

Medical Technology BRPT-RPSGT

Board of Registered Polysomnographic Technologists
Registered Polysomnographic Technologist (BRPT-RPSGT)

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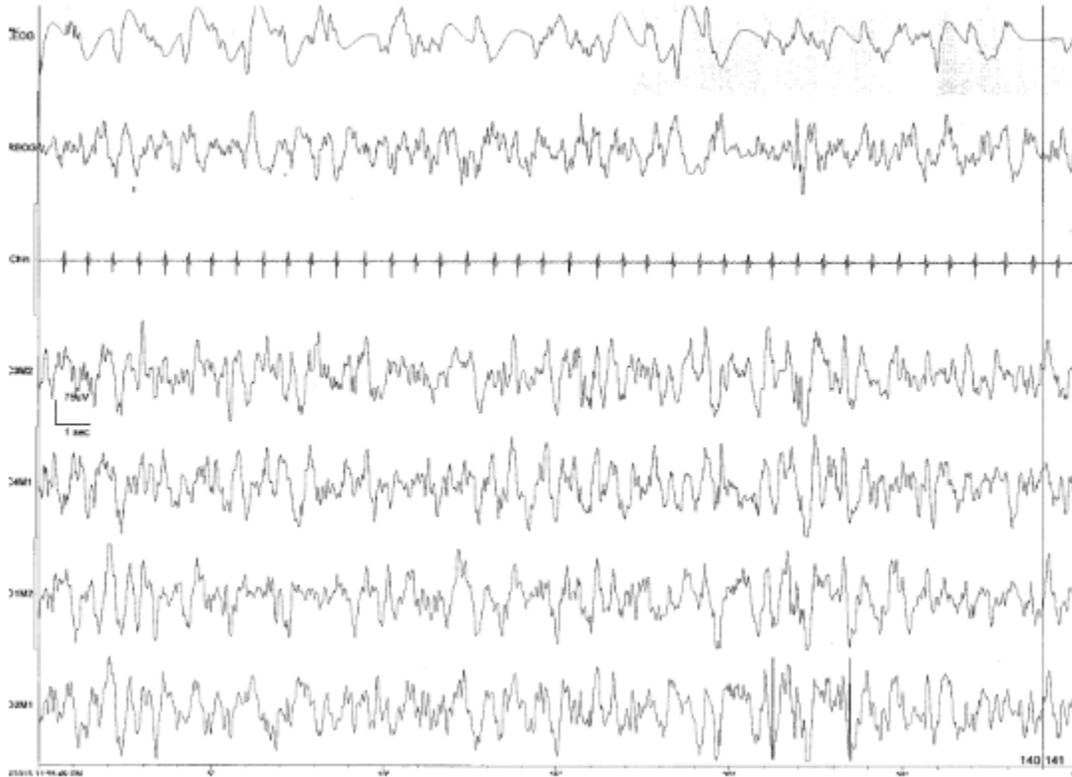
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Question: 1

Which sleep stage is shown here?



- A. Wake
- B. Stage 1
- C. Stage 2
- D. Stage 3

Answer: D

Explanation:

This graph shows stage 3 sleep. There are numerous low-frequency, high-amplitude delta waves. This particular patient is an 8-year-old male, and this graph was recorded about an hour after sleep onset. Generally, stage 3 is seen in children and is more predominant the younger the patient is. It is also predominantly seen in the first third of the sleep cycle.

Question: 2

A premature contraction of the ventricles is called a:

- A. First-degree AV block
- B. Second-degree AV block Mobitz, type II
- C. Third-degree AV block
- D. PVC

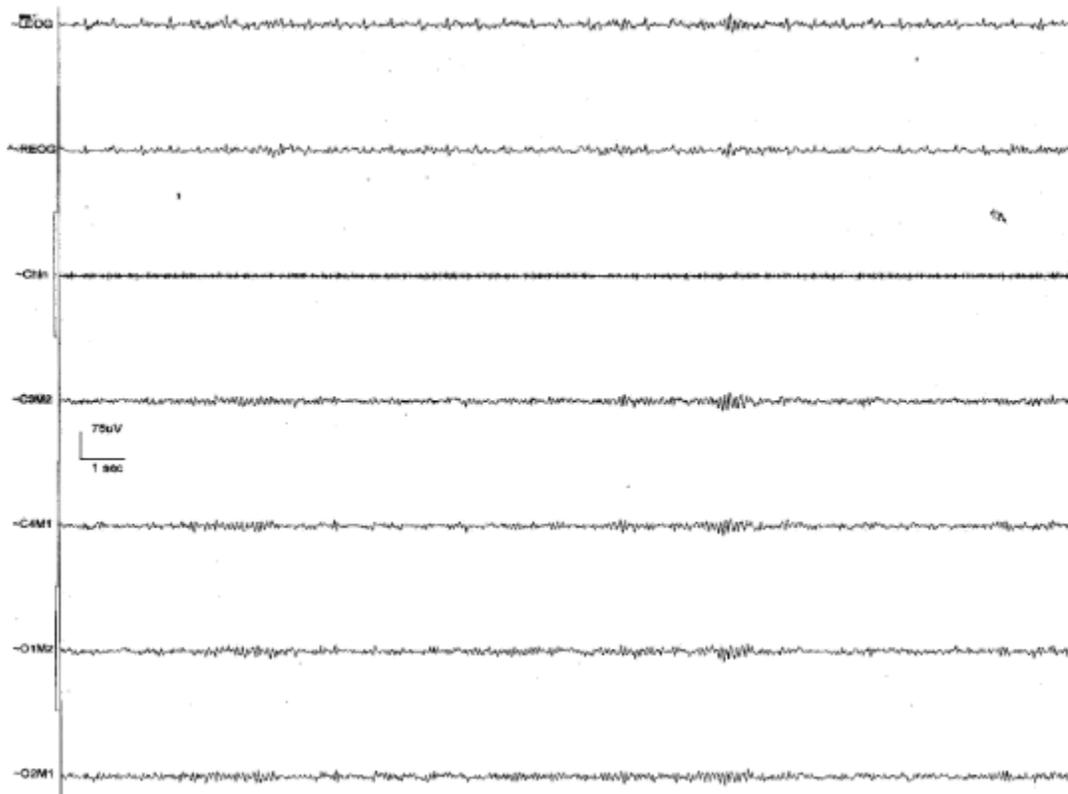
Answer: D

Explanation:

A PVC, or premature ventricular contraction, is the most common type of arrhythmia seen in patients with obstructive sleep apnea (OSA) due to the associated hypoxia (the reduction of oxygen to the body). In PVCs, the QRS complex will look wide and unusual and will start early. The T wave will be absent or distorted. There are different types of PVCs based on their grouping or patterns. Unifocal PVCs originate in the same location and appear the same, while multifocal PVCs will appear different due to their originating in different locations. In bigeminy, every other heartbeat has a PVC; in trigeminy, every third beat is a PVC. Couplets are 2 PVCs in a row, and 3 or more PVCs in a row indicate ventricular tachycardia. Individual PVCs are not considered very dangerous, but couplets, bigeminy, trigeminy, multifocal PVCs, and ventricular tachycardia are causes for concern.

Question: 3

Which sleep stage is shown here?



- A. Wake

- B. Stage 1
- C. REM
- D. Stage 2

Answer: A

Explanation:

This graph shows the wake stage. The patient is nearing stage 1, as the amount of alpha is reducing. but over 50% of the waveforms in the image are alpha. To be considered stage 1, there has to be less than 50% alpha waves. Determining sleep onset is important for the technician and takes time and practice.

Question: 4

Which of the following comorbidities found in a patient would be most likely to result in Cheyne-Stokes respirations during a PSG?

- A. Multiple sclerosis
- B. Diabetes
- C. Congestive heart failure
- D. Asthma

Answer: C

Explanation:

Cheyne-Stokes respirations are a cyclical combination of hypopneic respirations leading into central sleep apneas with a pattern of crescendo/decrecendo respirations going into and out of the central apneas. This pattern of respirations is a direct result of congestive heart failure and the gathering of fluid in the lungs that this condition causes.

Question: 5

During a BiPAP titration, which setting is increased to treat obstructive apnea in a patient?

- A. Both IPAP and EPAP
- B. EPAP only
- C. Backup rate
- D. IPAP only

Answer: A

Explanation:

According to the guidelines of the American Academy of Sleep Medicine for adult titration, the EPAP and IPAP are increased for any obstructive apneic events seen in patients 12 years or older. EPAP is the setting addressing the patient's exhalation, and it keeps the airway open and intact in preparation for

the next inhalation cycle. The IPAP is increased along with the EPAP to keep the differentials at an appropriate distance.

Question: 6

When a QRS complex is periodically skipped it is called a:

- A. First-degree AV block
- B. Second-degree AV block
- C. PVC
- D. PAC

Answer: B

Explanation:

A second-degree AV (atrioventricular) block is characterized by a periodically skipped or missed QRS complex. In a first-degree AV block the distance between the P wave and the QRS complex becomes elongated. In a third-degree (complete) AV block there is absolutely no relation between P waves and the QRS complexes, and they will appear sporadic (if this type of block exists, the technician should call 911). There are main subtypes in second-degree AV block. In type I (Wenckebach, Mobitz I), the length of the PR interval (the distance between the P wave and the top of the QRS complex) gets increasingly longer until the QRS complex disappears. In type 2 (non- Wenckebach, Mobitz 2), the QRS complex is skipped without any warning. Normally, a second- degree AV block does not require intervention, but the technician should monitor the ECG closely.

Question: 7

What is the maximum recommended CPAP for patients under the age of 12 years?

- A. 10 cm
- B. 15 cm
- C. 20 cm
- D. 25 cm

Answer: B

Explanation:

According to the Clinical Guidelines for the Manual Titration of Positive Airway Pressure in Patients with Obstructive Sleep Apnea, pediatric patients under the age of 12 years should not have their PAP pressures raised above 15 cm. This consensus is based on physical tolerance and patient compliance studies. As far as compliance goes, if a patient will not use the CPAP at uncomfortable pressures, then it will not help them.

Question: 8

Where is a standard pulse oximeter finger probe placed for accurate monitoring of SpO₂ and pulse?

- A. The red light is placed on the second knuckle of the index finger, and on the opposite side, it is placed on the first knuckle.
- B. The red light is placed on the center of any finger's nail bed. and on the opposite side, it is placed on the soft pad under the fingertip.
- C. On either side, the red light is placed on the soft tissue located between any finger.
- D. The red light is wrapped around the thumb.

Answer: B

Explanation:

The pulse oximeter probe sends a red light through the semipermeable nail bed in the finger through to the other side where the secondary probe is affixed, which delivers a value based on red blood cells reflecting that red light back. None of the other positions are appropriate for pulse oximetry probe placement.

Question: 9

Which of the following medications is used to treat narcolepsy?

- A. Ambien
- B. Mirapex
- C. Dextroamphetamine
- D. Aspirin

Answer: C

Explanation:

Modafinil (Provigil), methylphenidate (Ritalin), dextroamphetamine (Dexedrine), pemoline (Cylert), and methamphetamines are powerful stimulants used to treat narcolepsy. Ambien is used to treat insomnia, and Mirapex is used to treat PLMS. These drugs prevent the sleepiness associated with narcolepsy and are used in conjunction with REM-suppressing drugs to prevent cataplexy, hypnagogic hallucinations, and sleep. In the past, certain antidepressants were used to treat narcolepsy as well. These drugs can be very dangerous, and the patient should be followed closely by the prescribing physician.

Question: 10

During a titration study, pressure is raised for patients with obstructive events; however, at higher pressures, their jaws or mouths fall open, causing leak spikes and arousals. What is the best first step to remedy this problem?

- A. Switch to BiPAP pressure.
- B. Apply a chin strap to the patients.
- C. Do nothing and document the occurrence.
- D. Reduce CPAP to a level at which the patients' mouths do not open.

Answer: B

Explanation:

Some patients can switch to BiPAP; however, if it is done before trying simpler solutions first, it is unlikely that an insurance company will provide a more expensive machine for a minor sleep disturbance issue. If the CPAP level that caused the mouth to open was increased for snoring or exploratory reasons, reducing the level would be a good option: however, the question noted that the level was increased for obstructive apneas. Heated humidity is also a remedy to oral venting but since it is not listed, this leaves a chin strap as the best option.

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