RESPIRATORY UNIT QUIZ

1. In order to explain to a patient how breathing works, the nurse must understand that:
   a. Breathing in (inspiration) is an active process accomplished by muscles which lower the diaphragm and raise the chest walls resulting in lowering the intrathoracic pressure.
   b. Bronchioles are medium-sized passageways that serve as the major areas (gas exchange units) where oxygen is taken into the bloodstream and carbon dioxide is removed.
   c. The lungs have three lobes on the left and two lobes on the right, and are surrounded by 11 ribs and 11 thoracic vertebrae.
   d. Chemoreceptors located in the visceral and parietal pleura provide a feedback mechanism to determine how much oxygen is absorbed from the lungs.

2. When assessing a patient’s lungs, the nurse listens for breath sounds which may be described as:
   a. Adventitious, which is the same as normal breath sounds.
   b. Pleural friction rub, which happens when the lung lobes rub against each other.
   c. Wheezes, which are decreased sounds heard when alveolae expand.
   d. Crackles, which are also called rales, and occur with sudden opening of closed airways or alveoli.

3. A patient is admitted complaining of fatigue, anorexia, productive cough, fevers and night sweats. The patient has recently resided in a Third World country. The nurse would initially:
   a. Put the patient on fluid restrictions
   b. Place the patient on oxygen
   c. Place the patient in respiratory isolation/droplet precautions
   d. Transfer the patient to the intensive care unit

4. After using corticosteroid metered dose inhalers, patients should be instructed to:
   a. Remain lying down for 5 minutes
   b. Rinse mouth to avoid development of oral candidiasis (thrust)
   c. Not eat or drink anything for 30 minutes
   d. Avoid anyone with a contagious respiratory infection

5. A patient rapidly develops restlessness, disorientation, rapid and difficult respirations and PVCs. The nurse suspects that the patient is experiencing:
   a. The beginning stages of COPD
   b. Hypoxia
   c. Metabolic acidosis with compensating respiratory alkalosis
   d. Tuberculosis
6. Oxygen therapy is important for the patient in respiratory distress. The nurse needs to know that oxygen delivered by:
   a. Nasal cannula is a good choice for a mouth breather since it does not cause any more drying out of the mucous membranes and must be maintained at high flow rates of oxygen
   b. Simple mask is most comfortable for the patient and can be maintained at any flow rate
   c. Nonrebreather mask is indicated when high oxygenation is needed and oxygen flow rates must be high enough to keep attached bag from collapsing during inspiration
   d. Venturi mask delivers a varied percentage of oxygen intermittently and can be left in place when patient eats

7. COPD patients, although sharing many of the same characteristics, also differ according to their disease process. The nurse, in order to effectively care for these patients, needs to remember that patients with:
   a. Emphysema have a chronic productive cough, shortness of breath and a typical “blue bloater” appearance
   b. Chronic bronchitis have an intermittent, usually reversible, hyperirritability of airways, characterized by periodic exacerbation
   c. Any COPD disease process demonstrate a typical “pink puffer” appearance with barrel-chested appearance
   d. Any COPD process need measures to conserve energy and instruction on their disease process and lifestyle adaptations

8. Assessment findings of patients with respiratory conditions may include:
   a. Pink frothy sputum with pneumothorax
   b. Crackles with emphysema
   c. Nonproductive cough with chronic bronchitis
   d. Chest pain with pulmonary embolus

9. In order to effectively care for the patient with a chest tube, the nurse needs to:
   a. Check for continuous bubbling in the water-seal chamber, which indicates an air leak.
   b. Check for an air leak in the tubing if the bubbling is only with expiration.
   c. Empty the drainage every shift so it can be measured.
   d. Immediately report to the physician if the drainage gradually changes from bloody to serosanguinous and slightly decreases in amount.

10. Acute respiratory failure is a medical emergency and is characterized by:
    a. PaO2 of 60 mm Hg or less despite oxygenation of 60%+
    b. PaCO2 of greater than 45 mm Hg with pH less than 7.35
    c. Dyspnea, disorientation and possible coma
    d. All of the above