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Question: 1

All of the following choices are benefits to oral airway placement EXCEPT

- A. Patients are unable to bite down on an endotracheal tube.
- B. Lower airway obstructions can be bypassed.
- C. Suction catheters can be fed through the center channel.
- D. Resuscitation masks fit over the oral airway.

Answer: B

Explanation:

Oral airways, commonly known as bite blocks, are used for several purposes in the healthcare setting. Oral airways can be used to prevent a patient from biting down on an endotracheal tube or repositioning the patient's tongue to prevent it from falling back into the oropharynx. They can also be used to help bypass an upper airway obstruction or abnormality, and patients can be suctioned through the center channel on the airway. Resuscitation masks also fit over the airway, allowing the clinician to manually ventilate a patient with the bite block in place. Option B is the correct answer because oral airways alleviate upper airway obstructions, not lower airway obstructions.

Question: 2

A respiratory therapist is assigned a cystic fibrosis patient who is scheduled for the following therapies: chest physiotherapy (CPT) via vest for 20 minutes, 2.5 albuterol nebulizer Q4 h, 0.5 mg budesonide nebulizer BID. The patient is due for all three therapies. Which therapy should be provided LAST?

- A. 2.5 albuterol nebulizer
- B. 0.5 mg budesonide nebulizer
- C. CPT via vest for 20 minutes
- D. These therapies can be provided in any order.

Answer: C

Explanation:

CPT should always be performed after nebulizer therapy unless the physician has requested a different order of therapy. First, the clinician should administer albuterol because this is a bronchodilator, which will relax the airway. Next, the clinician would administer budesonide, which is a localized inhaled steroid that reduces airway inflammation. Finally, the clinician would administer vest therapy because it is designed to help the patient expectorate mucus. The patient would be more likely to expectorate mucus after the administration of a bronchodilator therapy

when the airways are more relaxed.

Question: 3

Which of the following choices is NOT true regarding positive expiratory pressure (PEP) therapy?

- A. Expiratory pressure is applied to the airway via oscillation.
- B. PEP therapy is delivered via a handheld device known as a flutter valve.
- C. The purpose of PEP therapy is to relieve bronchospasm and airway obstruction.
- D. PEP therapy maneuvers should continue for up to 20 breaths per session.

Answer: C

Explanation:

Positive expiratory pressure (PEP) therapy is an intervention in which a patient exhales into a PEP device (also known as a flutter valve). The PEP device oscillates during the patient's exhalation, delivering the oscillatory effect to the patient's airway. This helps to dislodge mucus within the lungs and allows the patient to expectorate it more easily. Option C is the correct answer because PEP therapy is used for the expectoration of airway secretions and has no effect on bronchospasm or other airway obstructions.

Question: 4

All of the following conditions are contraindications for chest physiotherapy (CPT) EXCEPT

- A. Chest tube placement
- B. Eating a meal 10 minutes prior to therapy
- C. History of flail chest
- D. Rib fracture

Answer: C

Explanation:

A history of lung injury or infection including flail chest is not necessarily a contraindication for chest physiotherapy (CPT). If the injury has healed and no further damage to the chest structures is present, then CPT can be administered. CPT is the therapeutic tapping or cupping on a patient's chest to help the patient expectorate mucus. This therapy is contraindicated in patients who have eaten within 30 minutes to an hour of therapy, patients with chest injuries such as rib fracture, and patients with chest tubes in place.

Question: 5

The respiratory therapist is called to perform CPT on a patient with a history of syncope. The patient is admitted for pneumonia and shortness of breath. The physician's order asks for CPT with postural drainage of the lower lobes. In which position should the patient be

placed to accomplish this request?

- A. Supine
- B. Prone
- C. Head of bed elevated
- D. Trendelenburg

Answer: B

Explanation:

When draining the lower lobes, the patient should be placed in the prone position so that the affected area is facing up. The respiratory therapist can then perform percussion therapy on that area, allowing the lobes to drain while turning the patient side to side. Because Trendelenburg is a position in which the patient's head is down, and therefore the patient's lower lobes are up, the patient is inverted, which may cause lightheadedness and other complications. This is especially true in patients with a history of fainting (syncope).

Question: 6

The respiratory therapist is called to perform intrapulmonary percussive ventilation (IPV) therapy on a patient with pneumonia.

- a. The respiratory therapist prepares the equipment and starts the therapy. The IPV machine is not delivering any pressure or mist to the patient. All of the following troubleshooting steps would be helpful at this time EXCEPT
- A. Ensuring an adequate power source
 - B. Ensuring an adequate gas source
 - C. Checking all connections
 - D. Sending the machine for repair

Answer: D

Explanation:

Before sending the machine for repair, the clinician should troubleshoot the machine thoroughly. This can include checking that the power and gas sources are adequate; checking all circuit and nebulizer connections to ensure a tight fit; and looking for leaks, kinks, and obstructions in the circuitry. Only then should the respiratory therapist send the machine for repair.

Question: 7

Which one of the following steps in a cough-assist maneuver is incorrect?

- A. Place the palms of your hands on either side of the patient's navel.
- B. Instruct the patient to exhale completely.
- C. Push the patient's abdomen up and in during the cough attempt.
- D. Sit the patient up or have them lie down.

Answer: B

Explanation:

A cough assist is performed by having the patient either lie down or sit up. The clinician places the palms of his or her hands on either side of the patient's navel, and the patient is instructed to inhale completely. The clinician then instructs the patient to attempt to cough while simultaneously pushing the patient's abdomen up and in. Option B is the correct answer because the patient does not exhale completely; instead, they inhale completely and then attempt to cough when instructed to do so.

Question: 8

The respiratory therapist is called to the bedside of a patient who has a tracheostomy tube in place. The nurse tells the respiratory therapist that the tube is dislodged and needs to be repositioned. What action should the respiratory therapist take FIRST?

- A. Gather the necessary equipment.
- B. Assess the patient for signs of respiratory distress.
- C. Insert a new tracheostomy tube using clean technique.
- D. Suction the patient.

Answer: B

Explanation:

Although all of the mentioned steps are required in the replacement of a tracheostomy tube, the respiratory therapist must first assess the patient for signs of respiratory distress and treat them accordingly. Displacement of a tracheostomy tube can result in respiratory distress or failure and is considered an emergency. Once the patient's safety and ventilatory status are assessed, then the respiratory therapist can begin the process of replacing the patient's tracheostomy tube.

Question: 9

The respiratory therapist is assisting the emergency room physician with the intubation of a patient who was the victim of a motor vehicle accident. The patient has several facial injuries as well as fractured ribs and contusions. The healthcare team attempted to intubate the patient three times with no success. Which one of the following choices is the best option for ventilating this patient?

- A. Reattempt intubation with a Macintosh laryngoscope blade.
- B. Attempt intubation with the laryngeal mask airway.
- C. Place an oral airway.
- D. Insert a tracheostomy tube.

Answer: B

Explanation:

Of the mentioned choices, B is the best answer. This patient is difficult to intubate, partly because of their facial injuries. Reattempting to intubate using a different laryngoscope is not helpful for this patient because the team has already attempted a traditional intubation multiple times. Placing an oral airway is not helpful because this patient needs full mechanical ventilation and ventilatory support. The patient does not require a bite block at this time. Option D is incorrect because prior to inserting a tracheostomy tube, which is a surgical intervention, the team should attempt intubation with a laryngeal mask airway. These airways are useful for the difficult-to-intubate patient because it is easier to move into place compared to the traditional endotracheal tube. This type of airway is especially useful for patients with facial injuries or abnormalities. In addition, fiber-optic scopes can be helpful visualization devices for patients with difficult intubations. Often, this specialized equipment is used by the anesthesia team, who can be called for assistance with difficult intubations.

Question: 10

All of the following choices are congenital defects of the upper airway EXCEPT

- A. Choanal atresia
- B. Pierre Robin sequence
- C. Treacher Collins syndrome
- D. Omphalocele

Answer: D

Explanation:

Omphalocele is a congenital defect of the abdominal wall in which a newborn is born with their abdominal organs outside of their body. Congenital defects of the upper airway include but are not limited to choanal atresia, Pierre Robin sequence, and Treacher Collins syndrome.

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