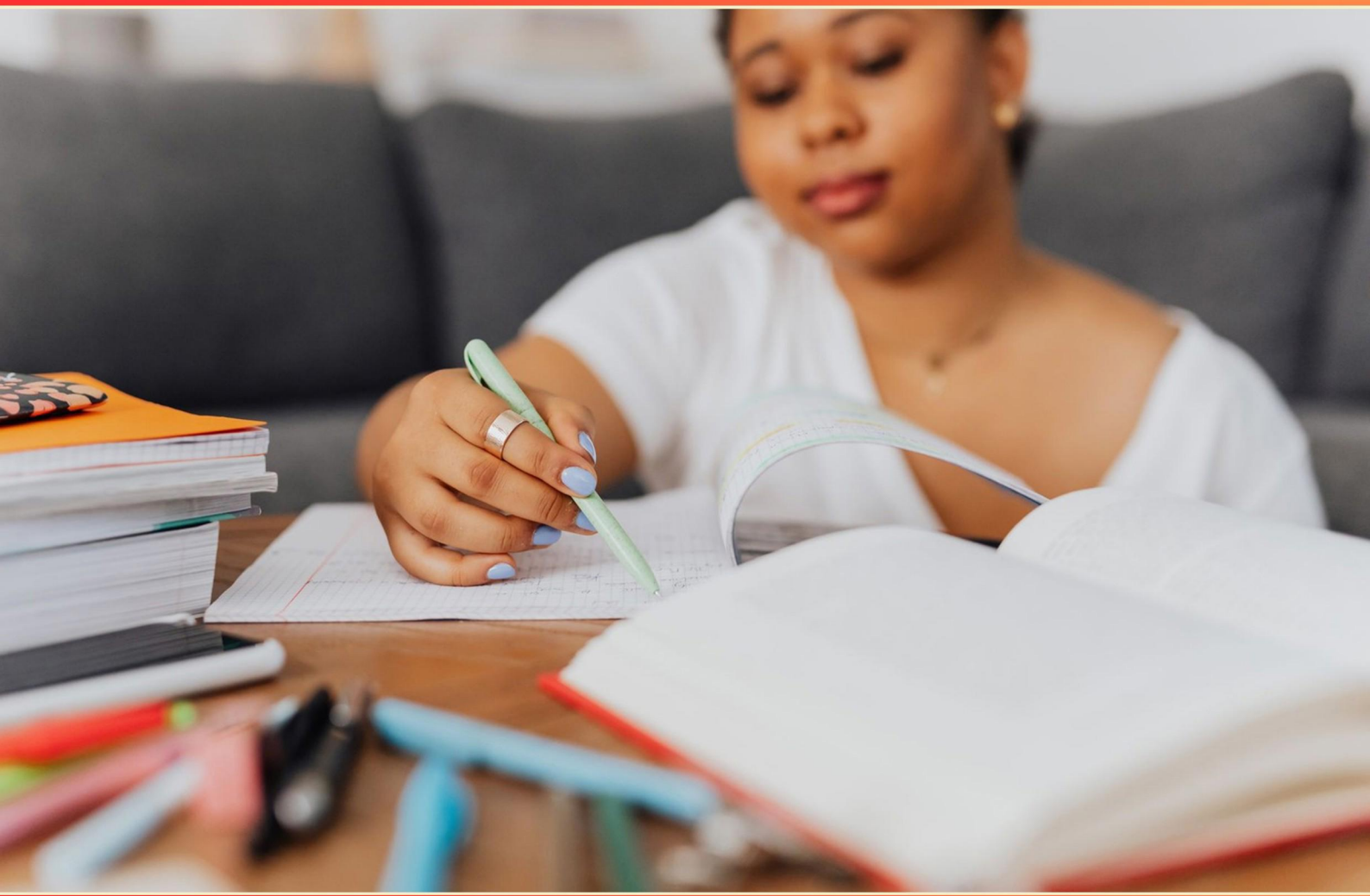
NCLEX OXYGENATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://nclexoxygenation.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Which oxygen delivery device provides the most precise and adjustable FiO2 for general care settings?

A. Venturi mask

B. Nasal cannula

C. Simple face mask

D. Nonrebreather mask

2. Which factor most contributes to postoperative atelectasis?

A. Early ambulation after surgery

B. Incentive spirometry

C. Adequate pain control allowing full inspiration

D. Sedation with opioids causing shallow breathing

3. Which action is most effective immediately after surgery to prevent alveolar collapse?

A. Incentive spirometry and early ambulation

B. Bed rest for 24 hours

C. Nebulized saline every two hours

D. Avoid coughing to prevent pain

4. Which chest physiotherapy techniques are used to mobilize pulmonary secretions?

A. Nebulization and humidification

B. Incentive spirometry only

C. Percussion, vibration, and postural drainage

D. Cough techniques only

5. What is the first intervention for a client with asthma experiencing wheezing?

A. Administer a systemic antibiotic.

B. Administer the prescribed short-acting beta-agonist (albuterol) inhaler.

C. Administer diuretics.

D. Call EMS immediately.

SAMPLE

6. What is the primary purpose of a chest tube in pneumothorax management?

A. Remove air/fluid and re-expand the lung, restoring negative intrapleural pressure

B. Increase intrapleural pressure to prevent lung collapse

C. Deliver humidified oxygen to the lung

D. Monitor vascular flow through the chest

7. Which breath sound indicates alveolar fluid?

A. Wheezes on expiration

B. Rhonchi

C. Stridor

D. Fine crackles (rales) on inspiration

8. What sign is most specific for impending respiratory failure?

A. Tachycardia

B. Restlessness

C. Paradoxical breathing and decreased level of consciousness

D. Increasing cough

9. What FiO can a non-rebreather mask deliver?

A. 21-40%

B. Up to 100%

C. 40-60%

D. 60-80%

10. Which oxygen delivery device is preferred for patients with COPD who require precise oxygen concentrations?

A. Simple face mask

B. Venturi mask

C. Aerosol mask

D. Nonrebreather mask

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which oxygen delivery device provides the most precise and adjustable FiO2 for general care settings?

A. Venturi mask

B. Nasal cannula

C. Simple face mask

D. Nonrebreather mask

Precise control of FiO2 is essential when you need a predictable oxygen concentration regardless of how the patient is breathing. The Venturi mask is designed to deliver a fixed, known FiO2 through calibrated adapters that blend room air with pure oxygen. Each adapter corresponds to a specific oxygen concentration, so the delivered FiO2 stays consistent even as the patient's tidal volume or inspiratory flow changes. That makes it the most reliable choice for achieving a precise, adjustable oxygen level in general care. Nasal cannula provides oxygen more loosely, with FiO2 ranging roughly from 24% to 44% depending on the flow and how the patient breathes, but it's affected by mouth breathing and varying inspiratory effort, so it's not as precise. A simple face mask can deliver higher FiO2 than a cannula, but its actual concentration varies with fit, breathing pattern, and flow, making it less predictable. A nonrebreather mask can deliver very high oxygen concentrations, but FiO2 depends on bag inflation and patient breathing; it's good for short-term, high-oxygen needs, not for precise control over FiO2.

2. Which factor most contributes to postoperative atelectasis?

A. Early ambulation after surgery

B. Incentive spirometry

C. Adequate pain control allowing full inspiration

D. Sedation with opioids causing shallow breathing

Postoperative atelectasis happens when ventilation is too shallow to keep all alveoli open, so some areas collapse and gas exchange decreases. When opioids are given after surgery, they can suppress the respiratory drive and lead to shallower breaths with smaller tidal volumes. This reduces diaphragmatic movement and overall lung expansion, making it easier for alveoli to collapse, especially in the dependent parts of the lungs where ventilation is naturally lower. The result is increased risk of atelectasis. In contrast, strategies that promote deep breathing and alveolar reopening help prevent this complication. Early ambulation encourages full chest expansion and movement of secretions; incentive spirometry physically prompts deep breaths to re-expand collapsed areas; and adequately managing pain so that the patient can take long, full inspirations supports lung inflation rather than suppressing it. However, when pain control relies on opioids, the sedation effect can override those benefits by causing shallow breathing, which is why opioid-induced shallow respiration is the factor most associated with postoperative atelectasis.

SAMPLE

3. Which action is most effective immediately after surgery to prevent alveolar collapse?

A. Incentive spirometry and early ambulation

B. Bed rest for 24 hours

C. Nebulized saline every two hours

D. Avoid coughing to prevent pain

Preventing postoperative atelectasis by promoting deep breathing and mobility is the key idea. After surgery, shallow breaths and splinting from pain can cause alveoli to collapse. Incentive spirometry encourages slow, sustained, deep breaths and provides visual feedback, helping recruit and reopen collapsed alveoli and improve overall ventilation. Starting ambulation early further expands the chest, enhances diaphragmatic movement, and reduces the risk of mucus plugging and further collapse. This combination directly targets the physics of lung expansion right after surgery, making it the most effective approach to prevent alveolar collapse. Other options don't address the recruitment of collapsed alveoli as effectively: bed rest reduces lung expansion and promotes atelectasis; nebulized saline can help with secretions but doesn't actively reopen collapsed airways; avoiding coughing prevents airway clearance and can worsen secretions and collapse.

4. Which chest physiotherapy techniques are used to mobilize pulmonary secretions?

A. Nebulization and humidification

B. Incentive spirometry only

C. Percussion, vibration, and postural drainage

D. Cough techniques only

Mobilizing pulmonary secretions relies on chest physiotherapy techniques that apply mechanical energy to loosen mucus and use gravity to drain it toward the central airways for easier clearance. The trio of percussion, vibration, and postural drainage fits this goal. Percussion uses rhythmic clapping on the chest or back to loosen thick mucus from the airway walls. During exhalation, vibration applies a fine, rapid shake that helps move secretions toward larger airways. Postural drainage positions the patient so gravity assists drainage from specific lung segments into the central airways to be coughed out or suctioned. This combination directly facilitates mucus clearance, which is the primary aim of chest physiotherapy. Nebulization and humidification moisten and thin secretions but don't physically mobilize them with the mechanical impact and drainage strategy of chest physiotherapy. Incentive spirometry focuses on deep breathing and lung expansion to prevent atelectasis, not mucus clearance. Cough techniques aid removal of secretions but, by themselves, don't provide the systematic chest physiotherapy approach used to mobilize secretions through percussion, vibration, and drainage.

SAMPLE

5. What is the first intervention for a client with asthma experiencing wheezing?

A. Administer a systemic antibiotic.

B. Administer the prescribed short-acting beta-agonist (albuterol) inhaler.

C. Administer diuretics.

D. Call EMS immediately.

When a client with asthma has wheezing, the immediate goal is to relieve bronchoconstriction to reopen the airways. The best first action is to administer the prescribed short-acting beta-agonist inhaler (albuterol). This medication quickly relaxes the smooth muscle around the bronchi, decreasing airway resistance and improving airflow within minutes, which often reduces wheezing and shortness of breath. Antibiotics are not indicated here because wheezing from asthma is not an infection-driven problem. Diuretics don't address airway constriction, so they aren't appropriate. Calling EMS might be necessary if the patient shows signs of severe distress or fails to respond to the bronchodilator, but the first, most important step is delivering the inhaled bronchodilator to relieve the acute airway constriction. After administration, reassess the patient's breath sounds, respiratory effort, and oxygen saturation to guide further treatment.

6. What is the primary purpose of a chest tube in pneumothorax management?

A. Remove air/fluid and re-expand the lung, restoring negative intrapleural pressure

B. Increase intrapleural pressure to prevent lung collapse

C. Deliver humidified oxygen to the lung

D. Monitor vascular flow through the chest

In pneumothorax management, the chest tube's main job is to remove air (and any fluid) from the pleural space so the lung can re-expand and the intrapleural pressure becomes negative again. When air leaks into the pleural space, intrapleural pressure becomes less negative or even positive, causing the lung to collapse. By providing a controlled path for air to escape, the chest tube allows the lung to re-expand and the vacuum that keeps the lung inflated to be restored. The drainage system often uses a water-seal or suction to prevent air from re-entering the chest and to keep drainage ongoing. Supplemental humidified oxygen can help with oxygenation, but it doesn't fix the mechanical problem of lung re-expansion—that's the chest tube's job. Increasing intrapleural pressure would worsen collapse, and monitoring vascular flow isn't the chest tube's purpose.

7. Which breath sound indicates alveolar fluid?

A. Wheezes on expiration

B. Rhonchi

C. Stridor

D. Fine crackles (rales) on inspiration

Fine crackles heard during inspiration indicate fluid in the alveoli. When alveolar spaces fill with fluid, the tiny airways reopen with each breath, producing a delicate, high-pitched popping sound—the crackles. This is a hallmark of alveolar fluid, as seen with pulmonary edema or inflammatory processes in the lungs. The sound is typically best heard on inspiration and can be felt more at the bases of the lungs. By contrast, wheezes on expiration come from narrowed airways, rhonchi are secretions in larger airways, and stridor signals an upper airway obstruction. So the presence of fine crackles on inspiration most strongly points to alveolar fluid.

SAMPLE

8. What sign is most specific for impending respiratory failure?

A. Tachycardia

B. Restlessness

C. Paradoxical breathing and decreased level of consciousness

D. Increasing cough

This item is about recognizing signs that ventilation is deteriorating toward failure. Paradoxical breathing, where the chest wall moves inward during inspiration, signals severe respiratory muscle fatigue and ineffective ventilation. When this is accompanied by a decreased level of consciousness, it strongly points to significant hypoxemia and hypercapnia affecting the brain, meaning respiratory failure is imminent. These two findings together are highly specific for a critical decline in respiratory function. Other signs like tachycardia or restlessness can occur with many stresses and are not specific to impending failure, and an increasing cough is not a reliable indicator of impending respiratory collapse.

9. What FiO can a non-rebreather mask deliver?

A. 21-40%

B. Up to 100%

C. 40-60%

D. 60-80%

A non-rebreather mask is designed to deliver the highest concentration of oxygen among common oxygen delivery devices. It has a reservoir bag and one-way valves that prevent room air from mixing in during inhalation. When the patient breathes in, they draw from the oxygen-filled reservoir plus the flow from the oxygen source, rather than pulling in ambient air. Because exhaled air is redirected out and air from the room can't easily enter, the fraction of inspired oxygen remains very high. With a properly fitted mask and a full bag, FiO2 can approach 100%. In real use, the exact amount depends on how well the mask fits and the patient's breathing pattern, but the goal is near-complete oxygen delivery.

10. Which oxygen delivery device is preferred for patients with COPD who require precise oxygen concentrations?

A. Simple face mask

B. Venturi mask

C. Aerosol mask

D. Nonrebreather mask

In COPD, delivering a precise oxygen concentration is crucial to maintain adequate oxygenation while avoiding suppression of the patient's drive to breathe with too much oxygen. A Venturi mask achieves this by using calibrated adapters that create fixed, predictable FiO2 levels when oxygen flows through the system. The precise mixture of oxygen and entrained air remains stable despite changes in the patient's breathing pattern, which allows reliable control of oxygen saturation and helps keep SpO2 in the target range (often around 88–92% for COPD). Other devices can't guarantee the same level of precision. A simple face mask tends to deliver a variable FiO2 that depends on mask fit and the patient's tidal volume, making it hard to titrate oxygen accurately. An aerosol mask is designed for medication delivery and isn't focused on delivering specific oxygen concentrations. A nonrebreather mask can supply high FiO2, but the delivered concentration can still fluctuate and is not reliably adjustable for precise titration. So the Venturi mask is the best choice for COPD when precise oxygenation is needed.

SAMPLE

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://nclexoxygenation.examzify.com

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

SAMPLE