

Asthma Educator Certification Course Pre-Test

Directions: For each question, circle the BEST answer. For any of the patient scenarios, answer the question in the context of your role as an asthma educator.

- 1) You are seeing an individual newly diagnosed with asthma for the first time. As an effective asthma educator you will:
 - a. work to establish a partnership between her and her care providers.
 - b. be responsible for developing her asthma action plan.
 - c. manage and coordinate her asthma plan of care.
 - d. assess the appropriateness of her asthma medications.

- 2) Which BEST describes the impact of educational sessions on an individual's implementation of asthma self-management skills? These sessions are:
 - a. A vital first step, but used alone correlate poorly with actual implementation of self-management skills.
 - b. very effective in increasing the implementation of self management skills, if the number of sessions meets the individual's needs
 - c. highly effective in increasing the implementation of self management skills, if the educator has an appropriate teaching style and presentation.
 - d. not required. Describing the appropriate behavior and rewarding adherence are equally effective.

- 3) Which is the MOST prominent, persistent pathophysiologic response during an asthma exacerbation?
 - a. bronchospasm
 - b. increased mucus in the airways
 - c. inflammation
 - d. alveolar destruction

- 4) Which is a major chronic pathophysiologic change in persistent asthma?
 - a. destruction of the alveolar walls
 - b. decreased diffusion capacity of oxygen
 - c. excess mucus production
 - d. hypersensitivity of the immune system

- 5) A mother requests information about the cause of her daughter's asthma symptoms. You would tell her that asthma:
 - a. usually improve as children's lungs and immune systems mature.
 - b. is caused by constriction of the airways after exposure to lung irritants.
 - c. triggers cause lung changes which improve with medication.
 - d. results from an increased sensitivity to her daughter's specific triggers.

- 6) A person with asthma should know that a potential long-term effect of chronic lung inflammation is:
- frequent pneumonias.
 - airway remodeling.
 - premature death.
 - hypertrophy of the alveoli.
- 7) An eighth grader with exercise-induced asthma (EIA) wants to try out for basketball. You would tell her that:
- EIA is usually seen with strenuous activity, but not commonly with normal exercise.
 - Competitive sports are usually not recommended if one has EIA.
 - EIA can be prevented by pre-exercise administration of an inhaled corticosteroid.
 - Appropriate warm-up before and cooling-down after exercise can minimize symptoms.
- 8) Which of the following signs/symptoms indicates a deteriorating or worsening asthma status that requires immediate medical intervention?
- No improvement within 5 minutes after use of an inhaler
 - Difficulty walking and talking due to shortness of breath
 - Inspiratory wheezing
 - Persistent cough
- 9) The risk factors for death from asthma include all of the following EXCEPT:
- Past history of a sudden, severe asthma episode
 - Hospital admission for asthma within the past month.
 - Prior intubation for asthma
 - Current use of inhaled corticosteroids.
- 10) FEV1, is the volume of air exhaled:
- from the point of maximal inhalation to maximal exhalation
 - in the first second of expiration
 - in one full breath with maximal effort
 - from tidal volume to maximal exhalation
- 11) A person who has symptoms at least once per day and nighttime symptoms once a week for several weeks. His asthma is BEST classified as:
- mild intermittent asthma
 - mild persistent asthma
 - moderate persistent asthma
 - severe persistent asthma
- 12) You are conducting a follow-up assessment of an individual with asthma. An assessment of her psycho-social function might include:
- ability to cope with stressors, attitudes/behaviors, and quality of life issues.
 - family functioning, disease severity index, and cultural factors
 - medical history, resource connections, and personality style.
 - a home visit, a psychiatric evaluation, and a validated asthma knowledge questionnaire.
- 13) In working with the parents of a Hispanic preschooler recently diagnosed with asthma, the BEST asthma care plan would be one:

- a. in which the health care provider's cultural perspectives and beliefs predominate.
 - b. in which the cultural perspectives and beliefs of the preschooler's family predominate.
 - c. that fits with the cultural perspectives and values of the preschooler's family.
 - d. that fits with the cultural perspectives and beliefs of the local community.
- 14) Peak flow monitoring can be used for all of the following EXCEPT:
- a. short-term monitoring
 - b. managing exacerbations
 - c. daily long-term monitoring
 - d. diagnosing asthma
- 15) You are explaining home peak flow monitoring to a mother whose child has asthma. Which is her MOST appropriate initial intervention when the child's peak flow reading is in the yellow zone?
- a. Keep her child home from school and on strict bed rest.
 - b. Call the child's asthma care provider immediately and follow her instructions.
 - c. Give quick relief medication and recheck the child's peak flow rate.
 - d. Call 911 or take the child immediately to the emergency room.
- 16) In identifying someone's personal best peak flow rate to develop his asthma care plan, you would use the highest peak flow number he/she
- a. has ever achieved and documented in the physician's office.
 - b. can achieve after inhaled bronchodilators during pulmonary function tests.
 - c. can achieve during a two week period when asthma is controlled.
 - d. has achieved and recorded in the last year.
- 17) Which is a quick relief medication?
- a. theophylline (e.g. Theo-24)
 - b. albuterol (e.g. Proventil)
 - c. salmeterol (Serevent)
 - d. nedrocromil (Tilade)
- 18) A young adult with asthma has not been using her budesonide (Pulmicort) inhaler as prescribed, but is relying instead on her quick relief medication several times per day. A common barrier to adherence with corticosteroid therapy which might explain this behavior would be:
- a. a concern that corticosteroids will cause serious fungal infections.
 - b. the belief that steroids are more expensive than quick relief medications.
 - c. the perception that steroids are not as effective as quick relief medications.
 - d. a preference for quick relief medications because they are usually taken orally.

- 19) An inhaled medication has recently been prescribed for a 14-year old boy. Despite practice and feedback, his hand-mouth-breath coordination is poor. Your MOST appropriate intervention would be to:
- refer him back to the pediatrician for an oral medication.
 - follow-up and continue to work with him on his next visit.
 - request a prescription from the pediatrician for a spacing/holding chamber device.
 - show him a video and send him home with written instructions.
- 20) Which statement about a spacer (or holding chamber) is correct?
- It is contraindicated unless the person with asthma has significant difficulty using an inhaler.
 - It increases the effectiveness of inhaled corticosteroids by increasing systemic absorption.
 - It can be used effectively with very young children as well as with older children and adults.
 - It needs only occasional cleaning because of all of the medication particles are inhaled.
- 21) One difference between proper technique with metered dose inhalers and dry powdered inhalers is that dry powdered inhalers:
- require a rapid, deep inhalation.
 - often require the use of a spacer device.
 - can only be used in children older than 7 years old.
 - must be shaken before use.
- 22) An oral fungal infection (i.e. thrush) developed in an individual using 4 puffs twice daily of Vanceral metered dose inhaler despite rinsing her mouth regularly with water after use. What additional action might help prevent the recurrence of this infection?
- routine use of a spacing device
 - change to a dry powdered formulation
 - change the regimen to two puffs four times per day
 - use of an antifungal mouthwash daily
- 23) Which is an important control strategy for all persons with asthma?
- Avoid aspirin and non-steroidal anti-inflammatory medications.
 - Have skin testing performed to identify potential triggers.
 - Avoid use of beta-blocker medications.
 - Receive a pneumococcal vaccination every 5-7 years.
- 24) Which is TRUE regarding an effective environmental control plan?
- Including the school environment is optional, because it meets governmental standards.
 - A plan is necessary only after medications fail to control symptoms.
 - Plans should be based on current published OSHA standards.
 - Plans should consider the family's resources.
- 25) All of the following statements are true about asthma triggers EXCEPT:
- They are synonymous with allergens
 - They can be singular or multiple
 - They vary from one person to another
 - Their effects are cumulative

- 26) “Moderate persistent” is one of the 4 levels in the classification of asthma severity. It is characterized by:
- Symptoms occurring 2 days a week or less with normal peak flows between exacerbations.
 - Symptoms occurring more than 2 days a week but less than daily and exacerbations that may affect activity.
 - Daily symptoms and exacerbations that interfere with activity.
 - Continual symptoms, limited physical activity, and frequent exacerbations.
- 27) For an adolescent with “mild persistent” asthma, which of the following guidelines would be the MOST appropriate for determining management?
- No daily medication is needed.
 - Inhaled anti-inflammatory medication daily with a bronchodilator as needed.
 - Long-acting bronchodilator daily.
 - Systemic corticosteroids daily with a bronchodilator as needed.
- 28) Which BEST describes a goal of asthma management? The person with asthma should:
- be able to maintain the desired physical activity level, including exercise.
 - be “wheeze-free” most of the time.
 - have nocturnal symptoms less than once a week.
 - be able to complete activities of daily living without any wheezing.
- 29) Which BEST describes the documentation regarding asthma education required for the medical record? The asthma educator should document:
- initial and follow-up assessments and any resulting interventions by the educator.
 - a summary of the improvement in quality of life and physical findings.
 - the dates and an outline of all information provided to the person with asthma.
 - a check list of topics covered with the person with asthma.
- 30) Which BEST describes an effective asthma educational plan? Educational plans should:
- include the information determined by the primary asthma care provider.
 - be integrated into the individual’s asthma care.
 - be standardized for content and presentation.
 - consist primarily of information regarding medications.
- 31) Which is the BEST way to assess the asthma management skills of the person with asthma? Have the person:
- watch the educator perform the skill.
 - identify common mistakes in a video.
 - demonstrate the skill back to the educator.
 - verbally describe the procedure.

- 32) For an asthma education program, the BEST example of an outcome is:
- a. the number of educational materials developed and distributed by the asthma educator.
 - b. the total number of patient educational sessions performed by the asthma educator.
 - c. a decrease in emergency room visits by persons with asthma participating in the program.
 - d. an increase in the percentage of persons with asthma successfully completing the program.
- 33) To incorporate an asthma action plan into daily living, the asthma educator should discuss with a person with asthma that they should:
1. regularly record symptom frequency and severity
 2. know the names and indications of the medications
 3. regularly perform a peak flow measurement
 4. schedule monthly physician visits
 - a. 1, 2, and 4 only
 - b. 1, 3, and 4 only
 - c. 1, 2, and 3 only
 - d. 2, 3, and 4 only
- 34) To achieve the best control, a 30-year old female with asthma should take nedocromil
- a. two to four times per day until discontinued by the asthma care provider
 - b. once daily in the morning until the asthma exacerbation has resolved
 - c. after exercise as needed for quick relief of asthma symptoms
 - d. daily at bedtime to prevent nighttime asthma symptoms
- 35) Which of the following techniques should improve the effectiveness of an asthma educator who is conducting an interview?
1. Address the individual by name
 2. Make direct eye contact
 3. Speak two thirds of the time
 4. Stand on the other side of a table
 - a. 1 and 2 only
 - b. 1 and 3 only
 - c. 2 and 4 only
 - d. 3 and 4 only

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American Lung Association of Minnesota