Medical Technology

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Question: 1

Your patient is an 18-year-old recent immigrant from the Philippines. Due to findings on the patient's CXR and the symptoms he presented with upon initial examination, the physician has given the patient a tentative diagnosis of tuberculosis and has admitted the patient to the hospital, ordering additional tests and appropriate isolation precautions. Which personal protective equipment (PPE) must we use during contact with this patient?

A. N-95 mask gown, gloves
B. surgical mask gown, gloves
C. gown, gloves
D. N-95 mask, gown, gloves, bonnet, booties

Answer: A

Explanation:
Tuberculosis isolation is considered airborne. Answers b and c are insufficient PPE. Answer d includes booties and bonnet required for a sterile environment, but they are not required here.

Question: 2

A 14-year-old African-American female with a diagnosis of asthma has, with your guidance and assistance, prepared an asthma action plan. Her daily peak flow measurements are recorded each morning. What results would indicate she is in the "yellow zone" and needs to use her inhaler according to the plan?

A. a peak flow reading 15% lower than her best
B. a peak flow reading 25% lower than her best
C. a peak flow reading 40% lower than her best
D. an inability to perform a peak flow maneuver

Answer: B

Explanation:
Choice A would put our patient still in the green zone. Choices C and D would require a trip to her healthcare provider immediately.

Question: 3

Pulmonary function testing should be postponed for all of the following patients except:

A. 71-year-old male, status/post cerebrovascular accident (CVA) one week
B. 17-year-old female, recent CXR showing right-sided pneumothorax
C. 33-year-old female, two broken ribs from a fall three days ago
D. 15-year-old male, recent respiratory infection

Answer: D

Explanation:
A recent respiratory infection in an otherwise healthy young person is not a contraindication for pulmonary function testing.

Question: 4

During the analysis of the flow-volume curve of a patient's pulmonary function testing, we suspect that the patient may have coughed during the first second of exhale during one of the trials. What indicator would we see in the graph to lead to this conclusion?

A. a jagged interruption or dip in the curve during exhale
B. a steep slope of the line during the expiratory phase of the maneuver
C. an unusually high value for FVCI
D. a diminished value for FVCI

Answer: A

Explanation:
Choices (B) and (C) indicate good curves and good results. A diminished value for FVCI could indicate COPD, chronic bronchitis, emphysema. or bronchiectasis.

Question: 5

The physician has asked us to evaluate the respiratory status of a patient with muscular dystrophy. Of all the tests that we may use in this assessment, which one should be performed first?

A. maximum inspiratory pressure (MIP)
B. maximal voluntary ventilation (MI'V)
C. arterial blood gas (ABG)
D. CXR

Answer: A

Explanation:
This is the critical measurement for the respiratory status of a patient with this disease. The other answers may or may not be indicated at other times, but they do not apply here.

Question: 6

When examining the flow-time graph of Mr. LaGuardia's pulmonary function test, we see that the line noticeably declines toward the baseline after reaching a plateau. What does this indicate?

A. poor patient effort
B. blockage in the mouthpiece
C. a likely leak in the circuit
D. obstructive lung disorder

Answer: C

Explanation:
None of the other answers indicate a problem that would give such a result.

Question: 7

The physician has asked for assistance in diagnosing a patient with moderate respiratory distress, a productive cough, and a fever. The patient coughs and expectorates sputum, which should always be examined for which characteristics?

A. color
B. odor
C. consistency
D. culture

Answer: D

Explanation:
Sputum will not always need to be cultured, but it should always be examined for color, odor, consistency, and quantity.

Question: 8

When ABG results reveal that the patient is alkalotic, although she is apparently breathing normally, a possible cause is

A. repeated vomiting
B. hypoventilation
C. blood loss
D. internal bleeding

Answer: A

Explanation:
Vomiting expels stomach acid and therefore lowers the body's acidity, raising PH. Choice B, hypoventilation, will increase acidity (lower PH). Blood loss (CJ and internal bleeding (D) have no predictable effect upon PH.

Question: 9

A patient in the telemetry unit is on continuous monitoring for, among other vital signs, SpO2. The patient has no signs of hypoxemia or respiratory distress but is now setting off an alarm when the Sp02 reading dips to on 28% 02 via nasal cannul
a. A stat ABG shows a
PaO2 of 85 mmHg. What course of action is indicated?
A. Increase FiO2.
B. Decrease FiO2.
C. Disregard the pulse-oximeter reading and maintain the same Fi02.
D. Repeat the ABG.

Answer: C

Explanation:
The ABG analysis is more reliable than the pulse oximeter in the absence of any signs of hypoxemia. We can follow up with a check of the pulse oximetry apparatus and, if requested by the physician, repeat the ABG.

Question: 10

You want to assess the ventilatory status of a long-term mechanical ventilator patient in a skilled nursing facility. An ABG analysis is not available in house and would require the patient be sent to a pulmonary laboratory. The next best choice would be which of these tests?

A. end-tidal C02 levels measured with capnography
B. finger probe pulse oximetry
C. HCO_3 and CO_2 levels in a venous blood draw
D. examination of patient for central or peripheral cyanosis

Answer: A

Explanation:
End-tidal CO_2 is a very useful measure of in the blood; the only other useful (and superior) measure would be sending the patient out for an ABG test. The results of a venous blood draw are not as accurate of a measure and therefore not as useful.

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