COMPREHENSIVE RESPIRATORY AND INFECTIOUS DISEASE NURSING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Pleural effusion is defined as

A. A condition where air builds up in the pleural space

B. A condition where fluid builds up in the pleural space between the lungs and chest wall

C. A collapse of a portion of the lung

D. Inflammation of the pleural membranes

2. What causes increased tactile fremitus?

A. Pneumothorax

B. Lung consolidation, where air in healthy lung is replaced with inflammatory exudate, blood, pus, or cells

C. Pleural effusion

D. Normal lungs with deep inspiration

3. Which is essential for comfort and communication with a patient experiencing end-of-life respiratory distress?

A. Prioritize dyspnea relief with opioids; position for comfort; maintain open communication; involve family; manage anxiety

B. Withhold opioids to avoid sedation

C. Focus only on mechanical ventilation optimization

D. Avoid discussing prognosis

4. What is a key element of patient education for inhaler use in obstructive lung disease?

A. Demonstrate correct inhaler technique, use a spacer if needed, coordinate breaths, and confirm technique.

B. Rely on patient memory.

C. Avoid spacer use.

D. Inhalers are unnecessary.

5. In COPD, how would you characterize dyspnea?

A. A non-progressive symptom

B. Only occurs at night

C. Progressive difficulty breathing that may be present at rest or with exertion

D. Is unrelated to disease progression

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6. Chemical pneumonitis is defined as...

A. Infectious pneumonia caused by bacteria

B. An inflammatory reaction in the lower airways caused by aspiration of gastric fluid

C. A viral lung infection

D. Allergic reaction causing wheeze

7. In low-risk individuals, what induration size on a Mantoux test indicates a positive result?

A. 5 mm or more

B. 10 mm or more

C. 15 mm or more

D. 20 mm or more

8. Which action is a key nursing intervention for impaired gas exchange?

A. Auscultate breath sounds

B. Administer intravenous antibiotics

C. Initiate vigorous exercise

D. Withhold fluids

9. In pneumonia, which SpO2 value indicates hypoxemia?

A. 98%

B. 97%

C. 95%

D. 93%

10. What is the correct spacer technique for metered-dose inhalers to maximize drug deposition?

A. Exhale fully, seal lips around spacer, coordinate actuation with slow deep inhalation, hold breath 5-10 seconds, wait 1 minute between puffs; rinse mouth after corticosteroids; keep spacer clean

B. Inhale rapidly without exhaling, actuate with fast inhalation, and do not rinse mouth

C. Take two puffs back-to-back without rest

D. Use spacer only with dry powder inhalers

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Answers

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

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Explanations

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1. Pleural effusion is defined as

A. A condition where air builds up in the pleural space

B. A condition where fluid builds up in the pleural space between the lungs and chest wall

C. A collapse of a portion of the lung

D. Inflammation of the pleural membranes

Pleural effusion is the accumulation of fluid in the pleural space—the thin gap between the lungs and the chest wall. Normally this space contains only a small amount of lubricating fluid to reduce friction during breathing; when fluid builds up, it enlarges the space and can compress the lung. This definition sets it apart from a pneumothorax, where air collects in the pleural space; from atelectasis, which is the collapse or collapse tendency of lung tissue; and from pleuritis, which is inflammation of the pleural membranes and not specifically defined by fluid accumulation. Clinically, a fluid-filled pleural space can lead to dyspnea and signs like reduced breath sounds and dullness to percussion, depending on the amount of fluid.

2. What causes increased tactile fremitus?

A. Pneumothorax

B. Lung consolidation, where air in healthy lung is replaced with inflammatory exudate, blood, pus, or cells

C. Pleural effusion

D. Normal lungs with deep inspiration

Tactile fremitus reflects how well voice vibrations travel through the thorax. When the lung tissue becomes denser—such as in consolidation, where air is replaced by inflammatory exudate, blood, pus, or cells—the vibrations transmit more efficiently to the chest wall, making fremitus feel stronger. This is why consolidation increases tactile fremitus. In contrast, conditions that add air or fluid between the lung and chest wall, like a pneumothorax or a pleural effusion, dampen those vibrations and reduce fremitus. Normal lungs with deep inspiration contain more air, which also dampens vibration transmission, so fremitus is not increased.

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3. Which is essential for comfort and communication with a patient experiencing end-of-life respiratory distress?

A. Prioritize dyspnea relief with opioids; position for comfort; maintain open communication; involve family; manage anxiety

B. Withhold opioids to avoid sedation

C. Focus only on mechanical ventilation optimization

D. Avoid discussing prognosis

Comfort-focused, patient-centered care is essential when a patient is in end-of-life respiratory distress. Relieving dyspnea with appropriately dosed opioids helps reduce the sensation of breathlessness and the accompanying anxiety, often permitting lower work of breathing and greater overall comfort without hastening decline when used in palliative dosing. Positioning for comfort—such as elevating the head of the bed and using supportive pillows—improves chest mechanics and reduces the effort required to breathe, which directly enhances comfort. Keeping open communication with the patient and family ensures that they understand what to expect, supports shared decision-making, and helps align care with the patient's goals and values. Involving family provides emotional support and a sense of partnership in the care plan, which can lessen fear and isolation. Actively addressing anxiety through a calm, reassuring presence, clear explanations, and appropriate comfort measures or medications helps break the cycle of fear and rapid breathing that worsens distress. Withholding opioids to avoid sedation removes a crucial tool for relief and can leave the patient in greater distress. Focusing only on mechanical ventilation may not improve comfort at the end of life and can conflict with goals of care, while avoiding prognosis discussions deprives the patient and family of needed information to make informed choices.

4. What is a key element of patient education for inhaler use in obstructive lung disease?

A. Demonstrate correct inhaler technique, use a spacer if needed, coordinate breaths, and confirm technique.

B. Rely on patient memory.

C. Avoid spacer use.

D. Inhalers are unnecessary.

Proper inhaler technique and hands-on patient education are essential to ensure effective delivery of inhaled medications in obstructive lung disease. Demonstrating the correct technique, including how to coordinate inhalation with actuation and using a spacer if needed, helps medications reach the lungs where they work. Having the patient perform a return demonstration to confirm they can do it ensures they can self-administer correctly between visits. This approach maximizes drug deposition, improves symptom control, and reduces the risk of local side effects. Relying on memory, avoiding spacers, or thinking inhalers aren't needed do not support effective therapy because they fail to ensure proper delivery and ongoing disease management.

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5. In COPD, how would you characterize dyspnea?

A. A non-progressive symptom

B. Only occurs at night

C. Progressive difficulty breathing that may be present at rest or with exertion

D. Is unrelated to disease progression

In COPD, dyspnea is a chronic, progressive symptom that reflects increasing airflow limitation and gas exchange impairment. Early in the disease, breathlessness tends to appear with activity as the lungs struggle to meet heightened ventilatory demands. As the condition advances, dyspnea can become present even at rest due to more severe obstruction and dynamic hyperinflation, making breathing more work all the time. It is not a non-progressive symptom, it is not confined to nighttime, and it does relate to disease progression. So the best description is that dyspnea is progressive difficulty breathing that may be present at rest or with exertion.

6. Chemical pneumonitis is defined as...

A. Infectious pneumonia caused by bacteria

B. An inflammatory reaction in the lower airways caused by aspiration of gastric fluid

C. A viral lung infection

D. Allergic reaction causing wheeze

Chemical pneumonitis is an inflammatory injury to the lungs caused by aspiration of gastric contents. When acidic gastric fluid enters the lower airways, it burns the lung tissue and triggers an inflammatory response, which leads to swelling, increased vascular permeability, and impaired gas exchange. This condition typically follows events where airway protection is compromised, such as vomiting or during anesthesia, and it presents with coughing and shortness of breath soon after aspiration. Fever can occur, but the underlying issue is chemical injury rather than infection. On imaging, you may see patchy infiltrates that can be bilateral, often basilar, rather than the focal consolidation more typical of bacterial pneumonia. It's distinct from infectious pneumonia caused by bacteria or viruses, which involve pathogens and different diagnostic and treatment implications. It's also not an allergic reaction causing wheeze; that describes an airway constriction from allergens or irritants, such as in asthma or anaphylaxis, rather than chemical injury to the lung tissue from aspirated gastric contents. Management is mainly supportive—oxygen as needed, bronchodilators if there is bronchospasm, careful airway management, and monitoring for complications. Antibiotics are not routinely used unless there is a superimposed infection suspected.

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7. In low-risk individuals, what induration size on a Mantoux test indicates a positive result?

A. 5 mm or more

B. 10 mm or more

C. 15 mm or more

D. 20 mm or more

In interpreting a Mantoux tuberculin skin test, the key idea is that the induration size is read against the person's risk category. The test measures delayed-type hypersensitivity to purified protein derivative, and you read the size of the induration in millimeters 48 to 72 hours after administration. For individuals with no known risk factors, a larger induration is needed to indicate true infection and to avoid false positives from prior BCG vaccination or exposure to non-tuberculous mycobacteria. Therefore, an induration of 15 mm or more is considered positive in low-risk people. Smaller indurations are less specific in this group and could reflect non-TB factors, which is why the threshold is higher here. In higher-risk groups, smaller thresholds are used (5 mm for the highest risk, 10 mm for moderate risk), and a 20 mm threshold is not the standard cut-off for this population.

8. Which action is a key nursing intervention for impaired gas exchange?

A. Auscultate breath sounds

B. Administer intravenous antibiotics

C. Initiate vigorous exercise

D. Withhold fluids

Assessing how well gases move between the lungs and blood relies on careful bedside evaluation of the respiratory status. Listening to breath sounds is a central nursing action because it provides immediate, actionable information about airflow and airway patency. Detecting crackles, diminished or absent sounds, wheezes, or decreased movement of air helps identify areas of atelectasis, edema, infection, or mucus plugging that impede gas exchange, guiding further interventions such as airway clearance techniques, positioning, and oxygen therapy. Administering intravenous antibiotics targets an underlying infection but is a pharmacologic treatment rather than a direct, ongoing assessment or support of gas exchange. Initiating vigorous exercise would increase oxygen demand and could worsen dyspnea in someone with impaired gas exchange. Withholding fluids is not a standard strategy for improving gas exchange and can risk dehydration, which may thicken secretions and worsen airway clearance; fluid management should be individualized based on the patient's overall status.

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9. In pneumonia, which SpO2 value indicates hypoxemia?

A. 98%

B. 97%

C. 95%

D. 93%

SpO2 shows how much oxygen is bound to hemoglobin in arterial blood, and it normally sits around 95–100%. Hypoxemia means there isn't enough oxygen in the blood, which in practical terms shows up as an SpO2 that falls below the normal range. In pneumonia, inflammation and fluid in the lungs impair gas exchange, so SpO2 can drop as oxygen transfer becomes less efficient. A reading of 93% is the first value among the options that falls below the typical normal range, signaling hypoxemia and the need for further assessment and possible oxygen support. Values like 95% and higher are generally considered adequate oxygenation, while 93% is the lower, concerning value here. If there's any doubt or if the reading is close to this threshold, confirm with a repeat measurement and consider arterial blood gas testing and clinical signs to guide treatment. Also ensure the measurement is accurate (proper probe placement, perfusion, and not affected by artifacts) to avoid misleading readings.

10. What is the correct spacer technique for metered-dose inhalers to maximize drug deposition?

A. Exhale fully, seal lips around spacer, coordinate actuation with slow deep inhalation, hold breath 5-10 seconds, wait 1 minute between puffs; rinse mouth after corticosteroids; keep spacer clean

B. Inhale rapidly without exhaling, actuate with fast inhalation, and do not rinse mouth

C. Take two puffs back-to-back without rest

D. Use spacer only with dry powder inhalers

Maximizing lung deposition with an MDI using a spacer hinges on coordinating spray with a slow, deep inhalation and a breath hold. Start with a full exhale, seal lips around the spacer, and actuate as you begin a slow, deep inhalation. After inhaling, hold your breath for about 5–10 seconds to let the particles deposit, then exhale. If another puff is needed, wait about a minute between puffs. For corticosteroids, rinse the mouth after use to reduce thrush risk, and keep the spacer clean to maintain effectiveness. In contrast, rushing the inhalation or firing puffs back-to-back without a rest reduces lung deposition; spacers are used with MDIs (not DPIs), so using one with a dry powder inhaler isn't appropriate.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://respinfectiousdiseasenursing.examzify.com

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

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