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Question: 1

Which of the following terms match the appropriate respiratory system review term in the following: the volume of air that can be forcefully expelled following a normal expiration?

- A. ERV
- B. RV
- C. IRV
- D. FVC

Answer: A

Explanation:

Expiratory reserve volume (ERV) is the volume of air that can be forcefully expelled after a normal expiration. Residual volume (RV) is the volume of air remaining in the lungs after a maximal expiration. It is the volume of air that always stays in the lungs and is also known as residual capacity. Inspiratory reserve volume (IRV) is the volume of air that can be forcefully breathed in following a normal inspiration. Forced vital capacity (FVC) = IRV (inspiratory reserve volume) + tidal volume (TV) + expiratory reserve volume (ERV). It is the vital capacity (i.e., volume of gas that can be expelled from the lungs from a position of full inspiration) measured when the patient is breathing out with maximal speed and effort. Forced vital capacity is a measurement of the air volume that a patient can forcibly exhale after he or she inhales as deeply as possible.

Question: 2

Which of the following terms match the appropriate respiratory system review term in the following: the volume of air remaining in the lungs following a normal expiration?

- A. TLC
- B. FEV1
- C. Functional residual capacity
- D. Forced vital capacity

Answer: C

Explanation:

Functional residual capacity is the volume of air remaining in the lungs following a normal expiration. Total lung capacity (TLC) is the amount of gas that a lung contains at the end of a maximal inhalation. Forced expiratory volume (FEV1) is the volume of air that can be forcefully expelled in 1 second following a full inspiration. Functional residual capacity is the volume of air that remains in the lungs following a normal expiration or ERV + RV. Forced vital capacity (FVC) =

inspiratory reserve volume (IRV) + tidal volume (TV) + expiratory reserve volume (ERV). It is the vital capacity (i.e., air volume that can be expelled from the lungs from a position of full inspiration) that is measured when the patient breathes out with maximal speed and effort. It measures the air volume that a patient can forcibly exhale after he or she inhales as deeply as possible.

Question: 3

Which of the following terms match the appropriate respiratory system review term in the following: adventitious breath sounds associated with pathology. Could be the result of air bubbles in secretions or movement of fibrotic tissue during breathing?

- A. Friction rub
- B. Rales (crackles)
- C. Rhonchi
- D. Stridor

Answer: B

Explanation:

Rales (crackles) are adventitious breath sounds that are associated with pathology, which could be the result of air bubbles in secretions or movement of fibrotic tissue during breathing. By contrast, a friction rub is a breath sound that is caused by the rubbing of pleural surfaces against one another, most often as the result of inflammation processes. Rhonchi are continuous low-pitched, sonorous breath sounds that are most prominent during expiration and could be due to the passage of air through airways that have been narrowed by inflammation, bronchospasm, or secretions. Rhonchi are caused by an accumulation of mucous or other material. Stridor is a continuous adventitious sound of inspiration that is associated with upper airway obstruction.

Question: 4

Which of the following terms match the appropriate respiratory system review term in the following: continuous low pitched, sonorous breath sounds that most prominent during expiration and could be a result of air passing through airways narrowed by inflammation, and bronchospasm?

- A. Rales (crackles)
- B. Rhonchi
- C. Stridor
- D. Friction rub

Answer: B

Explanation:

Rhonchi are continuous low-pitched, sonorous breath sounds that are most prominent during expiration and could be due to the passage of air through airways that have been narrowed by inflammation and bronchospasm. Rales (crackles) are adventitious breath sounds that are associated with pathology, which could be the result of air bubbles in secretions or movement of

fibrotic tissue during breathing. Stridor is a continuous adventitious sound of inspiration that is associated with upper airway obstruction. A friction rub is a breath sound that is caused by the rubbing of pleural surfaces against one another, most frequently as the result of inflammation processes.

Question: 5

Which of the following terms match the appropriate respiratory system review term in the following: continuous breath sounds that are high-pitched, sibilant and musical often associated with asthma?

- A. Rales (crackles)
- B. Rhonchi
- C. Wheezes
- D. Stridor

Answer: C

Explanation:

Wheezes are continuous breath sounds that are high-pitched, sibilant, and musical, often associated with asthma. In addition, wheezes are associated with chronic obstructive pulmonary disease (COPD) and foreign body aspiration. Rales (crackles) are adventitious breath sounds that are associated with pathology, which could be the result of air bubbles in secretions or the movement of fibrotic tissue during breathing. Rhonchi are continuous low-pitched, sonorous breath sounds that are most prominent during expiration and could be due to the passage of air through airways that have been narrowed by inflammation, bronchospasm, or secretions. Stridor is a continuous adventitious sound of inspiration that is associated with upper airway obstruction.

Question: 6

Which of the following terms match the appropriate respiratory system review term in the following: continuous adventitious sound of inspiration associated with upper airway obstruction?

- A. Rales (crackles)
- B. Stridor
- C. Wheezes
- D. Rhonchi

Answer: B

Explanation:

Stridor is a continuous adventitious sound of inspiration that is associated with upper airway obstruction. Rales (crackles) are adventitious breath sounds that are associated with pathology, which could be the result of air bubbles in secretions or the movement of fibrotic tissue during breathing. Wheezes are continuous breath sounds that are high-pitched, sibilant, and musical. Wheezes are frequently associated with asthma, chronic obstructive pulmonary disease (COPD),

and foreign body aspiration. Rhonchi are continuous low-pitched, sonorous breath sounds that are most prominent during expiration and could be due to the passage of air through airways that have been narrowed by inflammation, bronchospasm, or secretions.

Question: 7

Which of the following statements are completely true relative to acid/base balance relationships?

- A. Respiratory Alkalosis- pH up- (Alveolar hyperventilation possible cause)
- B. Respiratory Alkalosis- pH down- (Alveolar hyperventilation possible cause)
- C. Metabolic Acidosis- pH down- (Steroids, adrenal disease possible causes)
- D. Metabolic Alkalosis- pH up- (Diabetic probable cause)

Answer: A

Explanation:

With regard to acid/ base balance relationships, during respiratory alkalosis, the pH increases, and alveolar hyperventilation is a possible cause. Respiratory alkalosis is a condition that is characterized by low levels of carbon dioxide in the blood due to the patient breathing excessively. The patient's level of carbon dioxide in the blood drops below the normal range. With metabolic acidosis, the pH decreases; diabetes and prolonged diarrhea are possible causes. Metabolic acidosis occurs when the patient's body produces excessive acid, or when the patient's kidneys are not removing enough acid from the body. With metabolic alkalosis, the pH increases; steroid use and adrenal disease are possible causes. Metabolic alkalosis is a pH imbalance in which the patient's body has accumulated an excess of an alkaline substance (e.g., bicarbonate) and lacks a sufficient amount of acid to effectively neutralize the effects of the alkali.

Question: 8

Which of the following are not signs and symptoms of chronic bronchitis involvement in the following list?

- A. Smoking history
- B. Cor pulmonale
- C. Increased expiratory flow rates
- D. Crackles and wheezes

Answer: C

Explanation:

Decreased (not increased) expiratory flow rates are signs and symptoms of chronic bronchitis involvement. Smoking history, cor pulmonale, and crackles and wheezes are signs and symptoms of chronic bronchitis involvement. The top cause of chronic bronchitis is cigarette smoking. Another sign and symptom is hypoxemia. Cor pulmonale is right-sided heart failure that is caused by long-term high blood pressure in the pulmonary arteries and the heart's right ventricle.

Crackles are adventitious breath sounds that are associated with pathology, which could result from air bubbles in secretions or movement of fibrotic tissue during breathing. Wheezing is a coarse whistling sound made when airways are partially obstructed. Chronic bronchitis occurs when there is constant inflammation and swelling of the airway lining that leads to narrowing and obstruction of the airways. The inflammation stimulates the mucous production, which can cause further airway obstruction. This results in a long-term cough.

Question: 9

Which of the following are not signs and symptoms of emphysema involvement in the following list?

- A. Barreled chest
- B. Dyspnea
- C. Clubbing
- D. Cor pulmonale

Answer: D

Explanation:

Cor pulmonale is not a sign/symptom of emphysema involvement. Cor pulmonale is right-sided heart failure caused by long-term high blood pressure in the pulmonary arteries and the heart's right ventricle. It is an important sign of chronic bronchitis. Barrel chest, dyspnea, and clubbing are signs/symptoms of emphysema involvement. A barrel chest is a chest that is rounded and bulging, resembling the shape of a barrel. In the later stages of emphysema, patients often develop a slight barrel chest. The condition occurs because the patient's lungs are chronically overinflated with air. As a result, the patient's rib cage is always partially expanded. This makes the patient's breathing less efficient and aggravates any existing shortness of breath that the patient has. Dyspnea refers to difficulty in breathing. Finger clubbing is usually a direct result of chronic lung problems such as emphysema. Clubbing is a result of chronic hypoxia (low blood oxygen).

Question: 10

Which of the following statements is generally false with regard to obstructive/restrictive disease relationships?

- A. TLV goes up with Obstructive Disease, goes down with Restrictive Disease
- B. FEV1/FVC ratio goes down with Obstructive Disease, remains normal with Restrictive Disease
- C. PaCO₂ goes up with Obstructive Disease, goes down with Restrictive Disease
- D. Vital Capacity goes down with Obstructive Disease, goes up with Restrictive Disease

Answer: D

Explanation:

Relative to obstructive/restrictive disease relationships, it is true that total lung volume (TLV) goes up with obstructive disease and down with restrictive disease. FEV1/FVC ratio represents the portion of a person's vital capacity that can be expired in the first second of forced

expiration. While this ratio is reduced in obstructive lung disease due to the FEV1 being reduced, in restrictive lung disease, the FEV1 and FVC are proportionally reduced keeping the ratio essentially normal (except in the presence of very a few pathological conditions with fibrosis). PaCO₂ (partial pressure of carbon dioxide in the blood) goes up with obstructive disease and down with restrictive disease. However, vital capacity goes down with obstructive disease and goes down (not up) with restrictive disease. Vital capacity is the maximum amount of air that can be breathed out after a maximum inhalation.

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