



Pulmonary, Respiratory, and Blood Gas Terminology Quiz

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Directions: Edit the following sentences based on your understanding of section 15.16 (and associated references) of the AMA Manual of Style.

1. Patients were assigned to undergo intubation with 1 of 2 high-volume, low-pressure ET tubes, which were similar except for a silver coating on the experimental tube.

2. Blood that leaves the lungs without being fully equilibrated with alveolar oxygen will contribute to a deviation from the optimal pulmonary partial pressure of oxygen, alveolar (PaO_2), and, therefore, the optimal partial pressure of oxygen, mixed venous (PvO_2).

3. Arterial blood gas measurements with 100% fraction of inspired oxygen were as follows: pH, 7.08; PCO_2 , 21.7; and PO_2 , 197.5.

4. After the patients had been ventilated for 8 weeks, most had regained lung function.

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5. Static pulmonary compliance corrected for patient weight increased from a median of 0.16 to 0.27 mL/cm of water/kg during the study period.

6. For severity based on percentages of predicted forced expiratory volume in 1 second (FEV₁), predicted forced expiratory flow (FEF), and midexpiratory phase (FEF₂₅₋₇₅), the percentages were 89.8%, 86.4%, and 63.5% for mild asthma; 9.3%, 10.2%, and 18.6% for moderate asthma; and 0.9%, 3.4%, and 17.8% for severe asthma, respectively.

7. The forced expiratory volume in 1 second (FEV₁) and FEV₁ to forced vital capacity (FVC) ratio were measured at the third or fourth examination, and neither FEV₁ (odds ratio [OR], 0.82; 95% confidence interval [CI], 0.58-1.15; *P* = .25) nor FEV₁/FVC ratio (OR, 0.92; 95% CI, 0.76-1.12; *P* = .43) was found to be associated with age-related macular degeneration

8. Ventilation perfusion ratio ($\dot{V}:\dot{Q}$) and computed tomographic pulmonary angiography are widely used imaging procedures for the evaluation of patients with suspected pulmonary embolism.

9. This study examined the cardiopulmonary effects of 15 mm Hg of intra-abdominal pressure in the presence and absence of 10 mm Hg of positive end-expiratory pressure (PEEP).

10. Exhaled dead-space volume dilutes the total amount of carbon dioxide (CO₂) in exhaled breaths relative to PaCO₂.



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11. The study measured the diffusing capacity of carbon monoxide (DLCO) in 159 patients after treatment with oral corticosteroids for 2 years.

12. Spirometry and lung volumes were determined and muscle strength was assessed by measuring maximum oxygen consumption ($\dot{V}O_{2\max}$), maximum inspiratory pressure (PI_{\max}), and maximum expiratory pressure (PE_{\max}).



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