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Practice Questions

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1. In the table below, identify which of the following lung capacities cannot be determined through spirometry alone due to the presence of non-measurable components:

Lung Capacity	Description
Functional Residual Capacity (FRC)	Consists of RV and ERV
Inspiratory Capacity (IC)	Includes TV and IRV
Total Lung Capacity (TLC)	Sum of all lung volumes
Vital Capacity (VC)	Maximum air exhaled after maximum inhalation

- A. Inspiratory Capacity (IC)
- B. Total Lung Capacity (TLC)
- C. Vital Capacity (VC)
- D. Functional Residual Capacity (FRC)

2. Evaluate the table below to identify which type of blood cell count elevation could suggest an ongoing infection in a patient.

Blood Component	Normal Range	Possible Indicator
White blood cells	4,500-11,000 cells/ μ L	Infection or inflammation
Red blood cells	4.7-6.1 million cells/ μ L	Polycythemia or hypoxia
Platelets	150,000-450,000 platelets/ μ L	Chronic inflammation or malignancy

- A. Platelets
- B. Hemoglobin
- C. White blood cells
- D. Red blood cells

3. Examine the details below to determine the MOST likely underlying condition affecting this patient. (CHOOSE ONLY ONE.)

- A. Pulmonary embolism
- B. Interstitial lung disease due to occupational exposure
- C. Chronic obstructive pulmonary disease (COPD) from smoking
- D. Acute bronchitis

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4. A 56-year-old patient on anticoagulant therapy is scheduled for a bronchoscopy. Which of the following considerations is MOST important before proceeding with the procedure?

- A. Increased risk of bleeding during bronchoscopy
- B. Greater likelihood of developing pneumonia post-procedure
- C. Higher possibility of oxygen desaturation during the procedure
- D. Anticoagulant therapy does not impact the bronchoscopy risk assessment

5. Which of the following BEST describes stridor?

- A. A low-pitched, whistling sound that occurs simply during expiration and is localized at a specific spot on the chest wall
- B. A high-pitched, whistle-like sound that occurs during inspiration, mainly localized to one lobe but not to a discreet site
- C. A gurgling sound that typically occurs during expiration and is localized to one lung region, rather than a discrete site
- D. A high-pitched, wheezing sound resulting from turbulent air flow in the upper airway either during inspiration or expiration, often located around the trachea or larynx

6. Based on the following patient data, which patient would be contraindicated for a high-frequency oscillatory ventilation (HFOV) trial due to their condition? Patient Age Diagnosis Mean Arterial Pressure (MAP) (mm Hg) Blood Gas: pH / PaCO₂ (mm Hg) Patient A 60 ARDS 85 7.35 / 45 Patient B 50 COPD 50 7.20 / 70 Patient C 40 Pneumonia 90 7.40 / 40 Patient D 30 Sepsis 65 7.36 / 60

- A. Patient B
- B. Patient A
- C. Patient C
- D. Patient D

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7. Which of the following is NOT a correct technique for hyperinflation therapy using an incentive spirometer?

- A. Inhale slowly and maintain the flow indicator within the target range
- B. Sit up straight and hold the incentive spirometer steadily
- C. Exhale completely before taking a slow, deep breath in
- D. Exhale quickly and then inhale rapidly to maximize lung volume



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8. A patient presents with a PaO_2 of 58 mmHg on room air. What is the appropriate intervention for this patient?

- A. Administer supplemental oxygen to improve PaO_2 levels.
- B. Immediately intubate the patient without further evaluation.
- C. Initiate mechanical ventilation without prior oxygen therapy.
- D. No intervention is necessary; re-evaluate in 24 hours.

9. Analyze the table below to determine the expected breathing patterns in a patient with specific blood gas results: Condition pH PaCO₂ (torr) PaO₂ (torr) HCO₃⁻ (mEq/L)
Expected Breathing Pattern
Diabetic Ketoacidosis (DKA) 7.20 30 85 16
Chronic Obstructive Pulmonary Disease (COPD) 7.35 55 60 27
Metabolic Alkalosis 7.50 45 90 32
What is the expected breathing pattern for the DKA patient?

- A. Slow, deep breaths with prolonged inspiratory phase
- B. Rapid, deep breaths with prolonged inspiratory phase
- C. Periods of rapid, deep breaths mixed with periods of apnea
- D. Rapid, deep breaths with prolonged expiratory phase

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10. Evaluate the following situations to identify which one is NOT a direct cause of lung collapse (pneumothorax).

- A. Blunt chest trauma
- B. Rib fracture
- C. Penetrating injury to the chest
- D. Spontaneous pneumothorax in a healthy person

11. Which of the following is NOT a correct step when initiating non-invasive ventilation (NIV) for a patient with acute respiratory failure?

- A. Monitor the patient's vital signs, including oxygen saturation
- B. Apply a tight-fitting mask and immediately set the maximum pressure support
- C. Ensure a tight mask fit to prevent air leakage
- D. Consider the patient's comfort and tolerance when adjusting settings



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12. Review the patient details below: What preventive measures could minimize the risk of the new symptoms experienced by the patient? (SELECT AS MANY as you consider indicated.) Factor Value Patient Age 50 Occupation Office worker Medical History Hypertension Smoking Status Non-smoker Symptoms Sudden shortness of breath, chest discomfort Recent Health Event Hip surgery Activity Level Immobile due to surgery Vital Signs HR: 120; RR: 28; O2 Sat: 88%

- A. Scheduling a dietary consult
- B. Implementing leg exercises
- C. Encouraging patient mobility
- D. Ensuring the patient avoids any mental stress

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13. Which condition is LEAST likely to contribute to a decreased Inspiratory Capacity (IC)?

- A. Pleural effusion
- B. Pulmonary edema
- C. Pulmonary embolism
- D. Obstructive sleep apnea

14. A registered respiratory therapist is assessing a patient with chronic obstructive pulmonary disease (COPD) who is prescribed a home nebulizer. Which of the following is NOT a consideration for this patient regarding the maintenance of their nebulizer system?

- A. The respiratory therapist should verify nebulizer operation during visits
- B. The nebulizer should be cleaned every few weeks
- C. The nebulizer should be thoroughly dried after each use
- D. Replacement of tubing should be performed regularly

15. A patient with a potential obstructed airway is to undergo a tracheostomy. What is an important consideration when choosing a tracheostomy over other airway interventions?

- A. Tracheostomy reduces the risk of vocal cord damage
- B. Tracheostomy is performed more quickly than intubation
- C. Tracheostomy is less invasive than nasal intubation
- D. Tracheostomy is more cost-effective than intubation



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16. Which of the following factors is LEAST significant when modifying ventilation settings for a patient with COPD in ACV mode?

- A. FiO_2 levels
- B. Ventilator humidification
- C. Inspiratory flow rate
- D. Tidal volume

17. Which of the following is NOT a critical step in preparing a patient for a bronchoscopy?

- A. Administer topical anesthetics to the airway
- B. Confirm NPO status for at least 6 hours prior
- C. Administer bronchodilator nebulization immediately prior
- D. Ensure patient is in the supine position

18. Based on the details below, which interventions are MOST likely to stabilize this patient? (SELECT AS MANY as you consider indicated.) Parameter Value Age 34 years Condition Acute Asthma Exacerbation Breath Sounds Wheezing, diminished Respiratory Rate 38 Heart Rate 130 Blood Pressure 145/90 SpO₂ 88% ABG Results pH 7.31; PaCO₂ 50 mmHg; PaO₂ 55 mmHg

- A. Systemic corticosteroids
- B. High-flow oxygen therapy
- C. Antibiotics
- D. Bronchoscopy

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19. Which of the following characteristics defines assist-control ventilation mode?

- A. Inspiration is only patient-triggered
- B. Inspiration is only time-triggered
- C. It does not allow any spontaneous breathing
- D. Breaths can be triggered by patient effort or by time intervals



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20. Use the following details to determine which advice should be given to a patient with COPD during their outpatient follow-up. (SELECT AS MANY as you consider indicated.)

- A. Importance of quitting smoking to prevent further exacerbations
- B. Proper use of prescribed bronchodilator inhalers
- C. Need to move to a carpeted house to reduce dust
- D. Replacing wooden floors with vinyl flooring

21. The respiratory therapist is assessing a patient's ventilation status using a capnograph. Which of the following values can NOT be determined from capnography?

- A. Capnographic waveform
- B. PaO_2
- C. $PETCO_2$
- D. Respiratory rate

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22. Which of the following BEST describes the mechanism of action of Dornase Alfa (Pulmozyme) in cystic fibrosis patients?

- A. Enzymatically cleaves extracellular DNA in sputum
- B. Increases the pH of airway secretions
- C. Stimulates beta-2 receptors to dilate bronchioles
- D. Combines with oxygen to liquefy sputum

23. Evaluate the following interventions for a neonate exhibiting signs of respiratory distress and cyanosis with no palpable pulse. Which of the following interventions are NOT immediately indicated for this patient? (SELECT AS MANY as you consider indicated.)

- A. Supplemental Oxygen
- B. Positive Pressure Ventilation
- C. Physical Stimulation
- D. Intubation

24. When delivering a gas mixture with an absolute humidity of 30 mg/L at room temperature directly to the alveoli, which of the following is TRUE?

- A. This can cause alveolar dehydration due to the insufficient humidity of delivered gas.
- B. This provides adequate humidification and temperature for human airways.
- C. This is beneficial for high-performance athletes.
- D. This results in improved oxygen diffusion because cool gas has increased density.



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25. A patient is experiencing an acute asthma attack, and the respiratory therapist needs to administer a medication that will activate the patient's beta-2 adrenergic receptors. Which of the following physiological responses is NOT primarily mediated by beta-2 adrenergic receptor stimulation?

- A. Vasodilation of pulmonary arteries
- B. Increased mucous secretion in airways
- C. Increased heart rate
- D. Bronchodilation

26. Refer to the details provided to determine the main reason for initiating ambient air mask therapy. (CHOOSE ONLY ONE.)

- A. Lack of evidence supporting its efficacy in treating non-asthmatic bronchospasm
- B. It is effective, though its mechanism in treating non-asthmatic bronchospasm is unclear
- C. It lowers airway resistance by cooling airway walls
- D. The moisture enhances respiratory function and oxygen diffusion

27. A respiratory therapist is using a pulse oximeter to monitor oxygen saturation in a patient with carbon monoxide poisoning. How is the patient's SpO_2 reading likely to be affected?

- A. It will not affect the patient's SpO_2 reading
- B. The SpO_2 will correctly reflect oxygen saturation levels.
- C. It will be falsely high
- D. It will be falsely low

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28. A patient in a hospital is on mechanical ventilation. You notice a sudden drop in the exhaled tidal volume on the ventilator display. Which of the following factors would NOT cause this occurrence?

- A. A leak in the ventilator circuit
- B. Disconnect between the patient and the ventilator
- C. Obstruction in the ventilator tubing
- D. An increase in lung compliance



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29. When performing sterilization on respiratory therapy equipment, the therapist recognizes that it does NOT destroy which of the following?

- A. Bacteria
- B. Protozoa
- C. Prions
- D. Viruses

30. Identify which of the following surfaces can be properly disinfected using UV radiation: Surface Material Hospital Bed Rail Metal Patient Chart Paper Ventilator Control Panel Plastic Isolation Room Window Glass Blood Pressure Cuff Fabric

- A. Patient Chart, Isolation Room Window
- B. Hospital Bed Rail, Ventilator Control Panel, Isolation Room Window
- C. Hospital Bed Rail, Patient Chart, Blood Pressure Cuff
- D. Ventilator Control Panel, Patient Chart



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Answer Key & Explanations

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1. D — Functional Residual Capacity (FRC)

Functional Residual Capacity (FRC) includes the Residual Volume (RV), which cannot be directly measured using spirometry. Inspiratory Capacity (IC), Total Lung Capacity (TLC), and Vital Capacity (VC) can be directly or indirectly measured using spirometry.

2. C — White blood cells

Elevated white blood cells (leukocytosis) often indicate an ongoing infection or inflammation in the body. An increase in red blood cells or platelets does not typically indicate infection but may suggest other conditions like polycythemia or chronic inflammation.

3. B — Interstitial lung disease due to occupational exposure

The correct answer is Interstitial lung disease due to occupational exposure. This condition is consistent with the patient's history of working in metal factories and inhaling irritants like nickel and chromium, which can lead to interstitial lung diseases characterized by symptoms such as persistent dry cough and shortness of breath. Chronic obstructive pulmonary disease (COPD) from smoking is unlikely due to the patient's non-smoking status. Acute bronchitis typically presents with productive cough. Pulmonary embolism does not match the gradual onset and pattern of interstitial changes seen in imaging.

4. A — Increased risk of bleeding during bronchoscopy

Answer: Increased risk of bleeding during bronchoscopy Patients on anticoagulant therapy are at a greater risk for bleeding during invasive procedures such as bronchoscopy. It is crucial to assess the patient's coagulation status before proceeding, and measures may need to be taken to manage bleeding risk. While oxygen desaturation and risk of pneumonia are considerations, the most critical consideration in this context is the risk of bleeding. Anticoagulant therapy directly impacts this risk, whereas its connection to oxygen desaturation or pneumonia is indirect or minimal.

5. D — A high-pitched, wheezing sound resulting from turbulent air flow in the upper airway either during inspiration or expiration, often located around the trachea or larynx

Answer: A high-pitched, wheezing sound resulting from turbulent air flow in the upper airway either during inspiration or expiration, often located around the trachea or larynx. Stridor is typically a high-pitched, wheezing sound due to turbulent airflow in the upper airway. The sound is most commonly heard during inspiration, but can also occur during expiration. Stridor is often localized to the trachea or larynx and can indicate upper airway obstruction.

6. A — Patient B

HFOV is contraindicated in patients with severe acidosis (low pH) and hypotension (low MAP). Patient B has a MAP of 50 mm Hg, which is lower than normal, and a pH of 7.20, indicating severe acidosis. These conditions make HFOV unsuitable for Patient B.

7. D — Exhale quickly and then inhale rapidly to maximize lung volume

Exhaling quickly and then inhaling rapidly is not a recommended technique for incentive spirometry. Proper



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technique involves inhaling slowly and keeping the flow indicator in the target range to ensure adequate lung expansion. Sitting up straight enhances inhalation, and exhaling completely before using the spirometer ensures maximum lung capacity utilization.

8. A — Administer supplemental oxygen to improve PaO_2 levels.

Answer: Administer supplemental oxygen to improve PaO_2 levels. A PaO_2 of 58 mmHg indicates moderate hypoxemia, and oxygen therapy should be administered to increase arterial oxygen content. Immediate intubation or mechanical ventilation is not indicated unless other clinical signs necessitate it. Monitoring without intervention could worsen the patient's condition.

9. D — Rapid, deep breaths with prolonged expiratory phase

In Diabetic Ketoacidosis (DKA), the patient typically exhibits the Kussmaul breathing pattern, characterized by rapid, deep breaths with a prolonged expiratory phase. This helps eliminate excess CO_2 and counteracts metabolic acidosis, as evidenced by the blood gas results with low pH and low HCO_3^- levels.

10. D — Spontaneous pneumothorax in a healthy person

The correct answer is spontaneous pneumothorax in a healthy person. While it can lead to lung collapse, it is not due to a direct injury but rather occurs without apparent injury. Blunt chest trauma, rib fractures, and penetrating chest injuries are direct injuries that can cause a pneumothorax.

11. B — Apply a tight-fitting mask and immediately set the maximum pressure support

Answer: Apply a tight-fitting mask and immediately set the maximum pressure support. When initiating non-invasive ventilation (NIV), it is crucial to start with lower pressure support settings and gradually adjust according to the patient's response and comfort. Immediate maximum pressure can lead to discomfort and may worsen air leaks around the mask. Monitoring patient comfort, ensuring a good mask fit, and checking vital signs are standard procedures.

12. B — Implementing leg exercises

The patient is at risk for a pulmonary embolism due to recent immobility after hip surgery. Preventive measures like leg exercises and encouraging mobility help maintain circulation and reduce this risk. Avoiding stress and scheduling a dietary consult do not directly reduce embolism risk. Complete bed rest might exacerbate the issue by promoting immobility.

13. C — Pulmonary embolism

Answer: Pulmonary embolism. Pulmonary embolism does not directly affect the air volume that can be inspired, hence it does not typically lead to a decreased IC. Conditions like obstructive sleep apnea, pleural effusion, and pulmonary edema can all contribute to a reduction in Inspiratory Capacity as they affect lung mechanics and airflow.

14. B — The nebulizer should be cleaned every few weeks

Answer: The nebulizer should be cleaned every few weeks. The nebulizer should be cleaned after each use, not every few weeks, to ensure proper hygiene and function. Thorough drying prevents mold and bacteria growth. Tubing and other components should be regularly replaced to maintain performance and safety. The respiratory therapist should assess the patient's technique and the nebulizer's functionality during routine visits.

15. A — Tracheostomy reduces the risk of vocal cord damage

Answer: Tracheostomy reduces the risk of vocal cord damage. Tracheostomy is generally preferred when



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prolonged airway management is necessary, as it avoids the complications associated with intubation, such as vocal cord damage. It also provides better patient comfort and allows for easier oral and airway hygiene.

16. B — Ventilator humidification

Answer: Ventilator humidification. Although humidification of inspired gases is important for patient comfort and airway protection, it is not a critical factor in adjusting ventilation settings for a COPD patient in Assist Control Ventilation (ACV) mode. Inspiratory flow rate, tidal volume, and FiO_2 levels are more direct factors that impact ventilation and oxygenation in these patients.

17. C — Administer bronchodilator nebulization immediately prior

Administering a bronchodilator nebulization is not typically a primary preparation step for bronchoscopy. Essential steps include ensuring the patient is supine, administering topical anesthetics to ensure patient comfort, and confirming the patient has been NPO (nothing by mouth) to prevent aspiration risk.

18. A — Systemic corticosteroids

Acute asthma exacerbations require interventions to quickly reduce airway inflammation and open the airways. Continuous albuterol provides sustained bronchodilation. Systemic corticosteroids decrease airway inflammation, essential in stabilizing asthma exacerbations. High-flow oxygen therapy can improve hypoxemia by increasing oxygen delivery. Antibiotics are not routinely indicated unless there is evidence of bacterial infection, which is not present in this scenario. Bronchoscopy is not a typical intervention for asthma exacerbation.

19. D — Breaths can be triggered by patient effort or by time intervals

Answer: Breaths can be triggered by patient effort or by time intervals. In assist-control ventilation, while the ventilator delivers breaths at preset intervals, the patient can also initiate breaths. Spontaneous breathing can occur alongside mandatory breaths, unlike in control mode ventilation, where only time-triggered breaths happen.

20. A — Importance of quitting smoking to prevent further exacerbations

Patients with COPD should be advised on the importance of smoking cessation to prevent further exacerbations and complications. Proper inhaler technique is crucial to ensure effective delivery of medication. While living conditions such as the type of flooring can affect air quality, the pressing issue for someone with COPD is to quit smoking rather than changing flooring materials. Increasing oxygen therapy during physical activity should only be done under medical guidance and is not a primary intervention in this context.

21. B — PaO_2

Answer: PaO_2 . Capnography measures exhaled CO_2 and provides values such as PETCO₂/ETCO₂, respiratory rate, and the capnographic waveform. It cannot determine arterial oxygen partial pressure (PaO_2), which requires arterial blood gas analysis.

22. A — Enzymatically cleaves extracellular DNA in sputum

Answer: Enzymatically cleaves extracellular DNA in sputum. Dornase Alfa (Pulmozyme) acts by enzymatically cleaving the extracellular DNA found in the sputum of cystic fibrosis patients, reducing its viscosity. It is important to note that Dornase Alfa does not change the pH of airway secretions, nor does it work by stimulating bronchioles or by combining with oxygen to liquefy sputum.



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23. D — Intubation

In an emergency scenario with no palpable pulse, immediate interventions such as positive pressure ventilation and supplemental oxygen are critical to address the symptoms of respiratory distress and low oxygen saturation. Physical stimulation can help increase respiratory efforts. Intubation and Apgar score assessment, while potentially beneficial, are not immediate priorities in situations where rapid stabilization is necessary.

24. A — This can cause alveolar dehydration due to the insufficient humidity of delivered gas.

Answer: This can cause alveolar dehydration due to the insufficient humidity of delivered gas. Delivering gas with an absolute humidity of 30 mg/L at room temperature directly to the alveoli can lead to alveolar dehydration. Optimal alveolar conditions require a higher absolute humidity to prevent water loss from the mucosal surfaces. Room temperature gas with this humidity level provides insufficient moisture.

25. C — Increased heart rate

Answer: Increased heart rate. The heart rate is primarily controlled by beta-1 adrenergic receptors, which are different from beta-2 receptors involved in bronchodilation and vasodilation of lesser blood vessels. Beta-2 adrenergic receptors are important in bronchodilation, vasodilation of pulmonary arteries, and increased mucous secretion in the airways, but they do not directly affect heart rate.

26. A — Lack of evidence supporting its efficacy in treating non-asthmatic bronchospasm

There is no concrete evidence that ambient air mask therapy is effective in treating non-asthmatic bronchospasm. Its use is not contraindicated, but efficacy has not been established.

27. C — It will be falsely high

Answer: It will be falsely high. Carbon monoxide binds to hemoglobin, forming carboxyhemoglobin, which pulse oximeters incorrectly interpret as oxyhemoglobin. This results in falsely elevated SpO_2 readings because the device cannot distinguish between the two.

28. D — An increase in lung compliance

An increase in lung compliance would typically lead to an increase in exhaled tidal volume, not a decrease. A leak in the ventilator circuit, disconnection, or obstruction would all lead to a sudden decrease in exhaled tidal volume.

29. C — Prions

Answer: Prions. Sterilization aims to destroy all forms of microbial life, including bacteria, viruses, and fungi; however, prions are resistant to the standard sterilization methods and pose a unique challenge.

30. B — Hospital Bed Rail, Ventilator Control Panel, Isolation Room Window

UV radiation is effective for disinfecting non-porous surfaces such as metal, plastic, and glass. It does not penetrate or effectively disinfect more porous materials such as paper and fabric. Therefore, the hospital bed rail, ventilator control panel, and isolation room window can be disinfecting with UV radiation.



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