# NBRC REGISTERED RESPIRATORY THERAPIST (RRT) EXIT PRACTICE EXAM (SAMPLE)

## STUDY GUIDE



## SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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# Table of Contents


Copyright ..... 1

Table of Contents ..... 2

Introduction ..... 3

How to Use This Guide ..... 4

Questions ..... 5

Answers ..... 8

Explanations ..... 10

Next Steps ..... 15


SAMPLE

# 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. Which ECG finding is most associated with a myocardial infarction?**

A. Depressed T waves
B. Elevated ST segment
C. Normal QRS
D. Significant Q waves

**2. Which unit is used to express vascular resistance in the values provided?**

A. mmHg
B. Dynes
C. L/min
D. mmHg/L/min

**3. Normal Troponin levels are?**

A. Greater than 1.0 ng/mL
B. 0.5-2.0 ng/mL
C. Less than 0.1 ng/mL
D. 2.0-3.0 ng/mL

**4. A high A-a gradient most commonly indicates which issue?**

A. Hypoventilation
B. Normal aging
C. Low inspired oxygen
D. V/Q mismatch

**5. Normal intracranial pressure value is?**

A. 0 to 5 mmHg
B. 5 to 10 mmHg
C. 10 to 15 mmHg
D. 15 to 20 mmHg

**6. Green sputum is indicative of infection with which organism?**

A. Gram positive cocci
B. Fungal infection
C. Gram negative bacteria (Pseudomonas)
D. Viral infection

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**7. Ground-glass opacity on chest imaging indicates?**

A. ARDS

B. Atelectasis

C. Pleural effusion

D. Pneumonia

**8. Biot's respirations are characterized by which pattern?**

A. Rapid and shallow breathing.

B. Slow, regular breathing.

C. Irregular breathing with apnea and variable depth.

D. Increased rate and depth with irregular periods of apnea. Each breath has the same depth.

**9. What is a lateral decubitus xray?**

A. A cross-table supine view

B. Having a patient lay on their side for the xray

C. A posterior-anterior view

D. A frontal view

**10. Ascites refers to fluid in which body area?**

A. Abdomen

B. Pleural space

C. Pericardial space

D. Brain ventricle

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# Answers

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

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# Explanations

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## 1. Which ECG finding is most associated with a myocardial infarction?

A. Depressed T waves

B. Elevated ST segment

C. Normal QRS

D. Significant Q waves

*Pathologic Q waves reflect irreversible myocardial necrosis from an infarction. When tissue dies, the electrical vectors change in a way that produces a deep, wide Q wave in the leads over the affected area. These waves persist as a scar and serve as a lasting marker that an infarct has occurred. While ST-segment elevation signals acute injury and depressed T waves indicate ischemia, they are not the enduring sign of infarction. A normal QRS complex would not fit MI. Therefore, significant Q waves are most closely associated with myocardial infarction.*

## 2. Which unit is used to express vascular resistance in the values provided?

A. mmHg

B. Dynes

C. L/min

D. mmHg/L/min

*Vascular resistance is defined as the pressure difference driving flow divided by the actual flow, so the units must reflect a resistance, not just pressure or flow alone. In clinical hemodynamics the standard way to express resistance is in dynes·sec/cm^5 (often summarized as dynes, with the full unit implied). This CGS unit comes directly from R = ΔP / Q, tying a pressure change to a flow rate while incorporating the time and length dimensions that define resistance. Seeing dynes indicates that the values are presenting vascular resistance in the established CGS unit. The other options are pressures or flows, or a derived form that isn't the traditional resistance unit used here. For reference, Wood units (mmHg·min/L) are another way to express SVR, with 1 Wood unit equal to 80 dynes·sec/cm^5, illustrating the link between the two systems.*

## 3. Normal Troponin levels are?

A. Greater than 1.0 ng/mL

B. 0.5-2.0 ng/mL

C. Less than 0.1 ng/mL

D. 2.0-3.0 ng/mL

*Troponin is a cardiac-specific protein that remains at extremely low levels in a healthy heart; it only rises when heart muscle is injured. For many common assays, a normal baseline is less than 0.1 ng/mL. Values above this threshold suggest myocardial injury or stress, which is why higher ranges (such as 0.5–2.0 ng/mL or greater than 1.0 ng/mL) are considered abnormal. So, the option describing less than 0.1 ng/mL best reflects a normal troponin level. (Note: exact cutoffs can vary slightly with different assays, but the concept of a very low baseline remains.)*

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## 4. A high A-a gradient most commonly indicates which issue?

A. Hypoventilation

B. Normal aging

C. Low inspired oxygen

D. V/Q mismatch

*The A-a gradient shows how well oxygen moves from the alveoli into the arterial blood. When this gradient is elevated, it means there's a defect in gas transfer. The most common cause is ventilation-perfusion mismatch, where some lung units are poorly ventilated relative to their blood flow. In those regions, alveolar oxygen can stay relatively high while the blood leaving the area is under-oxygenated, widening the difference between PAO2 and PaO2. Hypoventilation lowers both PAO2 and PaO2 without widening the gap, low inspired oxygen reduces these values roughly in parallel, and aging only modestly increases the gradient. So a high A-a gradient most strongly points to V/Q mismatch.*

## 5. Normal intracranial pressure value is?

A. 0 to 5 mmHg

B. 5 to 10 mmHg

C. 10 to 15 mmHg

D. 15 to 20 mmHg

*Intracranial pressure is the pressure inside the skull governed by brain tissue, cerebrospinal fluid, and blood volume; it's kept within a narrow range to protect brain perfusion. In healthy adults, ICP is typically around 5-15 mmHg, and for practical exam purposes the 5-10 mmHg range is considered normal. Values above roughly 20-25 mmHg indicate intracranial hypertension and risk for brain injury, while very low pressures are uncommon and less stable. So, among the given options, 5 to 10 mmHg best represents normal ICP.*

## 6. Green sputum is indicative of infection with which organism?

A. Gram positive cocci

B. Fungal infection

C. Gram negative bacteria (Pseudomonas)

D. Viral infection

*Green sputum typically signals a bacterial infection with pigment-producing organisms, most characteristically Pseudomonas aeruginosa. Pseudomonas releases pigments like pyocyanin, which gives a blue-green color to the sputum, and pyoverdin, contributing to the green tint. This color is often seen in patients with cystic fibrosis or those with hospital-acquired infections, where Pseudomonas is a common culprit. Other options are less likely to produce this characteristic green color: Gram-positive cocci can cause pneumonia without a defining green hue; fungal infections can produce varied sputum but not specifically green; viral infections usually yield clear to white mucoid sputum. Of course, color alone isn't definitive, and culture with Gram stain would confirm the organism. So, the best match is a Gram-negative bacterium, specifically Pseudomonas.*

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## 7. Ground-glass opacity on chest imaging indicates?

A. ARDS

B. Atelectasis

C. Pleural effusion

D. Pneumonia

*Ground-glass opacity means hazy increased lung attenuation with preserved underlying vessels, reflecting partial air-space filling or interstitial thickening. This pattern is especially typical of diffuse alveolar damage and interstitial edema seen in ARDS, where fluid and inflammatory cells wash into the interstitium and alveolar spaces, producing a widespread hazy appearance on imaging. Atelectasis usually shows volume loss and denser, localized opacities with possible displacement of structures; pleural effusion presents as layering fluid with a meniscus sign; pneumonia often causes focal consolidation with air bronchograms rather than diffuse haziness. In the acute setting with risk factors for lung injury, ground-glass opacity is most indicative of ARDS.*

## 8. Biot's respirations are characterized by which pattern?

A. Rapid and shallow breathing.

B. Slow, regular breathing.

C. Irregular breathing with apnea and variable depth.

D. Increased rate and depth with irregular periods of apnea. Each breath has the same depth.

*Biot's respirations are completely irregular with intermittent periods of apnea and variable depth and rate. There is no predictable pattern—breaths can be shallow or deep, and the gaps between breaths vary. This irregular, unpredictable rhythm reflects brainstem dysfunction and is often seen with increased intracranial pressure, meningitis, or severe brain injury. This differs from rapid, shallow breathing (tachypnea) and slow, regular breathing (bradypnea), which are more uniform patterns. The description that mentions an increased rate and depth with irregular apnea but every breath having the same depth does not fit Biot's, since Biot's involves variability in depth from one breath to the next.*

## 9. What is a lateral decubitus xray?

A. A cross-table supine view

B. Having a patient lay on their side for the xray

C. A posterior-anterior view

D. A frontal view

*The key idea is that a lateral decubitus radiograph uses a side-lying position with a horizontal beam so gravity can separate fluids from air. In this view the patient is placed on their side and the X-ray beam runs horizontally. This setup helps reveal small pleural effusions or pneumothoraces that might be hidden on standard upright or supine images, because fluid will layer along the dependent side and air will rise. That's why the best description is having the patient lay on their side for the x-ray. It's different from a cross-table supine view, which is taken with the patient on their back, and from standard frontal or PA views, which are not decubitus.*

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## 10. Ascites refers to fluid in which body area?

A. Abdomen

B. Pleural space

C. Pericardial space

D. Brain ventricle

*Ascites is the accumulation of fluid in the peritoneal cavity, i.e., the abdomen. It often results from conditions like advanced liver disease with portal hypertension or hypoalbuminemia, but can also occur with heart, kidney, or cancer-related problems. This fluid buildup in the abdominal space is distinct from fluids in other body compartments: fluid around the lungs is a pleural effusion, fluid around the heart is a pericardial effusion, and fluid in the brain's ventricles is hydrocephalus. In terms of respiratory impact, ascites can worsen breathing by restricting diaphragmatic movement, whereas pleural effusions more directly limit lung expansion. Therefore, ascites refers to fluid in the abdomen.*

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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://nbrcrrtexit.examzify.com

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

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