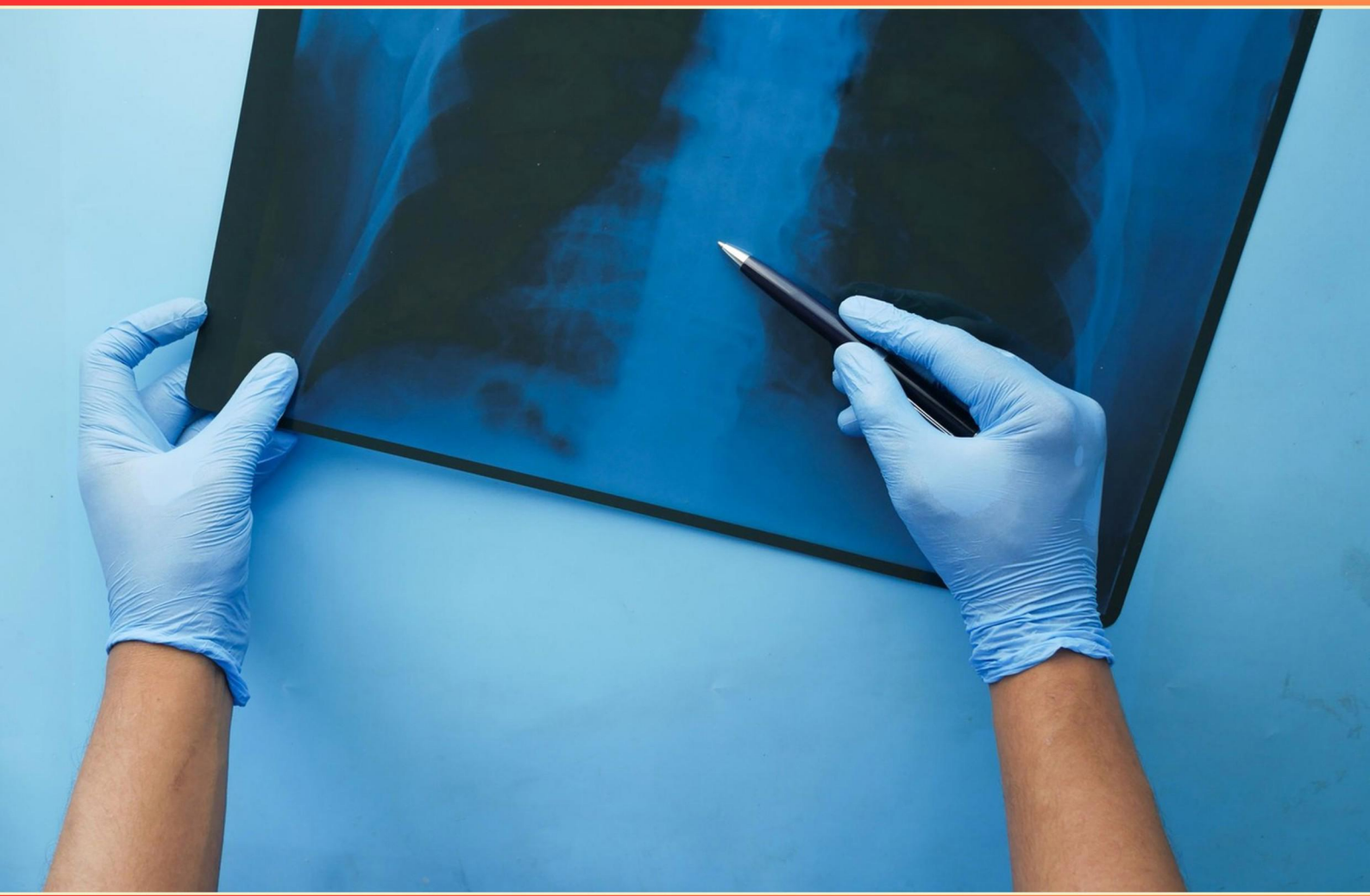
REGISTERED NURSE (RN) RESPIRATORY PRACTICE EXAM (SAMPLE)

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. **What nursing action should you take if there is no fluctuation in the water seal chamber of a chest tube?**

   A. Keep monitoring the patient

   B. Increase wall suction

   C. Assess patient's lung sounds

   D. Notify the physician

2. **What element of the patient's clinical scenario primarily indicates it's hospital-acquired pneumonia?**

   A. Presence of a productive cough

   B. History of gunshot wound

   C. Fever of 104.3 'F

   D. Chest x-ray shows infiltrates

3. **What assessment finding requires alerting the medical team regarding a chest tube?**

   A. Decrease in fluid levels in the chamber

   B. Fluctuation in water seal chamber with breathing

   C. Serosanguinous fluid in the collection chamber

   D. Excessive bubbling in the suction control chamber

4. **Which medication blocks the function of Leukotriene for the treatment of asthma?**

   A. Salmeterol

   B. Theophylline

   C. Tiotropim

   D. Montelukast

5. **What is the relationship between COPD and pulmonary hypertension?**

   A. COPD leads to elevated blood pressure in the systemic arteries.

   B. COPD can lead to pulmonary vascular changes, resulting in elevated blood pressure in the pulmonary arteries.

   C. There is no correlation between COPD and pulmonary hypertension.

   D. COPD improves pulmonary arterial function.

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6. What is one of the main reasons for monitoring patients on Isoniazid?

A. Possible liver damage

B. Increased calcium levels

C. Respiratory function deterioration

D. Vision changes

7. What is an acceptable size for induration to classify as negative in patients at high risk for tuberculosis?

A. 2 mm

B. 5 mm

C. 10 mm

D. 15 mm

8. Which lung capacity is primarily affected in restrictive lung disease?

A. Functional residual capacity (FRC)

B. Residual volume (RV)

C. Vital capacity (VC)

D. Total lung capacity (TLC) is decreased

9. Which of the following is an indication for supplemental oxygen therapy?

A. Bradycardia

B. Electrolyte imbalance

C. Hypoxemia

D. Digestive distress

10. A patient receiving Pyrazinamide reports stiffness and extreme pain in the right big toe. What lab test does the nurse anticipate the doctor will order?

A. Calcium level

B. Vitamin B6 level

C. Uric acid level

D. Amylase level

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Answers

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

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Explanations

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1. What nursing action should you take if there is no fluctuation in the water seal chamber of a chest tube?

A. Keep monitoring the patient

B. Increase wall suction

C. Assess patient's lung sounds

D. Notify the physician

When observing a lack of fluctuation in the water seal chamber of a chest tube, it's crucial to recognize that the absence of fluctuation may indicate a problem with the system, such as a possible blockage, kink in the tubing, or that lung re-expansion has occurred. Assessing the patient's lung sounds plays a key role in evaluating lung function and determining the status of fluid or air in the pleural space. If you hear diminished or absent breath sounds on the affected side, it could indicate a significant issue such as a retained pleural effusion or pneumothorax. Therefore, assessing lung sounds aids in providing valuable clinical information that helps guide further actions or interventions. Monitoring the patient continuously is important, but it does not provide immediate information about the lung condition like assessing lung sounds does. Increasing wall suction may be inappropriate if the issue is unrelated to suction pressure, and notifying the physician may be necessary depending on your findings but is secondary to assessing the current situation first. Therefore, examining lung sounds directly addresses the potential underlying causes of the lack of fluctuation in the water seal chamber and assists in determining the next steps in the management of the patient.

2. What element of the patient's clinical scenario primarily indicates it's hospital-acquired pneumonia?

A. Presence of a productive cough

B. History of gunshot wound

C. Fever of 104.3 'F

D. Chest x-ray shows infiltrates

The indication of hospital-acquired pneumonia (HAP) primarily relies on a specific clinical context and the patient's exposure to a healthcare environment where the infection could be contracted. In this scenario, the history of a gunshot wound suggests that the patient likely received medical care in a hospital setting, which could expose them to pathogens that are not typically found in the community. While elements like a productive cough, fever, and chest x-ray findings provide valuable information regarding the presence and severity of a respiratory infection, they are more general symptoms associated with pneumonia in a broader sense. The history of a gunshot wound suggests recent hospitalization or medical intervention, placing the patient at risk for acquiring infections during their stay, thereby supporting the diagnosis of hospital-acquired pneumonia.

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3. What assessment finding requires alerting the medical team regarding a chest tube?

A. Decrease in fluid levels in the chamber

B. Fluctuation in water seal chamber with breathing

C. Serosanguinous fluid in the collection chamber

D. Excessive bubbling in the suction control chamber

Excessive bubbling in the suction control chamber of a chest tube setup indicates that there may be a problem with the system. This excessive bubbling can suggest that there is either a leak in the system or that the suction pressure is set too high. If there is a leak, it can compromise the effectiveness of the chest tube, potentially leading to inadequate drainage or respiratory distress for the patient. In contrast, other findings, such as a decrease in fluid levels in the chamber, typically suggest effective drainage if it is within expected limits and should be monitored but may not immediately require notification of the medical team unless it is drastic. Fluctuation in the water seal chamber with breathing is a normal finding, indicating that the patient is breathing and that the system is functioning as intended. Serosanguinous fluid in the collection chamber can be expected in some cases, depending on the patient's condition, although changes in color or consistency may warrant further analysis. Thus, the presence of excessive bubbling in the suction control chamber is a critical concern that necessitates immediate attention from the medical team to ensure the patient's safety and proper chest tube function.

4. Which medication blocks the function of Leukotriene for the treatment of asthma?

A. Salmeterol

B. Theophylline

C. Tiotropim

D. Montelukast

Montelukast is a medication specifically designed to block the action of leukotrienes, which are inflammatory mediators that contribute to bronchoconstriction and airway inflammation in asthma. By inhibiting the receptors for leukotrienes, Montelukast helps reduce airway inflammation and improves lung function, making it particularly effective in treating asthma symptoms. This distinguishes it from the other choices listed. Salmeterol is a long-acting beta-agonist that works primarily by relaxing the muscles around the airways but does not modify inflammatory processes. Theophylline is a bronchodilator that works through multiple mechanisms including relaxation of airway muscles, but it does not directly block leukotrienes. Tiotropium is an anticholinergic medication used for chronic obstructive pulmonary disease (COPD) and sometimes asthma, but it also does not target leukotrienes directly. Thus, Montelukast is the only option focused on leukotriene modulation in the context of asthma management.

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5. What is the relationship between COPD and pulmonary hypertension?

A. COPD leads to elevated blood pressure in the systemic arteries.

B. COPD can lead to pulmonary vascular changes, resulting in elevated blood pressure in the pulmonary arteries.

C. There is no correlation between COPD and pulmonary hypertension.

D. COPD improves pulmonary arterial function.

The relationship between COPD and pulmonary hypertension is quite significant, primarily due to the adaptations that occur in the lungs and the pulmonary vasculature in response to chronic hypoxemia and inflammation associated with COPD. In individuals with COPD, the inflammation and structural changes in the airways can lead to hypoxia, which causes the pulmonary blood vessels to constrict. This constriction increases resistance to blood flow, resulting in elevated blood pressure within the pulmonary arteries, a condition termed pulmonary hypertension. Additionally, as COPD progresses, it can lead to further changes in the pulmonary vasculature, including vascular remodeling, which perpetuates the cycle of increased pressure in the pulmonary arteries. Therefore, understanding this relationship is crucial for the management of patients with COPD, as pulmonary hypertension can complicate the clinical picture and significantly affect morbidity and mortality in these patients. The other choices do not accurately represent the interplay between COPD and pulmonary hypertension. COPD does not lead to elevated systemic blood pressure nor does it improve pulmonary arterial function—both of which are misinterpretations of how the disease affects the cardiovascular system. Thus, the correct understanding of the relationship highlights the pathological progression from COPD to pulmonary hypertension.

6. What is one of the main reasons for monitoring patients on Isoniazid?

A. Possible liver damage

B. Increased calcium levels

C. Respiratory function deterioration

D. Vision changes

Monitoring patients on Isoniazid is primarily focused on the risk of liver damage. Isoniazid is an antibiotic commonly used to treat and prevent tuberculosis, but it can be hepatotoxic, especially in patients with pre-existing liver disease or those who consume alcohol. The liver damage can manifest as elevated liver enzyme levels during routine blood tests, indicating that the liver is under stress or sustaining harm. Regular monitoring allows healthcare professionals to catch any signs of liver injury early, making it possible to adjust the medication or manage the side effects effectively to prevent serious complications. While other concerns do exist, such as the effects on calcium levels or potential vision changes, these are not the primary reasons for close monitoring of patients on this medication. Monitoring respiratory function is also important, but it does not specifically relate to Isoniazid therapy. Thus, focusing on liver health is crucial in ensuring patient safety during treatment.

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7. What is an acceptable size for induration to classify as negative in patients at high risk for tuberculosis?

A. 2 mm

B. 5 mm

C. 10 mm

D. 15 mm

In the context of tuberculosis (TB) skin testing, specifically the purified protein derivative (PPD) test, induration size is a critical factor in determining the presence of an infection, particularly in high-risk populations. For individuals classified as high-risk for TB, a size of 5 mm or greater of induration is considered positive. This threshold is set because these individuals are more vulnerable, and a smaller induration might not adequately indicate the presence of a latent TB infection (LTBI). Patients in this high-risk category often include those with compromised immune systems, recent contacts of active TB cases, or individuals with certain medical conditions that increase susceptibility to TB. In this context, an induration size of 5 mm serves as a threshold that reflects a significant reaction to the TB antigen, warranting further evaluation or treatment. Thus, categorizing an induration size of 5 mm as negative would not be appropriate for high-risk patients, while sizes of 10 mm and 15 mm do not apply because they indicate a stronger immune response, suggesting a positive result in those very individuals.

8. Which lung capacity is primarily affected in restrictive lung disease?

A. Functional residual capacity (FRC)

B. Residual volume (RV)

C. Vital capacity (VC)

D. Total lung capacity (TLC) is decreased

In restrictive lung disease, the primary issue is a reduction in lung volume due to the stiffening of lung tissue or the thoracic cavity, which limits the ability of the lungs to expand fully. Total lung capacity (TLC) reflects the maximum amount of air the lungs can hold, and in restrictive lung disease, this capacity is typically decreased. The decreased TLC directly relates to the restrictive nature of the disease, wherein less air can be inhaled due to the reduced compliance of the lungs or the chest wall. As a consequence, the patient may experience difficulty filling the lungs completely during inhalation, leading to lower total lung capacity measurements. The other lung volumes and capacities, such as functional residual capacity, residual volume, and vital capacity, may also be affected in restrictive diseases, but the hallmark characteristic of restrictive lung pathology is indeed the decrease in total lung capacity. This helps differentiate it from obstructive lung diseases, where total lung capacity might be normal or increased.

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9. Which of the following is an indication for supplemental oxygen therapy?

A. Bradycardia

B. Electrolyte imbalance

C. Hypoxemia

D. Digestive distress

Supplemental oxygen therapy is indicated in cases of hypoxemia, which refers to a deficiency of oxygen in the blood. When oxygen levels drop below normal due to various conditions—such as respiratory illnesses, inadequate ventilation, or other health issues—administering supplemental oxygen can help restore adequate oxygen levels in the patient's bloodstream. This is crucial because oxygen is essential for cellular metabolism and overall physiological function, and hypoxemia can lead to serious complications if not addressed promptly. The other conditions listed, such as bradycardia, electrolyte imbalance, and digestive distress, do not directly correlate with the need for supplemental oxygen. Bradycardia pertains to heart rate and might require different interventions. Electrolyte imbalances, while critical, typically involve managing fluid and electrolyte levels rather than direct oxygen support. Digestive distress is related to gastrointestinal function and does not involve blood oxygenation directly. Thus, hypoxemia is distinctly a respiratory issue warranting the use of supplemental oxygen.

10. A patient receiving Pyrazinamide reports stiffness and extreme pain in the right big toe. What lab test does the nurse anticipate the doctor will order?

A. Calcium level

B. Vitamin B6 level

C. Uric acid level

D. Amylase level

When a patient receiving Pyrazinamide reports stiffness and extreme pain in the right big toe, this is suggestive of gout, which is often associated with elevated uric acid levels. Pyrazinamide can increase uric acid production and decrease its excretion, potentially leading to hyperuricemia and subsequent gouty attacks. The uric acid level test is pertinent in this scenario as it allows for the confirmation of elevated uric acid levels, which are responsible for the inflammatory response causing the patient's symptoms. Monitoring uric acid levels is crucial for managing the risk of gout among patients on medications like Pyrazinamide. Therefore, anticipation of this lab test is appropriate given the clinical presentation.

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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://registerednurse-respiratory.examzify.com

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

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