Import Settings:

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Information Field: Complexity

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Respiratory Emergencies - Respiratory Emergencies - TBNK**

**Multiple Choice**

1. The mainstem bronchus ends at the level of the:

A) lobar bronchi.

B) bronchioles.

C) segmental bronchi.

D) subsegmental bronchi.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Respiratory Emergencies

Page: 905

Feedback: Anatomy and Physiology Review, page 905

2. What type of medication can cause thick sputum?

A) Diuretic

B) Antibiotic

C) Antipyretic

D) Antihistamine

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 918

Feedback: Patient Assessment, page 918

3. Wheezing is resolved with medications that:

A) dry up secretions in the lower airway.

B) reduce soft tissue swelling in the larynx.

C) relax the smooth muscle of the bronchioles.

D) cause bronchoconstriction and improved airflow.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Respiratory Emergencies

Page: 907

Feedback: Anatomy and Physiology Review, page 907

4. If the amount of pulmonary surfactant is decreased:

A) alveolar surface tension increases.

B) diffuse alveolar hyperinflation occurs.

C) alveoli are able to expand more easily.

D) pulmonary gas exchange is enhanced.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Common Respiratory Conditions

Subject: Respiratory Emergencies

Pages: 947–948

Feedback: Anatomy and Physiology Review, pages 947–948

5. What type of medication is montelukast (Singulair)?

A) Selective beta-2 agonist

B) Leukotriene blocker

C) Corticosterioid

D) Glucocorticoid

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Page: 932

Feedback: Emergency Medical Care, page 932

6. Polycythemia is a condition in which:

A) excess red blood cells are produced in response to chronic hypoxia.

B) an abundance of red blood cells causes severe thinning of the blood.

C) fewer red blood cells are produced, resulting in decreased oxygenation.

D) increased platelet production causes the blood to become abnormally thick.

Ans: A

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 926

Feedback: Patient Assessment, page 926

7. Cor pulmonale is defined as:

A) increased preload caused by severe hypertension.

B) left-sided heart failure secondary to mitral valve damage.

C) rupture of the alveoli due to increased surface tension.

D) right-sided heart failure secondary to chronic lung disease.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 942

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 942

8. A patent airway:

A) is evidenced by visible chest rise.

B) should be prophylactically suctioned.

C) does not equate to adequate ventilation.

D) is characterized by adequate tidal volume.

Ans: C

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 913

Feedback: Patient Assessment, page 913

9. Hypoventilating patients:

A) eliminate too much carbon dioxide.

B) become hypercapneic and acidotic.

C) experience an increase in blood pH.

D) typically do not have an open airway.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Respiratory Emergencies

Page: 909

Feedback: Anatomy and Physiology Review, page 909

10. Which of the following conditions would MOST likely cause hyperpnea?

A) Hypoglycemia

B) Heroin overdose

C) Increased intracranial pressure

D) Cardiac arrest

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 919

Feedback: Patient Assessment, page 919

11. In contrast to negative-pressure ventilation, positive-pressure ventilation:

A) is the forcing of air into the lungs.

B) occurs when the diaphragm descends.

C) is provided with a nonrebreathing mask.

D) can only be provided to intubated patients.

Ans: A

Ahead: Anatomy and Physiology Review

Complexity: Easy

Subject: Respiratory Emergencies

Page: 908

Feedback: Anatomy and Physiology Review, page 908

12. Difficulty with exhalation is MOST characteristic of:

A) supraglottic swelling.

B) upper airway obstruction.

C) a mild asthma attack.

D) obstructive lung disease.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 944

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 944

13. Apneustic breathing is characterized by:

A) a sustained pattern of tachypnea and increased tidal volume.

B) a prolonged inspiratory hold that resembles a fish breathing.

C) regular respirations with a normal rate and adequate tidal volume.

D) a crescendo-decrescendo pattern of breathing with apneic periods.

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 919

Feedback: Patient Assessment, page 919

14. \_\_\_\_\_\_\_\_\_\_\_ respirations are characterized by a grossly irregular pattern of breathing that may be accompanied by lengthy periods of apnea.

A) Biot

B) Agonal

C) Eupneic

D) Cheyne-Stokes

Ans: A

Ahead: Patient Assessment

Complexity: Easy

Subject: Respiratory Emergencies

Page: 919

Feedback: Patient Assessment, page 919

15. An unresponsive patient who overdosed on a central nervous system depressant drug would be expected to have \_\_\_\_\_\_\_\_\_\_ respirations.

A) eupneic

B) hyperpneic

C) bradypneic

D) Kussmaul

Ans: C

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 919

Feedback: Patient Assessment, page 919

16. In which situation would Cheyne-Stokes respirations be considered an ominous finding?

A) Alcohol intoxication

B) Traumatic brain injury

C) Obstructive sleep apnea

D) Apneic periods less than 5 seconds

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 919

Feedback: Patient Assessment, page 919

17. Respiratory alkalosis is the result of:

A) carbon dioxide retention.

B) slow and shallow respirations.

C) increased hydrogen ion production.

D) excess carbon dioxide elimination.

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 919

Feedback: Patient Assessment, page 919

18. If a patient's hemoglobin level is only 10 g/dL, \_\_\_ % would have to be desaturated before he or she would appear cyanotic.

A) 10

B) 25

C) 30

D) 50

Ans: D

Complexity: Difficult

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 920

Feedback: Patient Assessment, page 920

19. A patient with orthopnea:

A) seeks a sitting position when short of breath.

B) is awakened from sleep with severe dyspnea.

C) prefers to lie flat in order to facilitate breathing.

D) generally has a slow, shallow respiratory pattern.

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Page: 928

Feedback: Emergency Medical Care, page 928

20. The barrel-chest appearance classically seen in emphysemic patients is secondary to:

A) widespread atelectasis.

B) chest wall hypertrophy.

C) air trapping in the lungs.

D) carbon dioxide retention.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 942

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 942

21. If a patient's initial presentation makes you suspicious about a particular respiratory condition, you must:

A) begin immediate treatment based on your suspicion.

B) make your field impression based on the presentation.

C) confirm your suspicions with a thorough assessment.

D) immediately perform a focused physical examination.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 912

Feedback: Patient Assessment, page 912

22. A patient with respiratory distress who is willing to lie flat:

A) should be intubated at once.

B) may be acutely deteriorating.

C) has minimal fluid in the lungs.

D) likely has basilar pneumonia.

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 912

Feedback: Patient Assessment, page 912

23. Retractions of the sternum or ribs during inhalation:

A) are common in patients with emphysema.

B) are signs of acute respiratory failure in adults.

C) occur when soft tissue is pulled in around the bones.

D) are especially common in infants and small children.

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 913

Feedback: Patient Assessment, page 913

24. Paradoxical respiratory movement is characterized by:

A) the epigastrium and thorax moving in opposite directions.

B) bulging of the intercostal muscles during deep inhalation.

C) pulling upward of the suprasternal notch during inhalation.

D) a marked decrease in movement in one of the hemithoraces.

Ans: A

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 914

Feedback: Patient Assessment, page 914

25. A patient with quiet tachypnea suggests:

A) shock.

B) asthma.

C) alkalosis.

D) airway swelling.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 917

Feedback: Patient Assessment, page 917

26. An otherwise healthy adult whose normal hemoglobin level is 12 to 14 g/dL typically will begin to exhibit cyanosis when:

A) hemoglobin levels fall below 12 g/dL.

B) about 5 g/dL of hemoglobin is desaturated.

C) her or his oxygen saturation falls below 50%.

D) 10% of her or his hemoglobin is desaturated.

Ans: B

Complexity: Difficult

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Pages: 918, 920

Feedback: Patient Assessment, pages 918, 920

27. The MOST clinically significant finding when questioning a patient with a chronic respiratory disease is:

A) medication use prior to your arrival.

B) a recent medication regimen change.

C) a recent emergency department visit.

D) prior intubation for the same problem.

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 921

Feedback: Patient Assessment, page 921

28. Which of the following conditions would LEAST likely present with a rapid onset of dyspnea?

A) Pneumonia

B) Anaphylaxis

C) Pneumothorax

D) Pulmonary embolism

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 911

Feedback: Patient Assessment, page 911

29. Hepatojugular reflux occurs when:

A) left-sided heart failure causes blood to accumulate in the patient's liver.

B) the jugular veins collapse in response to palpation of the right upper quadrant.

C) mild pressure placed on the patient's liver further engorges the jugular veins.

D) a patient's jugular veins are markedly engorged when lying in a supine position.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Pages: 924–925

Feedback: Patient Assessment, pages 924–925

30. Hepatomegaly and jugular venous distention are MOST suggestive of:

A) left-sided heart failure.

B) right-sided heart failure.

C) pulmonary edema.

D) severe pneumonia.

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 924

Feedback: Patient Assessment, page 924

31. Digital clubbing is MOST indicative of:

A) acute hypoxemia.

B) chronic hypoxia.

C) right heart failure.

D) peripheral vascular disease.

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 925

Feedback: Patient Assessment, page 925

32. The diaphragm of the stethoscope is designed to auscultate:

A) heart tones.

B) low-pitched sounds.

C) bowel sounds.

D) high-pitched sounds.

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 925

Feedback: Patient Assessment, page 925

33. Abnormal breath sounds associated with pneumonia and congestive heart failure are MOST often heard in the:

A) right middle lobe.

B) bases of the lungs.

C) apices of the lungs.

D) midaxillary line.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Common Respiratory Conditions

Subject: Respiratory Emergencies

Page: 945

Feedback: Patient Assessment, page 945

34. \_\_\_\_\_\_\_\_\_\_ breath sounds are the MOST commonly heard breath sounds and have a much more obvious inspiratory component.

A) Vesicular

B) Bronchial

C) Tracheal

D) Bronchovesicular

Ans: A

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 915

Feedback: Patient Assessment, page 915

35. Inspiratory and expiratory\_\_\_\_\_\_\_\_\_\_ sounds are both loud, but the inspiratory sounds are shorter than the expiratory sounds.

A) tracheal

B) bronchial

C) vesicular

D) bronchovesicular

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 915

Feedback: Patient Assessment, page 915

36. The presence of diffuse rhonchi (low-pitched crackles) in the lungs indicates:

A) right-sided congestive heart failure.

B) isolated consolidation of secretions.

C) thick secretions in the large airways.

D) air being forced through narrowed airways.

Ans: C

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 917

Feedback: Patient Assessment, page 917

37. A patient who is coughing up purulent sputum is MOST likely experiencing:

A) emphysema.

B) dehydration.

C) an infection.

D) pulmonary edema.

Ans: C

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 918

Feedback: Patient Assessment, page 918

38. Frothy sputum that has a pink tinge to it is MOST suggestive of:

A) tuberculosis.

B) antihistamine use.

C) chronic bronchitis.

D) congestive heart failure.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 918

Feedback: Patient Assessment, page 918

39. If a patient's hemoglobin level is 8 g/dL due to hemorrhage and all of the hemoglobin molecules are attached to oxygen, the patient's oxygen saturation would MOST likely read:

A) above 95%.

B) between 90% and 95%.

C) between 85% and 90%.

D) significantly lower than 85%.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 926

Feedback: Patient Assessment, page 926

40. A pulse oximetry reading would be LEAST accurate in a patient:

A) with chronic hypoxia.

B) whose extremities are cool.

C) with persistent tachycardia.

D) with poor peripheral perfusion.

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 926

Feedback: Patient Assessment, page 926

41. When present at low levels, oxygen binds easily to hemoglobin molecules, resulting in:

A) small changes in oxygen saturation when large changes in PaO2 occur.

B) large changes in oxygen saturation when small changes in PaO2 occur.

C) small changes in oxygen saturation when small changes in PaO2 occur.

D) large changes in oxygen saturation when large changes in PaO2 occur.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Pages: 926–927

Feedback: Patient Assessment, pages 926–927

42. With regard to pulse oximetry, the more hypoxic a patient becomes:

A) the slower his or her PaO2 will fall.

B) the faster he or she will desaturate.

C) the slower he or she will desaturate.

D) the less reliable the pulse oximeter is.

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 927

Feedback: Patient Assessment, page 927

43. Why are children more prone to croup when they acquire a viral infection than adults infected with the same virus?

A) Children's immune systems are not as developed as adults', so they are more prone to infection.

B) Adults were vaccinated against the virus that causes croup, whereas most children were not.

C) A child's airway is narrower than an adult's, and even minor swelling can result in obstruction.

D) The virus that causes croup replicates far more aggressively in children than it does in adults.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Upper Airway Diseases

Subject: Respiratory Emergencies

Page: 936

Feedback: Pathophysiology, Assessment, and Management of Obstructive Upper Airway Diseases, page 936

44. Which of the following statements regarding epiglottitis is correct?

A) Unlike croup, epiglottitis most commonly occurs in the middle of the night, when the outside temperature is cool.

B) Epiglottitis has become relatively rare in children due to vaccinations against the *Haemophilus influenzae* type b bacterium.

C) Most cases of epiglottitis are progressive in their onset and result in severe swelling of the larynx, trachea, and bronchi.

D) Characteristic signs of epiglottitis include a low-grade fever, a seal-like barking cough, and varying degrees of respiratory distress.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Upper Airway Diseases

Subject: Respiratory Emergencies

Page: 938

Feedback: Pathophysiology, Assessment, and Management of Obstructive Upper Airway Diseases, page 938

45. Pneumonitis is especially common in older patients with:

A) frequent infections.

B) a history of a stroke.

C) immunocompromise.

D) chronic food aspiration.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 938

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 938

46. COPD is characterized by:

A) narrowing of the smaller airways that is often reversible with prompt treatment.

B) changes in pulmonary structure and function that are progressive and irreversible.

C) small airway spasms during the inhalation phase, resulting in progressive hypoxia.

D) widespread alveolar collapse due to increased pressure during the exhalation phase.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 939

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 939

47. Common clinical findings in patients with obstructive lung disease include all of the following, EXCEPT:

A) a decreased expiratory phase.

B) pursed-lip breathing.

C) abdominal muscle use.

D) chronic air trapping in the lungs.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 939

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 939

48. Reactive airway disease is characterized by:

A) bronchospasm, edema, and mucus production.

B) chronic bronchoconstriction of varying severity.

C) acute, reversible swelling of the laryngeal muscles.

D) excessive mucus production and a chronic cough.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 940

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 940

49. The primary treatment of bronchospasm is:

A) assisted ventilation.

B) humidified oxygen.

C) bronchodilator therapy.

D) corticosteroid therapy.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 941

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 941

50. Unlike bronchodilator therapy, corticosteroid therapy:

A) causes immediate improvement in breathing.

B) takes a few hours to reduce bronchial edema.

C) is administered exclusively in a hospital setting.

D) is the primary treatment for acute bronchospasm.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 941

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 941

51. A patient with status asthmaticus commonly presents with:

A) compensatory respiratory alkalosis and stridor.

B) accessory muscle use and inspiratory wheezing.

C) audible expiratory wheezing and severe cyanosis.

D) physical exhaustion and inaudible breath sounds.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 940

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 940

52. A patient with a history of asthma is at GREATEST risk for respiratory arrest if he or she:

A) takes a bronchodilator and a corticosteroid.

B) was previously intubated for his or her condition.

C) was recently evaluated in an emergency department.

D) has used his or her inhaler twice in the previous week.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 921

Feedback: Patient Assessment, page 921

53. Emphysema is caused by:

A) an abundance of pulmonary surfactant.

B) chronic destruction of the alveolar walls.

C) excessive mucus production in the bronchi.

D) progressive weakening of the lung parenchyma.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 941

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 941

54. The classic presentation of chronic bronchitis is:

A) excessive mucus production and a chronic or recurrent productive cough.

B) a thin adult with pursed-lip breathing and a history of heavy cigarette smoking.

C) a dry, hacking cough and a barrel chest due to chronic pulmonary air trapping.

D) expiratory wheezing and jugular venous distention due to pulmonary hypertension.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Pages: 941–942

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, pages 941–942

55. Which of the following clinical findings is MOST suggestive of pneumonia in a patient with COPD?

A) Nonproductive cough

B) White sputum and rales

C) Fever and localized crackles

D) Dyspnea and diffuse wheezing

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 942

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 942

56. Patients with COPD typically experience an acute exacerbation of their condition because of:

A) a secondary condition such as congestive heart failure or a pneumothorax.

B) progressively worsening pneumonia that results in a diminished cough reflex.

C) chronic noncompliance with their prescribed medications and home oxygen.

D) environmental changes such as weather or the inhalation of trigger substances.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 943

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 943

57. The hypoxic drive is a phenomenon in which:

A) a chronically hypoxic patient's primary respiratory drive is stimulated by increased levels of carbon dioxide in the arterial blood.

B) a relatively large percentage of patients with COPD become acutely apneic after receiving high-flow oxygen.

C) high levels of oxygen rapidly depress a COPD patient's respiratory rate and depth, leading to worsened hypoxia and severe acidosis.

D) bicarbonate ions migrate into the cerebrospinal fluid of a chronically hypoventilating patient, making the brain think that acid and base are in balance.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 943

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 943

58. Patients with decompensated asthma or COPD who require positive-pressure ventilation:

A) should be ventilated routinely at a rate that is slightly faster than the rate for a patient without an underlying pulmonary disease.

B) may develop a pneumothorax or experience a decrease in venous return to the heart if they are ventilated too rapidly.

C) should be intubated promptly and ventilated at a rate of 20 to 24 breaths/min to eliminate excess carbon dioxide.

D) should be given forceful positive-pressure breaths because their primary problem is difficulty with inhalation.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 944

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 944

59. An increase in the number of EMS calls for patients with chronic respiratory problems MOST commonly occurs:

A) during sudden weather changes.

B) during an influenza outbreak.

C) when the relative humidity is low.

D) when people travel during a holiday.

Ans: A

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 922

Feedback: Patient Assessment, page 922

60. A patient who is coughing up thick pulmonary secretions should NOT take:

A) a diuretic.

B) antihistamines.

C) an antitussive.

D) bronchodilators.

Ans: C

Complexity: Easy

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Page: 922

Feedback: Patient Assessment, page 922

61. Bedridden patients with excessive pulmonary secretions are MOST prone to developing:

A) pneumonia.

B) bronchospasm.

C) a pneumothorax.

D) a pulmonary embolism.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 944

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 944

62. Patients with pneumonia often experience a coughing fit when they roll from one side to the other because:

A) movement loosens pulmonary secretions and stimulates coughing.

B) most cases of pneumonia occur in conjunction with bronchospasm.

C) the secretions in their lungs suddenly disperse and impair breathing.

D) pneumonia often occurs in the lung bases, typically on only one side.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Respiratory Conditions

Subject: Respiratory Emergencies

Page: 945

Feedback: Pathophysiology, Assessment, and Management of Common Respiratory Conditions, page 945

63. Uncontrollable coughing and hemoptysis in a cigarette smoker are clinical findings MOST consistent with:

A) emphysema.

B) lung cancer.

C) pleural effusion.

D) acute bronchitis.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Respiratory Conditions

Subject: Respiratory Emergencies

Page: 946

Feedback: Pathophysiology, Assessment, and Management of Common Respiratory Conditions, page 946

64. When auscultating the lungs of a patient with early pulmonary edema, you will MOST likely hear:

A) inspiratory rhonchi to the bilateral apices of the lungs.

B) crackles in the bases of the lungs at the end of inspiration.

C) faint rhonchi to all lung fields on inspiration and expiration.

D) coarse crackles to the bases of the lungs during inspiration.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Respiratory Conditions

Subject: Respiratory Emergencies

Page: 947

Feedback: Pathophysiology, Assessment, and Management of Common Respiratory Conditions, page 947

65. A person who experiences sharp chest pain followed by increasing dyspnea after he or she coughs MOST likely has:

A) pleurisy.

B) a pleural effusion.

C) a pneumothorax.

D) acute pneumonia.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Conditions Outside the Lung Parenchyma

Subject: Respiratory Emergencies

Page: 948

Feedback: Pathophysiology, Assessment, and Management of Conditions Outside the Lung Parenchyma, page 948

66. One of the hallmarks of a pulmonary embolism is:

A) the disappearance of radial pulses during inhalation.

B) pleuritic chest pain that occurs after a strong cough.

C) cyanosis that does not resolve with oxygen therapy.

D) jugular venous distention while in a supine position.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Conditions Outside the Lung Parenchyma

Subject: Respiratory Emergencies

Page: 949

Feedback: Pathophysiology, Assessment, and Management of Conditions Outside the Lung Parenchyma, page 949

67. Pickwickian syndrome is a condition in which respiratory compromise results from:

A) extreme obesity.

B) pulmonary edema.

C) cervical spine injury.

D) diaphragmatic rupture.

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Respiratory Emergencies

Page: 909

Feedback: Anatomy and Physiology Review, page 909

68. You would MOST likely observe a grossly low respiratory rate and volume in a patient who overdosed on:

A) LSD.

B) ibuprofen.

C) Prozac.

D) heroin.

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Respiratory Emergencies

Pages: 909–910

Feedback: Anatomy and Physiology Review, pages 909–910

69. A hyperventilating patient:

A) may be acidotic and trying to decrease her or his pH level.

B) is most effectively treated by administering a sedative drug.

C) should rebreathe her or his carbon dioxide to effect resolution.

D) presents with tachypnea and marked use of accessory muscles.

Ans: A

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Respiratory Emergencies

Page: 910

Feedback: Anatomy and Physiology Review, page 910

70. Patients with obvious respiratory failure require immediate:

A) intubation.

B) ventilation support.

C) passive oxygenation.

D) bronchodilator therapy.

Ans: B

Complexity: Easy

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Page: 928

Feedback: Emergency Medical Care, page 928

71. Intubation of a patient with severe asthma:

A) is clearly indicated if the patient's condition does not resolve following field corticosteroid therapy.

B) is often a last resort because asthmatics are difficult to ventilate and are prone to pneumothoraces.

C) should only be performed after hyperventilating the patient with a bag-mask device for 2 to 3 minutes.

D) is generally contraindicated because weaning the patient off of a ventilator can take several days.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Page: 935

Feedback: Emergency Medical Care, page 935

72. Use of a spacer device in conjunction with a metered-dose inhaler:

A) is only indicated in children under 6 years of age, who are generally not able to use the inhaler effectively.

B) may be required when assisting a patient who is breathing inadequately, but generally results in less medication delivery to the lungs.

C) collects medication as it is released from the canister, allowing more to be delivered to the lungs and less to be lost to the environment.

D) requires the patient to time his or her inhalation to coincide with the discharge of the metered-dose inhaler.

Ans: C

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Page: 931

Feedback: Emergency Medical Care, page 931

73. Residual corticosteroid in the pharynx following a metered-dose inhaler treatment can predispose the patient to:

A) thrush.

B) bleeding.

C) laryngospasm.

D) bronchospasm.

Ans: A

Complexity: Easy

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Page: 932

Feedback: Emergency Medical Care, page 932

74. Which of the following medications is an anticholinergic bronchodilator?

A) Alupent

B) Albuterol

C) Bronkosol

D) Ipratropium

Ans: D

Complexity: Easy

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Page: 930

Feedback: Emergency Medical Care, page 930

75. CPAP is used to treat patients with sleep apnea by:

A) improving patency of the lower airway through the use of positive-end expiratory pressure.

B) maintaining stability of the posterior pharynx, thereby preventing upper airway obstruction.

C) increasing the rate and depth of ventilation, thus improving minute volume and mitigating hypoxia.

D) delivering one pressure during the inspiratory phase and a different pressure during the expiratory phase.

Ans: B

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Page: 934

Feedback: Emergency Medical Care, page 934

76. A critical step when using a CPAP unit to treat a patient with severe respiratory distress is:

A) ensuring an adequate mask seal with minimal leakage.

B) holding the mask to the noncompliant patient's face.

C) starting with CPAP levels above 10 to 15 cm of water.

D) setting the oxygen flow rate to at least 6 L/min.

Ans: A

Complexity: Moderate

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Pages: 934–935

Feedback: Emergency Medical Care, pages 934–935

77. Use of an automated transport ventilator is NOT appropriate for patients who are:

A) in cardiac arrest.

B) apneic with a pulse.

C) chemically paralyzed.

D) breathing spontaneously.

Ans: D

Complexity: Easy

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Page: 935

Feedback: Emergency Medical Care, page 935

78. A 76-year-old woman with emphysema presents with respiratory distress that has worsened progressively over the past 2 days. She is breathing through pursed lips and has a prolonged expiratory phase and an oxygen saturation of 76%. She is on home oxygen at 2 L/min. Your initial action should be to:

A) increase her oxygen flow rate to 6 L/min.

B) administer a beta-2 agonist via nebulizer.

C) place her in a position that facilitates breathing.

D) auscultate her lungs for adventitious breath sounds.

Ans: C

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Page: 928

Feedback: Emergency Medical Care, page 928

79. You are dispatched to a residence for a 59-year-old man with difficulty breathing. The patient, who has a history of COPD, is conscious and alert. During your assessment, he tells you that he developed chills, fever, and a productive cough 2 days ago. Auscultation of his lungs reveals rhonchi to the left lower lobe. This patient is MOST likely experiencing:

A) bronchitis.

B) pneumonia.

C) end-stage COPD.

D) COPD exacerbation.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 942

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 942

80. A 66-year-old man with chronic bronchitis presents with severe respiratory distress. The patient's wife tells you that he takes medications for high blood pressure and bronchitis, is on home oxygen therapy, and has recently been taking an over-the-counter antitussive. She further tells you that he has not been compliant with his oxygen therapy. Auscultation of his lungs reveals diffuse rhonchi. What is the MOST likely cause of this patient's respiratory distress?

A) Oxygen noncompliance

B) Recent antitussive use

C) An underlying infection

D) Acute right heart failure

Ans: B

Complexity: Difficult

Ahead: Patient Assessment

Subject: Respiratory Emergencies

Pages: 922–923

Feedback: Patient Assessment, pages 922–923

81. A 29-year-old woman is experiencing a severe asthma attack. Her husband reports that she was admitted to an intensive care unit about 6 months ago, and had a breathing tube in place. Prior to your arrival, the patient took three puffs of her rescue inhaler without effect. She is anxious and restless, is tachypneic, and has audible wheezing. You should:

A) apply a CPAP unit, transport immediately, and attempt to establish vascular access en route to the hospital.

B) begin assisting her ventilations with a bag-mask device and 100% oxygen and prepare to intubate her trachea.

C) start an IV of normal saline, administer methylprednisolone via IV push, and transport as soon as possible.

D) attempt to slow her breathing with respiratory coaching, administer a nebulized bronchodilator, and transport.

Ans: A

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Pages: 934–935

Feedback: Emergency Medical Care, pages 934–935

82. A morbidly obese man called 9-1-1 because of difficulty breathing. When you arrive, you find the 39-year-old patient lying supine in his bed. He is in marked respiratory distress and is only able to speak in two-word sentences. He has a history of hypertension, but denies any respiratory conditions. What should you do FIRST?

A) Begin assisting his ventilations.

B) Assess his oxygen saturation level.

C) Administer a beta-2 agonist drug.

D) Sit him up or place him on his side.

Ans: D

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Page: 928

Feedback: Emergency Medical Care, page 928

83. A 21-year-old woman experienced an acute onset of pleuritic chest pain and dyspnea while playing softball. She is noticeably dyspneic, has an oxygen saturation of 93% on room air, and has diminished breath sounds to the upper right lobe. The MOST appropriate treatment for this patient involves:

A) performing a needle decompression to the right side of her chest.

B) assisting his ventilations in order to increase her oxygen saturation.

C) administering high-flow supplemental oxygen and transporting at once.

D) applying a CPAP unit and starting an IV line en route to the hospital.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Conditions Outside the Lung Parenchyma

Subject: Respiratory Emergencies

Page: 948

Feedback: Pathophysiology, Assessment, and Management of Conditions Outside the Lung Parenchyma, page 948

84. You are transporting a patient with a long history of emphysema. The patient called 9-1-1 because his shortness of breath has worsened progressively over the past few days. He is on high-flow oxygen via nonrebreathing mask and has an IV of normal saline in place. The cardiac monitor shows sinus tachycardia and the pulse oximeter reads 89%. When you reassess the patient, you note that his respiratory rate and depth have decreased. You should:

A) remove the nonrebreathing mask and apply a nasal cannula.

B) administer a sedative and a paralytic and then intubate his trachea.

C) begin assisting his ventilations with a bag-mask device and 100% oxygen.

D) insert a nasal airway, apply a CPAP unit, and notify medical control.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Pages: 943–944

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, pages 943–944

85. An elderly woman with COPD presents with peripheral edema. The patient is conscious but agitated. She is breathing with slight difficulty but has adequate tidal volume. During your assessment, you note that her jugular veins engorge when you apply pressure to her right upper abdominal quadrant. She tells you that she takes a “water pill” and Vasotec for high blood pressure. You should:

A) expect to hear crackles when you auscultate her lungs.

B) suspect acute right-sided heart failure and administer oxygen.

C) start an IV of normal saline and give her a 250-mL bolus.

D) conclude that she has been noncompliant with her diuretic.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 942

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 942

86. A 36-year-old man with a history of asthma presents with severe respiratory distress. You attempt to administer a nebulized beta-2 agonist, but his poor respiratory effort is inhibiting effective drug delivery via the nebulizer and his mental status is deteriorating. You should:

A) assist his ventilations and establish vascular access.

B) start an IV of normal saline and administer a steroid.

C) apply high-flow oxygen via a nonrebreathing mask.

D) assist him with a metered-dose inhaler bronchodilator.

Ans: A

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Page: 933

Feedback: Emergency Medical Care, page 933

87. You are transporting a middle-aged man on a CPAP unit for severe pulmonary edema. An IV line of normal saline is in place. Prior to applying the CPAP device, the patient was tachypneic and had an oxygen saturation of 90%. When you reassess him, you note that his respirations have increased and his oxygen saturation has dropped to 84%. You should:

A) continue the CPAP treatment and administer a diuretic to remove fluids from his lungs quickly.

B) remove the CPAP unit, assist his ventilations with a bag-mask device, and prepare to intubate him.

C) suspect that he has developed a pneumothorax and prepare to perform a needle chest decompression.

D) decrease the amount of positive-end expiratory pressure that you are delivering and reassess.

Ans: B

Complexity: Difficult

Ahead: Emergency Medical Care

Subject: Respiratory Emergencies

Pages: 933–934

Feedback: Emergency Medical Care, pages 933–934

88. A known heroin abuser is found unconscious on a park bench. Your assessment reveals that his respirations are slow and shallow, and his pulse is slow and weak. You should:

A) suction his oropharynx, perform intubation, and then administer naloxone via slow IV push.

B) preoxygenate him with a bag-mask device for 2 to 3 minutes and then intubate his trachea.

C) apply oxygen via nonrebreathing mask, administer naloxone, and be prepared to assist ventilations.

D) assist ventilations with a bag-mask device, administer naloxone, and reassess his ventilatory status.

Ans: D

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Respiratory Emergencies

Pages: 909–910

Feedback: Anatomy and Physiology Review, pages 909–910

89. You are dispatched to a residence for a young woman with difficulty breathing. When you arrive, you find the patient sitting in a tripod position, noticeably dyspneic and tachypneic. She tells you that she experienced a sudden sharp pain to the left side of her chest and then started having trouble breathing. She states that her left leg has been painful, red, and swollen. Based on this patient's clinical presentation, you should suspect:

A) a pleural effusion.

B) spontaneous pneumothorax.

C) acute pulmonary embolism

D) hyperventilation syndrome.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Conditions Outside the Lung Parenchyma

Subject: Respiratory Emergencies

Page: 949

Feedback: Pathophysiology, Assessment, and Management of Conditions Outside the Lung Parenchyma, page 949

90. You respond to the residence of an elderly man with severe COPD. You recognize the address because you have responded there numerous times in the recent past. You find the patient, who is clearly emaciated, seated in his recliner. He is on oxygen via nasal cannula, is semiconscious, and is breathing inadequately. The patient's daughter tells you that her father has an out-of-hospital DNR order, for which she is frantically looking. You should:

A) apply a nonrebreathing mask, assess his oxygen saturation level, and prepare for immediate transport.

B) provide aggressive airway management unless the daughter can produce a valid DNR order.

C) intubate him at once, begin transport, and advise the daughter to notify the hospital when she finds the DNR order.

D) recognize that he is experiencing end-stage COPD, begin assisting his ventilations, and contact medical control as needed.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases

Subject: Respiratory Emergencies

Page: 943

Feedback: Pathophysiology, Assessment, and Management of Obstructive Lower Airway Diseases, page 943