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Question: 1

The asthma educator is educating the family of a five-year-old female who has a history of asthma. The patient's bedroom is fully carpeted, with curtains on the windows and numerous stuffed animals on the bed. The patient was recently tested for allergies and was subsequently diagnosed with a dust mite allergy. She frequently wakes up with nasal allergy symptoms and mild asthma symptoms. Which of the following choices is the BEST action to take to mitigate dust mite exposure in the bedroom?

- A. Remove all stuffed animals from the bedroom.
- B. Replace carpeting with hardwood floors.
- C. Enclose the patient's mattress and pillows.
- D. Vacuum the patient's room twice weekly.

Answer: C

Explanation:

Because this patient wakes up with allergy symptoms, she is likely breathing in dust mite droppings from inside her bedding and pillow. Enclosing the mattress and pillow with allergen encasements is an inexpensive and impactful way to combat dust mite exposure. Removing stuffed animals from a child's room is never recommended: these toys can be cleaned and/or rotated to allow the child to keep their comfort items while limiting dust mite exposure. Replacing carpeting with hardwood floors is a very expensive process and should not be a first-line defense for dust mite exposure. And finally, although vacuuming the patient's room will help with dust mite exposure, enclosing the patient's pillows is likely to have a more dramatic and impactful effect on the patient's asthma and allergy symptoms.

Question: 2

Which of the following statements is true regarding pet dander in the home?

- A. Pet dander can be restricted to one area in the home.
- B. Some pets are hypoallergenic and are safe for sensitive patients.
- C. Pet dander is an inhaled irritant.
- D. Pet saliva is a common allergen.

Answer: D

Explanation:

Pet saliva and dander are common allergens for patients who are sensitive to furry animals. Pet dander flakes off and becomes airborne, traveling through ductwork in homes and spreading throughout the building. Pet dander cannot be restricted to one area of the home. Hypoallergenic

pets are considered to be lower allergy risk pets, but they still produce dander and saliva that can cause symptoms in sensitive patients. And finally, pet dander is an inhaled allergen, not an irritant.

Question: 3

Which of the following choices is NOT an inhaled irritant?

- A. Scented candles
- B. Dust mites
- C. Bleach
- D. Essential oils

Answer: B

Explanation:

Dust mites are allergens, not inhaled irritants. Any scented substance, natural or artificial, is an inhaled irritant. Bleach and other cleansers are very irritating to the airways and can cause severe asthma exacerbations.

Question: 4

A 17-year-old female presents to the emergency department complaining of shortness of breath on exertion. She states that she recently joined the track team and is unable to keep up with her peers due to shortness of breath. She states that she starts coughing and wheezing partway through her running events and is unable to finish. The patient states that she uses her short-acting bronchodilator when the symptoms begin, and they subside within 10 minutes. The patient does not currently take any other medication. Which medication regimen change would be most helpful for this patient?

- A. Adding a low-dose inhaled corticosteroid
- B. Premedicating with a long-acting bronchodilator
- C. Premedicating with cromolyn sodium
- D. Adding a leukotriene modifier

Answer: C

Explanation:

The best choice out of the options given is to premedicate with cromolyn sodium. This is an alternative to the more common recommendation of premedicating with a short-acting bronchodilator, as stated in the stepwise approach to asthma management. Long-acting bronchodilators are maintenance medications and should never be used as a rescue inhaler for premedication prior to activity. Leukotriene modifiers are not helpful in this case because this patient has no known allergic history. In addition, adding a low-dose inhaled corticosteroid is not necessary if the patient is not having any symptoms outside of exercise and exertion.

Question: 5

A 16-year-old female presents to the clinic complaining of an asthma exacerbation. The patient's respiratory rate is 25 with accessory muscle use. Expiratory wheeze is heard upon auscultation. The patient has a barking cough and complains of throat irritation. The patient's voice is raspy, and she is having trouble speaking. The patient states that she has been using her rescue inhaler with no relief, and pharmacy records indicate that her inhaled corticosteroids have been refilled regularly. She states that she takes her inhalers exactly as directed. She is currently taking Fluticasone 110 mcg two puffs daily, albuterol two puffs twice daily, and montelukast 10 mg daily. A continuous nebulizer was administered with no change to the patient's condition. What should the asthma educator suggest at this time?

- A. Spirometry and visual inspection of the vocal cords
- B. Intubation and continuous nebulization
- C. Administration of racemic epinephrine
- D. Administration of saline nebulizer treatment

Answer: A

Explanation:

This patient may have vocal cord dysfunction and should be assessed immediately. Vocal cord dysfunction mimics a refractory asthma exacerbation that is unresponsive to traditional therapy and features additional symptoms such as raspy voice and throat irritation. Option B is incorrect because this patient is not in acute or impending respiratory failure and, therefore, intubation is not necessary. Administering racemic epinephrine may be helpful if the patient was diagnosed with croup, but there is no mention of stridor in this patient's assessment. Finally, administering a saline nebulizer is never indicated because it can trigger life-threatening bronchospasm in patients with asthma.

Question: 6

Which of the following statements is true regarding pregnancy and asthma?

- A. During pregnancy, a patient's asthma may become worse.
- B. During pregnancy, a patient may notice no change in asthma symptoms or severity.
- C. During pregnancy, a patient's asthma symptoms may improve.
- D. All of the above.

Answer: D

Explanation:

All of the above statements are true regarding pregnancy and asthma. Some pregnant patients with asthma will notice their symptoms improving, whereas others will notice no change at all. Still others will experience an increase in the severity and frequency of asthma symptoms.

Asthma in pregnancy is unpredictable.

Question: 7

All of the following conditions are comorbidities for asthma EXCEPT:

- A. Allergic rhinitis
- B. Gastroesophageal reflux disease (GERD)
- C. Obstructive sleep apnea
- D. Vocal cord dysfunction

Answer: D

Explanation:

Allergic rhinitis, obstructive sleep apnea, and GERD are all comorbidities associated with asthma. Vocal cord dysfunction is a condition that mimics asthma, but it is unrelated.

Question: 8

Which of the following statements is true regarding asthma and chronic obstructive pulmonary disorder (COPD) ?

- A. COPD is reversible with treatment.
- B. Asthma can turn into COPD over time.
- C. COPD is associated with normal expiratory flow.
- D. Asthma is associated with normal lung volumes.

Answer: D

Explanation:

Although asthma can cause irreversible damage if left untreated or poorly controlled over time, it does not turn into COPD. COPD, like asthma, is associated with reduced expiratory flow and normal or above-average lung volumes. COPD is irreversible.

Question: 9

A 32-year-old female presents to the clinic for her first asthma education session. The asthma educator introduces herself to the patient and then contemplates what to say first. Which of the following statements or questions should the asthma educator lead with?

- A. Tell me about your asthma.
- B. Does your asthma affect your home life?
- C. Do you take your inhaler more than once per week?
- D. Tell me about your home environment.

Answer: A

Explanation:

Asking open-ended questions is the most important skill an asthma educator can use during an education session. Leading with a broad, open-ended statement such as "Tell me about your asthma" is a simple and effective way to engage a patient in the education session. Asking specific questions about wheezing frequency and home environment can come later in the education session after a baseline of information is established. When asked to talk about their asthma, the patient will often discuss the issues of perceived importance first, which is what the asthma educator should focus on. This is the first step in setting patient-driven goals for asthma education.

Question: 10

An 18-year-old female presents to the clinic for peak flow reevaluation. She started performing peak flows six months ago when she was first diagnosed with asthma. The patient performs the peak flow maneuver well, blowing forcefully into the peak flow meter and repeating the maneuver three times. The patient records the highest number and compares it to her written asthma action plan. The readings she is achieving are considerably higher than the values outlined in her asthma action plan. Which of the following choices is the best explanation for this outcome?

- A. Her asthma is improving.
- B. She has grown since her asthma action plan was designed.
- C. Her action plan was based on her predicted values.
- D. She did not calculate her personal best correctly.

Answer: A

Explanation:

It is likely that this patient's asthma symptoms are improving and that the reduction in airway inflammation and bronchoconstriction is allowing her to achieve higher peak flow numbers. It is unlikely that this adult patient has grown physically in the six months since her asthma action plan was designed, although growth can cause increased peak flow meter values in growing children. In addition, if this patient's asthma action plan was based on her predicted peak flow values, the asthma action plan's numbers would be HIGHER than what she is able to achieve. This is because predicted values are based on healthy individuals who do not have asthma.



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