

Medical Technology

*CPFT
Pulmonary Function Technologist Exam*

Questions And Answers PDF Format:

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Version = Product



Latest Version: 6.0

Question: 1

A patient with FEV1 of 65% is being evaluated for a new bronchodilator but is taking inhaled steroids. Which of the following is indicated before the bronchodilator test?

- A. Withhold steroids for at least 12 hours.
- B. Withhold steroids for 8 hours.
- C. Withhold steroids for 24 hours.
- D. Continue steroids.

Answer: D

Explanation:

The patient can continue on the same dose of inhaled steroids during bronchodilator tests, but needs to hold other medications for varying lengths of time. Methylxanthines should be withheld for 12 hours, anticholinergics for 8 hours, and cromolyn sodium for 8 to 12 hours. If patients are unable to withhold medications because of exacerbation of symptoms, this should be documented. The test, usually FEV1, is conducted 15 minutes after administration of the bronchodilator.

Question: 2

Which of the following is a contraindication to a helium dilution test?

- A. History of asthma
- B. Kyphosis
- C. Ruptured tympanic membrane
- D. History of fractured nose

Answer: C

Explanation:

Any leak in the system is a contraindication to the helium dilution test because it will interfere with the results. This includes leaks in the equipment as well as physical leaks, such as may occur with a ruptured tympanic membrane. A history of a fractured nose is not a problem as long as nose clips can be applied to prevent loss of air through the nostrils. History of asthma and kyphosis are not contraindications.

Question: 3

The patient needs pulmonary function tests to evaluate airway mechanics. Tests could include:

1. FVC.
2. FEV (timed)

- 3. FRC.
- 4. MVV.

Which of the following tests could provide the necessary information?

- A.1 and 4
- B.1, 2, and 3
- C.2, 3, and 4
- D.1, 2, and 4

Answer: D

Explanation:

Pulmonary function tests and normal values used to evaluate airway mechanics include

Forced vital capacity (FVC): 4.8 L.

Forced expiratory volume (FEV), timed: FEV₁ 3.6—408 L (70%-83% of FVC).

Maximal voluntary ventilation (MVV): Males, 140—180 L/min; Females, 80—120 L/min.

Forced inspiratory flow (FIF): Values vary (usually measured at 25%—50% or 25%—75% of FVC).

Forced expiratory flow (FEF): Values vary (usually measured at 25%, 50%, and 75% of FVC).

Tests for airway mechanics evaluate how well the lungs are able to move large volumes of gases during inhalation and exhalation. These tests can be used to identify airway obstruction, such as may occur in the large or small airways.

Question: 4

A technologist trained in CPR is present when a 68-year-old patient experiences a cardiac arrest. The technologist calls 9-1-1 and shouts for help. The AED is in another room. The correct initial action for the technologist after briefly assessing for consciousness is to

- A.administer chest compressions only at 100/min.
- B.administer CPR of 30 chest compressions at rate of 100/min followed by 2 ventilations (30:2).
- C.obtain the AED and administer shocks prior to starting CPR.
- D.administer CPR of 20 chest compressions at rate of 60/min followed by 2 ventilations (20:2).

Answer: B

Explanation:

The technologist should immediately begin CPR at the rate of 30 chest compressions at 100/min followed by 2 ventilations (30:2) and should not delay while the AED is obtained. The compressions-only protocol is intended for untrained [nonmedical bystanders, and all compressions are now done at the rate of 100/min. After initial cycles, the technologist can procure the AED if one is nearby and follow procedures for shocking, repeating every 2 minutes with resumption of CPR between shocks. If a bag mask is available, then ventilation can be done about every 10 compressions.

Question: 5

When setting up a peak flow meter for a patient with an average peak flow of 550, the green (safe) zone should be set at

- A. 80% (440).
- B. 60% (330).
- C. 90% (495).
- D. 50% (275).

Answer: A

Explanation:

Initially, the technologist should obtain three readings, which should be within 10% of each other, to obtain an average peak flow (in this case 550). Then, the green zone is set at 80% (440) and the red zone at 50% (275). The yellow zone then ranges from 276 to 439, between the red and green zone markers. Generally, peak flows are adequate if they are in the green zone (440—550) and dangerously low if they are in the red (<275). Peak flow readings in the yellow zone usually trigger use of specific medications as prescribed by the physician.

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