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# **Medical Tests NBRC-CRT**

**National Board for Respiratory Care: Certified Respiratory  
Therapist**



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# Latest Version: 6.0

## Question: 1

The respiratory therapist is evaluating a 54-year-old female without a history of cardiopulmonary disease. Which of the following clinical characteristics is LEAST likely to indicate that this patient has a pulmonary embolism (PE)?

- A. Jugular venous distension
- B. Tachypnea
- C. Cough
- D. Dyspnea at rest or with exercise

**Answer: A**

Explanation:

Jugular venous distention (JVD) is only present in 14% of patients without cardiopulmonary disease who have a PE. Dyspnea at rest or with exercise is present in 73% of these patients, tachypnea is present in 54%, and a cough is present in 34%.

JVD is the least likely to be present in these patients.

## Question: 2

The treatment of hypoxia is based on the severity of the hypoxia.

a. Which of the following is NOT a sign of severe hypoxia?

- A. Blurred vision
- B. Cyanosis
- C. Confusion
- D. Lassitude

**Answer: D**

Explanation:

Lassitude is a state of mental or physical weariness and is associated with mild to moderate hypoxia.

Blurred vision and confusion are neurological signs of severe hypoxia, while cyanosis is a respiratory sign of severe hypoxia.

## Question: 3

The respiratory therapist is evaluating a patient's chest symmetry and observes unequal chest expansion. Which of the following is NOT likely to be a cause of unequal chest expansion?

- A. Chest deformities

- B. Flail chest
- C. Pneumothorax
- D. Chronic obstructive pulmonary disease (COPD)

**Answer: D**

Explanation:

COPD can cause hyperinflation of the chest, also called a barrel chest. This hyperinflation, however, is bilaterally symmetrical with COPD and is not likely to cause unequal chest expansion.

Flail chest, chest deformities, and pneumothorax are all potential causes of unequal chest expansion.

### Question: 4

When using a double-lumen endotracheal (ET) tube, which of the following is NOT an important consideration for this specialized airway?

- A. The tube is stiffer and bulkier to insert than standard ET tubes
- B. Flexible bronchoscopy should be used to ensure correct placement
- C. The tube must be rotated during insertion
- D. This type of airway cannot be used on lung transplant patients

**Answer: D**

Explanation:

A double-lumen endotracheal (ET) tube can be used on patients who have had a lung transplant and this is a potential indication for this type of airway.

Double-lumen ET tubes are stiffer and bulkier to insert than standard ET tubes and must be rotated during insertion to facilitate placement. Flexible bronchoscopy should be used to verify that placement is correct after insertion.

### Question: 5

The respiratory therapist is evaluating a patient who has been diagnosed with asthma, has wheezing or coughing once a week, and has a PEF value of 85% of predicted. Which of the following BEST describes the classification of this patient's asthma?

- A. Mild persistent
- B. Severe persistent
- C. Moderate persistent
- D. Intermittent

**Answer: D**

Explanation:

Intermittent asthma is the least severe of the four asthma classifications. Intermittent asthma is classified as asthma with symptoms of wheezing or coughing no more than twice a week. Patients with intermittent asthma also typically have PEF (peak expiratory flow) values of at least 80% of predicted.

### Question: 6

Palpating the patient's thorax while asking them to repeat "ninety-nine" is an example of evaluating for which of the following?

- A. Vocal fremitus
- B. Subcutaneous emphysema
- C. Asymmetrical chest expansion
- D. Tactile fremitus

**Answer: D**

Explanation:

Tactile fremitus describes vibrations that can be palpated on the chest wall while the patient is vocalizing. Typically, the phrase "ninety-nine" is used to elicit and assess tactile fremitus.

Vocal fremitus refers to vibrations created by the vocal cords during speech. Subcutaneous emphysema is assessed solely by palpating tissues for a crackling sensation and may cause a crackling sound. Asymmetrical chest expansion can be appreciated by visualization and palpation while having the patient take a deep breath.

### Question: 7

Which of the following is an example of a water-borne illness?

- A. Rhinovirus
- B. Cholera
- C. Lyme disease
- D. Smallpox

**Answer: B**

Explanation:

Water-borne illnesses are transmitted through water, typically drinking water. Cholera is an example of a water-borne illness and is a common infection acquired from drinking contaminated water while traveling, especially in developing countries.

### Question: 8

The respiratory therapist uses the CURB-65 scoring system to evaluate the severity of Community-Acquired Pneumonia (CAP). Which of the following is NOT a criteria of this score?

- A. Confusion
- B. Urea > 20 mg/dL
- C. Systolic blood pressure < 90 mm Hg
- D. Respiratory rate > 20 breaths/minute

**Answer: D**

Explanation:

The CURB-65 uses five criteria to evaluate the severity of Community-Acquired Pneumonia (CAP). These criteria include:

- Confusion
- Urea > 20 mg/dL
- Respiratory rate > 30 breaths/minute
- Blood pressure of < 90 mm Hg systolic or < 60 mm Hg diastolic
- Age of 65 years or older

A respiratory rate of > 20 breaths/minute is too low a threshold for the CURB-65 score.

### Question: 9

The respiratory therapist is teaching a student respiratory therapist how to use continuous positive airway pressure (CPAP). Which of the following is TRUE about CPAP?

- A. CPAP delivers positive pressure breaths
- B. CPAP cannot be used if the patient is intubated
- C. Low level pressure alarms are necessary
- D. CPAP will help patients avoid hypoventilation

**Answer: C**

Explanation:

When using CPAP, low level pressure alarms are necessary to allow for intervention if there is a disconnection in the circuit.

CPAP can be used if a patient is intubated. CPAP does not deliver positive pressure breaths, it continuously applies positive pressure to the airway regardless of the patient's respiratory cycle. CPAP does not address hypoventilation, as it does not control respiration.

### Question: 10

The respiratory therapist is called to the emergency department to help treat a 34-year-old male who is thought to have overdosed on heroin. The patient is breathing spontaneously, is unresponsive to painful stimuli, and is snoring.

Which of the following artificial airways is BEST to use first to protect this patient's airway?

- A. Double-lumen airway
- B. Endotracheal (ET) tube
- C. Nasopharyngeal airway

D. Oropharyngeal airway

**Answer: D**

Explanation:

The patient is unconscious but is breathing spontaneously. Snoring indicates that the patient may have difficulty maintaining a patent airway, and an oropharyngeal airway (OPA) may be adequate to maintain patency of the airway. A nasopharyngeal airway (NPA) is better used to provide a means of suctioning or ensure patency with upper airway swelling, and an OPA is likely to better treat this patient.

More invasive airways, such as an ET tube or a double-lumen airway, are not necessary while the patient is breathing spontaneously and is adequately protecting his airway. These airways have higher risks and should only be used if necessary.

### Question: 11

Which of the following are normal heart sounds?

1. S1
2. S2
3. S3
4. S4

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

**Answer: A**

Explanation:

The S1 and S2 heart sounds are normal and expected. S1 represents the closure of the atrioventricular valves, while S2 represents the closing of the semilunar valves.

S3 is thought to result from blood rushing into the ventricles during early ventricular diastole. S4 is thought to result from atrial contraction. S3 and S4 are not normally heard in healthy adults.

### Question: 12

Which of the following is TRUE for a patient who is not on comfort care and who has a Glasgow Coma Score (GCS) of 7?

- A. The patient should be evaluated for the ability to protect their airway and only endotracheally intubated if they are unable to do so
- B. The patient should be closely monitored, as endotracheal intubation will likely be necessary if the GCS is lower than 7
- C. No intervention or advanced monitoring is needed for this patient
- D. The patient must have their airway secured, preferably by endotracheal intubation if possible

**Answer: D**

Explanation:

Any patient who has a GCS of lower than 8 and has not opted out of life-saving interventions should have their airway secured. A GCS of lower than 8 is a sufficient reason to intubate a patient.

If the patient does not require further evaluation, a GCS of less than 8 is sufficient evaluation to determine that intubation is necessary. The statement that a GCS of less than 7 requires intubation is incorrect; it is at a GCS of less than 8 that this becomes necessary. The statement that no intervention or advanced monitoring is needed for this patient is incorrect.

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