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National Board for Respiratory Care: Respiratory Therapist



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Question: 1

A patient apnea-hypopnea index (AHI) indicates that the patient has mild sleep apnea. In what range is this patient's AHI?

- A. 0-5
- B. 15-30
- C. 30-45
- D. 5-15

Answer: D

Explanation:

Click highlighted words to see definitions.

A patient's AHI represents the number of apneic and hypopneic episodes occurring per hour while a patient is sleeping. An AHI interpretation depends on the following ranges:

- < 5, normal
- 5-15, mild sleep apnea
- 15-30, moderate sleep apnea
- > 30, severe sleep apnea

A patient with mild sleep apnea will have an AHI between 5 and 15.

Question: 2

The respiratory therapist has a patient rinse their mouth out with water after administering an inhaled corticosteroid. What is the rationale behind this?

- A. This is a normal part of oral hygiene after any inhaled medication
- B. This reduces the risk of oral infections
- C. This gets rid of the taste of the medication
- D. This is not necessary

Answer: B

Explanation:

Inhaled corticosteroids can cause a localized reduction in immune response, leading to an increased risk of fungal infections in the oral cavity. Having the patient rinse their mouth removes medications from the oral cavity, reducing this risk.

Having the patient rinse their mouth is necessary after using inhaled corticosteroids, but not for other inhaled medications. While rinsing may help get rid of the taste of the medication, this is not the rationale for this.

Question: 3

The respiratory therapist is providing a respiratory treatment to a patient with pneumonia who has an active *Clostridium difficile* infection. Which of the following infection preventions should be utilized when providing treatment to this patient?

1. Gloves
2. Hand-washing with soap and water
3. Hand-washing with alcohol
4. Gowns
5. Face mask

- A. 1, 2, and 3
- B. 1, 2, and 4
- C. 1, 2, 3, and 4
- D. 1, 2, 3, 4, and 5

Answer: B

Explanation:

Clostridium difficile (*C. difficile*) infections require precautions that are sometimes referred to as "contact plus" precautions. *C. difficile* creates spores that can only be removed using soap and water, meaning that hand-washing using alcohol-based hand sanitizers is ineffective. For these patients, gloves, hand-washing with soap and water, and gowns are needed.

Question: 4

The respiratory therapist is preparing to analyze an ABG specimen that has been chilled since it was drawn 72 minutes ago. Which of the following actions by the respiratory therapist is CORRECT?

- A. Discard the specimen and redraw
- B. Run the specimen, but note that the results could be inaccurate
- C. Run the specimen as normal
- D. Run the specimen, but know that only PaO₂ will be valid

Answer: A

Explanation:

A specimen that is over 60 minutes old should be discarded and redrawn. There is some debate about whether a specimen that is on ice can be run after 60 minutes but, regardless of the answer to this, a specimen this old will not provide current clinical information.

The specimen should not be run as normal, run with a notation, or only run for one value, as there is a risk of inaccurate results with each scenario.

Question: 5

Which of the following characteristics of pulmonary function studies would NOT be expected in a patient who has asthma?

- A. Decreased FEV1/FVC
- B. Decreased FEV1
- C. Decreased FVC
- D. Decreased RV

Answer: D

Explanation:

RV (residual volume) will be increased in a patient who has asthma, not decreased.

The FEV1 (forced expiratory volume over one second), FVC (forced vital capacity), and FEV1/FVC are all expected to be decreased in patients with asthma.

Question: 6

You are caring for a seven-year-old male who has active varicella-zoster virus and has draining lesions. Which of the following precautions are necessary for this patient?

- 1. Standard
- 2. Contact
- 3. Contact plus
- 4. Droplet
- 5. Airborne

- A. 1 and 4
- B. 1 and 5
- C. 2 only
- D. 1, 2, and 4

Answer: B

Explanation:

Varicella-zoster virus is the virus that causes chickenpox and is an airborne virus. There are two answers that may be considered correct depending on the point of view of the reader. Standard precautions and airborne are both certainly needed. The presence of draining lesions may lead some to consider contact precautions; however, others would argue that standard precautions includes the use of a gown whenever contact with bodily fluids is possible or likely. The latter is technically correct, and the former is not one of the options, making 1 & 5 the only possible correct answer.

Question: 7

You are called to evaluate a patient who may have a complete upper airway obstruction. Which of the following is NOT expected to be present if the patient has a complete upper airway obstruction?

- A. Sternal retractions
- B. Cyanosis
- C. Extreme panic
- D. Stridor on inspiration

Answer: D

Explanation:

Stridor is a crowing, tasing sound on inspiration caused by a partial upper airway obstruction. The presence of stridor indicates that there is still some airflow in the upper airways and that the obstruction is not complete.

Cyanosis is certainly possible with complete upper airway obstruction. A conscious patient with a complete upper airway obstruction will exhibit extreme panic and will have sternal, intercostal, and epigastric retractions until respiratory arrest occurs.

Question: 8

You are helping care for a 24-year-old male who has an abnormal respiratory pattern that is caused by diabetic ketoacidosis (DKA). Which of the following breathing patterns would you expect to see?

- A. Rapid, deep breaths at regular intervals
- B. Irregular breathing with varied depth and rate with periods of apnea
- C. Rapid, shallow breaths at regular intervals
- D. Deep breaths that are irregularly spaced, but still tachypneic

Answer: A

Explanation:

Kussmaul breathing is an abnormal breathing pattern that occurs with severe metabolic acidosis as can occur with DKA. Kussmaul breathing attempts to compensate for hypercapnia with deep, rapid breaths. Rapid, shallow breathing is typically associated with lung inflammation or stiffness. Deep breaths that are irregularly spaced, but still tachypneic, is considered a type of periodic breathing. Irregular breathing with varied depth and rate with periods of apnea describes Cheyne-Stokes respiration.

Question: 9

When determining the Global Initiative for Chronic Obstructive Lung Disease (GOLD) stage of COPD, which of the following considerations is important?

- A. The FEV1 must be measured in the evening
- B. The patient must have a FEV1/FVC of less than 80%
- C. The FEV1 must be measured after the administration of a bronchodilator
- D. The FEV1 cannot be accurately measured if the patient is on oxygen

Answer:

Explanation:

The FEV1 (forced expiratory volume over one second) must be measured after the administration of a bronchodilator when evaluating the patient's stage of COPD using the GOLD standard.

The patient must have a FEV1/FVC of less than 70%, not 80%, to be assessed using this standard.

The time of day that the FEV1 is measured is not a consideration.

The patient's use of oxygen should not impact their FEV1.

Question: 10

Which of the following is NOT a direct injury that can trigger acute respiratory distress syndrome (ARDS)?

- A. Smoke inhalation
- B. Transfusion-related acute lung injury (TRALI)
- C. Near-drowning
- D. Gastric aspiration

Answer: B

Explanation:

While transfusion-related acute lung injury (TRALI) can trigger acute respiratory distress syndrome (ARDS), it is an indirect, not a direct, injury.

Near-drowning, gastric aspiration, and smoke inhalation are all direct lung injuries that can trigger ARDS.

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