

Chapter # 15: Respiratory Emergencies

1. Your patient has a chronic respiratory condition. His stimulus to breathe is triggered by low oxygen levels in the blood. This is known as the _____.
 - A) hypoxic drive
 - B) CO₂ drive
 - C) alternate drive
 - D) COPD drive
2. Which of the following must be assessed in every respiratory patient?
 - A) Lung sounds
 - B) Blood glucose levels
 - C) Distal pulse, motor, sensation
 - D) Orthostatic vital signs
3. Crackles (rales) are caused by _____.
 - A) mucus in the larger airways
 - B) air passing through fluid
 - C) severe bronchoconstriction
 - D) narrowing of the upper airways
4. “PASTE” is an alternate assessment tool for _____.
 - A) respiratory patients
 - B) cardiac patients
 - C) stroke patients
 - D) seizure patients
5. Which of the following is a genetic disorder that predisposes the patient to repeated lung infections?
 - A) Celiac sprue
 - B) Multiple sclerosis
 - C) Cystic fibrosis
 - D) Severe acute respiratory syndrome
6. In what area of the lungs does respiration occur?
 - A) Alveoli
 - B) Trachea
 - C) Bronchi
 - D) Capillaries

7. In order for efficient pulmonary gas exchange to occur:
- A) the percentage of inhaled carbon dioxide must exceed the percentage of inhaled oxygen.
 - B) there must be low quantities of pulmonary surfactant to allow for full alveolar expansion.
 - C) the pulmonary capillaries must be completely constricted and the alveoli must be collapsed.
 - D) oxygen and carbon dioxide must be able to freely diffuse across the alveolar–capillary membrane.
8. Which of the following is MOST characteristic of adequate breathing?
- A) 22 breaths/min with an irregular pattern of breathing and cyanosis
 - B) 20 breaths/min with shallow movement of the chest wall and pallor
 - C) 24 breaths/min with bilaterally equal breath sounds and pink skin
 - D) 30 breaths/min with supraclavicular retractions and clammy skin
9. Which of the following conditions would be LEAST likely to result in hypoxia?
- A) Pleural effusion
 - B) Severe anxiety
 - C) Pulmonary edema
 - D) Narcotic overdose
10. A 59-year-old male with a history of emphysema complains of an acute worsening of his dyspnea and pleuritic chest pain following a forceful cough. Your assessment reveals that he has a barrel-shaped chest, unilaterally diminished breath sounds, and tachycardia. What is the MOST likely cause of this patient's condition?
- A) Rupture of the diaphragm
 - B) Exacerbation of his COPD
 - C) Acute pulmonary embolism
 - D) Spontaneous pneumothorax
11. Treatment with continuous positive airway pressure (CPAP) would MOST likely be contraindicated in which of the following situations?
- A) Pulmonary edema, history of hypertension, and anxiety
 - B) Difficulty breathing, two-word dyspnea, and tachycardia
 - C) Shortness of breath and a blood pressure of 76/56 mm Hg
 - D) Conscious and alert patient with an oxygen saturation of 85%
12. Asthma is caused by a response of the:
- A) immune system.
 - B) endocrine system.
 - C) respiratory system.
 - D) cardiovascular system.

13. A 30-year-old male presents with acute shortness of breath, widespread hives, and facial swelling. He denies any past medical history and takes no medications. During your assessment, you hear wheezing over all the lung fields. His blood pressure is 90/50 mm Hg and his heart rate is 110 beats/min. In addition to giving him high-flow oxygen, the MOST important treatment for this patient is:
- A) albuterol.
 - B) epinephrine.
 - C) an antihistamine.
 - D) a beta-antagonist.
14. When auscultating the lungs of a patient with respiratory distress, you hear adventitious sounds. This means that the patient has:
- A) normal breath sounds.
 - B) abnormal breath sounds.
 - C) diminished breath sounds.
 - D) an absence of breath sounds.
15. While auscultating an elderly woman's breath sounds, you hear low-pitched "rattling" sounds at the bases of both of her lungs. This finding is MOST consistent with which of the following conditions?
- A) Acute asthma attack
 - B) Widespread atelectasis
 - C) Aspiration pneumonia
 - D) Early pulmonary edema
16. You are assisting an asthma patient with his prescribed metered-dose inhaler. After the patient takes a deep breath and depresses the inhaler, you should:
- A) instruct him to hold his breath for as long as he comfortably can.
 - B) immediately reapply the oxygen mask and reassess his condition.
 - C) advise him to exhale forcefully to ensure medication absorption.
 - D) allow him to breathe room air and assess his oxygen saturation.
17. A pleural effusion is MOST accurately defined as:
- A) a unilaterally collapsed lung.
 - B) diffuse collapsing of the alveoli.
 - C) fluid accumulation outside the lung.
 - D) a bacterial infection of the lung tissue.

18. You are attending to a 3-year-old male patient who is presenting with severe shortness of breath. His parents report that he has had a cough and cold with a low grade fever for the past two days. They became worried today, as his level of distress has increased dramatically. On assessment, the patient is sitting upright and making high-pitched noises with each breath. Based on this information, the patient is most likely suffering from:
- A) bacterial infection of the epiglottitis.
 - B) viral infection of the upper respiratory tract.
 - C) inflammation of the lower respiratory tract and bronchospasm.
 - D) inflammation of the bronchioles.
19. His parents tell you that their son has had a chest infection for the past two days and when they took him to their family doctor, they were told it was likely due to the respiratory syncytial virus (RSV). They have kept him well hydrated, but the infection seems to have gotten worse. On auscultation, you hear decreased air entry bilaterally with fine expiratory wheezes and the occasional coarse wet crackle. Based on this information, your patient is most likely suffering from:
- A) bronchiolitis.
 - B) pertussis.
 - C) epiglottitis.
 - D) croup.
20. You are attending to a 54-year-old female patient in a homeless shelter. The patient tells you that she had the flu a couple of weeks ago, and she has not gotten over it. She has been tired and keeps waking up at night, sweating. She has been coughing up green sputum occasionally and has been experiencing episodes of chest pain that get worse when she breathes. Based on this information, your patient is most likely suffering from:
- A) influenza Type A.
 - B) pneumonia.
 - C) chronic obstructive pulmonary disease (COPD).
 - D) tuberculosis.