

Respiratory Care for the Geriatric Patient SD Post-Test

1. Which respiratory change is associated with normal aging?
 - A. Increased elastic recoil of the lungs
 - B. Decreased compliance of the chest wall
 - C. Increased respiratory muscle strength
 - D. Improved mucociliary clearance

2. An 82-year-old develops new confusion, weakness, tachypnea, & hypoxemia but has no marked fever. Which interpretation is most appropriate?
 - A. Pneumonia is unlikely without fever
 - B. Confusion is expected at this age
 - C. Acute respiratory illness requires evaluation
 - D. Assessment can wait until a cough develops

3. An older adult with COPD has new dyspnea, changed sputum, ankle edema, & orthopnea. What should the RT consider?
 - A. COPD exacerbation, pneumonia, & heart failure may coexist
 - B. Wheezing establishes COPD as the only cause
 - C. Edema excludes a respiratory infection
 - D. Changed sputum rules out heart failure

4. A patient taking an opioid & a benzodiazepine becomes somnolent with slow, shallow breathing after a sleep medication is added. What is the priority concern?
 - A. Inadequate bronchodilator dosing
 - B. Improved sleep quality
 - C. Isolated mucus retention
 - D. Medication-related hypoventilation

5. An older adult using a dry-powder inhaler reports poor symptom control. Arthritis & weak inspiratory effort are present. What should the RT do first?
 - A. Recommend increasing the medication dose
 - B. Observe technique & assess device suitability
 - C. Assume the prescribed medication is ineffective
 - D. Recommend adding a second dry-powder inhaler

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6. A patient recovering from pneumonia develops dyspnea with walking after several days of inactivity. Which approach best supports recovery?

- A. Continue bed rest until all dyspnea resolves
- B. Increase oxygen solely because dyspnea occurs
- C. Assess for red flags, then progress activity with monitoring
- D. Encourage walking without reassessing the response

7. An older adult coughs with liquids & has a wet voice after meals. What is the most appropriate next action?

- A. Communicate swallowing concerns & request appropriate evaluation
- B. Treat the cough with additional bronchodilator alone
- C. Reassure the family that this is expected aging
- D. Independently prescribe a modified liquid consistency

8. Which finding most directly supports a need for prescribed home oxygen?

- A. Exertional dyspnea with normal oxygenation
- B. Advanced age with reduced activity
- C. A diagnosis of COPD without oxygen assessment
- D. Documented hypoxemia meeting applicable criteria

9. An alert, independent 87-year-old with COPD develops acute hypercapnic respiratory failure. What should guide decisions about ventilatory support?

- A. Chronological age as the main determinant
- B. Reversibility, baseline function, reserve, & patient goals
- C. A uniform treatment limit for everyone older than 85
- D. The presence of COPD regardless of current physiology

10. Which teaching approach best confirms that a patient can follow the respiratory care plan at home?

- A. Ask whether the patient understands the instructions
- B. Provide all instructions at once to avoid repetition
- C. Ask the patient to explain & demonstrate the plan
- D. Give written instructions without checking device use