



## **Respiratory Emergencies Post-Test**

1. **What is the process of air moving into and out of the lungs?**
  - a. Ventilation
  - b. Diffusion
  - c. Perfusion
  - d. Oxygenation
  
2. **While gathering the history of an asthma patient, the patient states, “They had to intubate me last time this happened.” What does this information mean?**
  - a. An accurate indicator of severe pulmonary disease
  - b. Not related to future ventilation needs
  - c. Pertinent to this event; you should intubate this patient immediately
  - d. Important to the hospital staff but not important in the prehospital environment
  
3. **What is a reactive airway disease that is stimulated by both intrinsic and extrinsic factors known as?**
  - a. Emphysema
  - b. Chronic Bronchitis
  - c. Cystic Fibrosis
  - d. Asthma
  
4. **Patients with obvious respiratory failure require immediate:**
  - a. Tracheal intubation
  - b. Ventilatory support
  - c. Oxygenation
  - d. Bronchodilator Therapy
  
5. **The classic presentation of chronic bronchitis is:**
  - a. Excessive mucus production and a chronic or recurrent productive cough
  - b. A thin adult with pursed lip breathing and a history of heavy cigarette smoking
  - c. A dry, hacking cough and a barrel chest due to chronic pulmonary air trapping
  - d. Expiratory wheezing and jugular vein distention due to pulmonary hypertension
  
6. **Wheezing is resolved with medications that:**
  - a. dry up secretions in the lower airway.
  - b. reduce soft tissue swelling in the larynx.
  - c. relax the smooth muscle of the bronchioles.
  - d. cause bronchoconstriction and improved airflow.

7. **The barrel-chest appearance classically seen in emphysemic patients is secondary to:**
- widespread atelectasis.
  - chest wall hypertrophy.
  - air trapping in the lungs.
  - carbon dioxide retention.
8. Which of the following conditions would LEAST likely present with a rapid onset of dyspnea?
- Pneumonia
  - Anaphylaxis
  - Pneumothorax
  - Pulmonary embolism
9. **The presence of diffuse rhonchi (low-pitched crackles) in the lungs indicates:**
- right-sided congestive heart failure.
  - isolated consolidation of secretions.
  - thick secretions in the large airways.
  - air being forced through narrowed airways.
10. **COPD is characterized by:**
- narrowing of the smaller airways that is often reversible with prompt treatment.
  - changes in pulmonary structure and function that are progressive and irreversible.
  - small airway spasms during the inhalation phase, resulting in progressive hypoxia.
  - widespread alveolar collapse due to increased pressure during the exhalation phase.