness at flows above which of the following?
   A. 4 L/min
   B. 10 L/min
   C. 8 L/min
   D. 6 L/min

39. The RCP is checking the aerosol output from an air entrainment nebulizer and notices that the aerosol output has decreased. Which of the following situations would cause a decreased aerosol from the nebulizer?
   A. The absence of a reservoir bag
   B. An increase in the FiO2 setting
   C. A high water level in the reservoir
   D. A defective wick

40. The RCP is working with a patient who is receiving 35% O2 from a Venturi mask and notices that the patient has thick
secretions. Which of the following are possible actions to take that would help this situation?
   A. Add aerosol through the aerosol collar, attached to the air-entrainment port set at 21%
   B. Switch the patient to an air-entrainment nebulizer operating at 60%
   C. Perform endotracheal suctioning
   D. Increasing the flow on the flow meter

41. The removable inner cannula commonly found in tracheostomy tubes serves which of the following purposes?
   A. Aids in routine tube cleaning and trach care
   B. Prevents the tube from slipping into the trachea
   C. Allows the patient to breathe while breathing
   D. None of the above

42. What should be done with the outer cannula of a tracheostomy tube when the inner cannula is being cleaned?
   A. Left in place
   B. Replaced with an endotracheal tube
   C. Removed for cleaning first
   D. Replaced with a tracheostomy button

43. What size ET tube would you select to intubate a 1500 gram newborn infant?
   A. 2.5 mm
   B. 3.0 mm
   C. 3.5 mm
   D. 4.0 mm

44. What would be the most appropriate humidification system for a patient with an artificial airway in place?
   A. Cool humidity
   B. Heated aerosol
   C. Cool water vapor
   D. None of the above
45. When checking an oxygen delivery system that incorporates a bubble humidifier running at 6 L/min, you occlude the delivery tubing and the humidifier pressure relief immediately pops off. What does this indicate?
   A. Normal, leak-free system
   B. Leak in the delivery tubing
   C. Malfunctioning humidifier
   D. Malfunctioning humidifier
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.

It’s a MASSIVE bank of practice questions that are designed to teach you everything you need to know in order to pass the TMC Exam.

It comes in PDF format (like this book) and also has helpful audio and videos as well.

Not to brag or anything, but it’s already successfully helped thousands of students pass the TMC Exam!

Are you next??

It’s never too early to start preparing for the exam!

And going through practice questions is one of the most effective strategies that students are using to pass the exam.

That’s why our TMC Test Bank is so effective.
So if you’re interested, just click the link below to learn more.

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Breathe easy, my friend! 🙏

Johnny Lung

Johnny Lung RRT
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.

As I mentioned before, going through practice questions is one of the most effective strategies when it comes to passing the TMC Exam.

Well now, you can get new practice questions delivered straight to your inbox on a daily basis.

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:

After reviewing the results of a patient's pulmonary function tests, you note that the FEV1, FVC, and total lung capacity are all reduced. The FEV1/FVC ratio is normal. What is the interpretation based on these findings?

A. Restrictive lung disease
B. Obstructive lung disease
C. Combined obstructive-restrictive lung disease
D. The test is invalid

Do you know the answer? Not to worry, let's break it down!
The explanation that you get along with each practice question is the most important part!

This is your typical PFT interpretation question. You will see a few of these on the TMC Exam. And to get them right, you must understand what each value means in regards to knowing the difference between an obstructive and restrictive disease.

Since this patient has a normal FEV1/FVC ratio, this indicates that there is not an obstructive disease.

And since the FEV1, FVC, and TLC are all reduced, this indicates a restrictive disease. This one is simple — we know that the correct answer has to be A.

**The correct answer is:** A. Restrictive lung disease

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

Are you ready to start receiving these practice questions and explanations every day?

If so, just click on the link below

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