



CANADIAN BOARD FOR RESPIRATORY CARE INC.

CBRC
7 WARDEN RD
CAMBRIDGE-NARROWS NB E4C 4G5

*Candidate Information Manual
CBRC National Respiratory Therapy Examination
January 2021*

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Examination Registration Information

| | |
|--|---|
| | January 4, 2021 Exam |
| Registration dates | October 12, 2020 |
| Registration deadline and submission of all accommodation applications | November 6, 2020 |
| Registration fees includes 3.8% processing fee plus practice examination | \$899.00 Plus applicable Provincial Tax |
| Cancellation deadline | December 21, 2020 |

Eligibility to sit the CBRC Examinations

a) **First time applicant:**

First time applicants who are or will be graduates of Accreditation Canada accredited training programs are automatically eligible to sit the CBRC examinations and can access the registration portal on the CBRC website at www.cbrc.ca

b) **Applicants unsuccessful on previous CBRC exam(s)**

Those who were unsuccessful on the CBRC examinations and are graduates of Accreditation Canada accredited training programs will have to have their eligibility approved by one of the regulating authorities or the CSRT (representing the non-regulated Provinces) in Canada.

Please select the appropriate candidate type when registering online through the registration portal on the CBRC website at www.cbrc.ca

c) **Foreign Trained Applicant**

Foreign trained applicants will have to have their eligibility approved by one of the regulating authorities or the CSRT (representing the non-regulated Provinces) in Canada.

Please select the appropriate candidate type when registering online through the registration portal on the CBRC website at www.cbrc.ca

(NOTE: Please contact the appropriate regulating authority to ensure that you meet all of the eligibility requirements of that organization.)

- CSRT Credentialing Examination / l'Examen de certification de la SCTR**
(representing the non-regulated provinces of British Columbia, Prince Edward Island, North West Territory, Nunavut, and the Yukon Territory) www.csrt.com
- CARTA Registration Examination*(Alberta)** www.carta.ca
- CRTO Registration Examination *(Ontario)** www.crto.on.ca
- MARRT Registration Examination*(Manitoba)** www.marrrt.org
- NSCRT Registration Examination (Nova Scotia)** www.nscrt.com
- SCRT Registration Examination *(Saskatchewan)** www.scrt.ca
- NBART Registration Examination (New Brunswick)** www.nbart.ca
- OPIQ (Quebec)** www.opiq.qc.ca
- NLCRT (Newfoundland and Labrador)** www.nlcrt.ca

IMPORTANT REGISTRATION Information

To register for an examination please go to the CBRC website during the registration period. There are two (2) components to the registration process:

1. Create a username and password on the CBRC Computer Based Examination Site

NOTE: Please record your username and password! You will need this information to log into the computer software on the day you write your exam.

2. Sign in, select and purchase the current exam, and complete the registration process.

(NOTE: you are not considered registered until you complete both above steps!)

Please ensure at least one week prior to the examination that you have received a confirmation email containing the exam date, time, examination site location and required documentation.

If you have not received a confirmation email by this time please contact testingsupport@getyardstick.com

- The candidate is responsible for accurate completion of the appropriate CBRC Application Form and ongoing notification of address and telephone number changes through testingsupport@getyardstick.com
- Candidates with questions or concerns regarding the registration process can contact testingsupport@getyardstick.com.
- Candidates cancelling prior to the cancellation deadline (see schedule) will be refunded their exam fee. ***After the cancellation deadline, the candidates will not be eligible for any reimbursement of paid fees.***

General Information

Philosophy

The goal of the CBRC is to provide a bilingual examination for credentialing of the highest educational caliber. The CBRC shall achieve and maintain a respiratory therapy entry to practice exam that is national in scope and accommodates provincial regulatory needs. The content of the examination will adhere to the current National Competency Profile and matrix as set out by the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB).

Committee

The Examination Development and Review Committee (EDRC) is comprised of members from across Canada. The members are Registered Respiratory Therapists (RRT) in good standing with the CSRT and/or their regulatory body, who have been appointed by the CBRC. The Chair of the Committee is an RRT, appointed by the Board of Directors of the CBRC. Resources are consulted as required.

Creation of the examination

All questions are based on the current National Competency Profile (available at www.cbrc.ca) and generated by the EDRC. All questions must be unanimously accepted by the EDRC and reviewed in English and French prior to being approved for the question bank. Each year an examination is compiled from the question bank and is submitted to the EDRC for scrutiny. Included with this exam is the review of the pass mark based on the Cut Score Study and psychometric consultation.

Pilot test items

In order to gather pertinent and relevant statistical information on new item bank questions, the CBRC may place a psychometrically approved number of pilot test items on each examination. These pilot questions are embedded within the exam. Pilot items will not affect the allotted exam time, do not contribute to the scoring process and are not part of the exam weighting matrix.

Examination Information

Examination Sites

January 4, 2021 Exam

This exam will be conducted virtually on the ProctorU platform. Please visit <https://www.getyardstick.com/online-proctoring-faq/> for system requirements.

Candidate Preparation

Please visit <https://www.getyardstick.com/online-proctoring-faq/> for system requirements.

Writing the examination

The CBRC National Respiratory Therapy Examination consists of two parts:

The CBRC National Respiratory Therapy Examination consists of approximately 200 questions.

Part One contains type A and case-based questions.

Part Two consists of case-based questions only.

If a technical issue occurs during the exam, the exam timer stops and resumes when the technical issue is resolved.

Spelling is either in the American or British form.

Suggested schedule

Part one - 2 hours 30 minutes

Part two - 2 hours 30 minutes

Candidates will select their time slots based on availability and will have a 30 minute break between exams.

Exam matrix

Final Examination Matrix – Distribution across Competency Areas

Final Examination Matrix by Question Type, Taxonomic Level, Age and Gender

| | Domain of competence | NARTRB Recommendation | Range |
|---|---|------------------------------|--------------|
| 1 | Manage the airway, providing optimal ventilation (C4, C6) | 20% | 19% - 21% |
| 2 | Assess cardio respiratory status, incorporating cardio-pulmonary diagnostics, the use of invasive vascular procedures, and executing resuscitation. (C1, C7, C8, C10) | 25.2% | 24% - 26% |
| 3 | Administer medications and substances, assist with anesthesia, and perform adjunct therapies. (C3, C5, C9) | 18% | 17% - 19% |
| 4 | Provide evidence informed patient centered respiratory care, demonstrating critical thinking skills and communicating effectively. (B0, B2, B5) | 23.8% | 23% - 25% |
| 5 | Optimize patient safety, implementing preventative measures to ensure health and safety. (B7, C2) | 13% | 12% - 14% |

| Additional Examination Specifications – 2020 | Percentage of Examination |
|---|----------------------------------|
| Question Presentation | |
| Independent | 35 – 45% |
| Case-based | 55 – 65% |
| Taxonomy | |
| Core competencies | 35 - 39% |
| Clinical competencies | 61 - 65% |
| Age Group | |
| Neonates | 5 – 15% |
| Pediatrics | 5 – 15% |
| Adults | 75 – 85% |
| Gender | |
| Male | 50% |
| Female | 50% |

Style of Questions

The examination is entirely comprised of type “A” multiple choice with up to four (4) possible choices.

Case Study questions: To help indicate the end of one case study and the beginning of a new case study, a horizontal line followed by the words NEW CASE will be used.

Examples of A-Type questions:

Which of the following effects on the heart are seen during parasympathetic stimulation?

1. stroke volume decreases, cardiac output decreases
2. cardiac output decreases, coronary circulation increases
3. heart rate decreases, blood pressure increases
4. blood pressure decreases, stroke volume increases

Which of the following statements concerning pressure support ventilation is **FALSE**?

1. it augments the patient's inspiratory effort
2. the patient controls ventilation timing
3. it can be used in all modes of mechanical ventilation
4. the patient determines inspiratory flow and tidal volume

The maximal quantity of gas which can be inspired from the expiratory resting position is termed:

1. inspiratory reserve volume
2. residual volume
3. inspiratory capacity

Results

Candidates will receive their results within 90 days of the examination date. Candidates who provide an email address on their application form may receive an email message with their results sooner. Results will not be given by telephone. **Results will be reported to the candidates and the organization(s) indicated on their application form. It will be the responsibility of the candidate to contact their regulatory body to obtain their credential and/or license to practice.**

Cut Score Study

Bookmark standard setting methods (Lewis, Mitzel, Green et al., 1999) were used to establish a cut level (i.e., pass mark) for the 2016 CBRC Respiratory Therapy Exam.

The Bookmark method provides a set of procedures designed to yield cut scores that are based on expert participants' review of individual test items (Cicek, 2007).

The procedures are designed to enable the expert review to be guided and informed by pre-determined criteria, for example by proficiency with specific skills or competencies such as those identified in the 2011 National Competency Profile (NARTRB, 2011).

The Bookmark method was selected because of the method's ability to accommodate assessments based on mixed-format or multiple sessions, because the method permits participants to review stand-alone and case study based constructed responses items concurrently, and because the method is based upon and ideally suited for item response theory (IRT) based assessment approaches. The Bookmark method requires fewer, simpler decisions from participants than many other standard setting methods, and is simpler for those who sponsor the sessions (Mitzel, Lewis, Patz et al., 2001). The Bookmark method was considered an efficient, effective and appropriate approach for standard setting with the CBRC

Instructions and Regulation

1. The computer software provides access to an online calculator.

All other electronic devices (e.g. cell phone, mobile devices, calculators, etc) are not permitted. If these items are stored in the examination room, they **must be turned off**.

Permissible items shall include: disposable earplugs, and drinks in a clear spill proof container with no label. All items will be reviewed/approved by the test centre proctor. No food is permitted in the test centre. On the day of the examination candidates must present two pieces of identification, one being a government issued photo ID (i.e. driver's license or passport) (Student and hospital identifications are NOT accepted). The proctor will check their names against the list of candidates for that specific testing centre.

2. CBRC needs to have current contact details for all candidates in order to notify of results. If any contact details change after registration the candidates will have access to make changes to their profile at any time.
3. The exam sites are "scent free".
4. Candidates are encouraged to use the washroom prior to the exam but are allowed supervised bathroom breaks during the exam. The exam timer will continue to run during the absence.
5. Candidates are permitted to bookmark questions to revisit and are able to scroll back and forth throughout the exam
6. Feedback and comments on any questions should be noted on the clipboard icon. Candidates can enter feedback for each question. Proctors are not permitted to respond to questions regarding content of the exam. These comments will be reviewed by the EDRC prior to the final evaluation.
7. In the French version of the exam, rarely used terms or abbreviations are often accompanied in brackets by their better known English equivalents.
8. The doors of the examination room will be closed promptly at the hour set for the examination. Up to 60 minutes into the examination time, candidates who are late will be admitted to the exam room, but they will be restricted to sit the examination within the remaining time.

9. A candidate may not leave the room at any time except as permitted and accompanied by the proctor. If a candidate must leave the room to use the washroom, they may not take books, papers, etc., out of the testing center with them nor bring books, papers etc. back into the testing center.
10. If a candidate becomes ill when writing the examination, the candidate must advise the proctor.
11. Any candidate found cheating will be subject to disciplinary action, removal from the exam, and their results made null and void.
12. Following the examination, candidates will be asked to complete an optional, short feedback survey.

CBRC Policies and Procedures

Appeal

The CBRC recognizes the need for a process to allow candidates to appeal their final status on the CBRC National Respiratory Therapy Examination.

Procedure

1. A “Letter of Appeal” must be sent to the Chair of the CBRC Board of Directors in care of the CBRC head office.
2. Appeals based on medical conditions must be filed within seven (7) days after the examination date. A valid medical certificate must accompany the appeal. The examination will not be scored after a medical appeal has been granted. No examination results will be provided to any candidate that has a successful medical appeal and their examination fees will be deferred to the next sitting of the examinations. There is no fee associated for medical appeals.
3. Appeals based on disqualification due to academic dishonesty must be filed within seven (7) days after receiving the CBRC Board’s decision on the infraction. Appeals based on disqualification due to academic dishonesty must be accompanied by a bank certified cheque or money order for \$400.00 (includes HST) fee.
4. All other appeals must be filed within seven (7) days from receipt of the results accompanied by a bank certified cheque or money order for \$400.00 (includes HST)
5. The appeal will be heard and a decision rendered by the CBRC Board of Directors within ninety (90) days of receipt of the “Letter of Appeal” from the candidate.
6. All fees are to be paid by a **bank certified cheque** or **money order** payable to CBRC/CCSR.

Accommodation of Special Needs

Candidates with special needs may request special accommodations and arrangements to sit the examination on the scheduled exam date. **Accommodation applications and requests must be submitted on or before the final date of application.**

If the candidate requires accommodation for a special need, they must access and complete the special accommodation application form herein. All requests for special accommodations must be supported with written verification of the nature and extent of the candidate's special needs from a licensed professional verifying the candidate's identified special needs as well as documentation from the educational institution where candidates received their education

The CBRC exam is only provided in the English or French language. Requests for exam accommodation will not be granted to challenge the exam in any other language.

In order to have special accommodations arranged for the exam, candidates must:

- complete and submit a special accommodations application form
- include appropriate documentation supporting their request
- return the completed special accommodations application form with documentation to the CBRC Head Office
- submit all forms by the exam application deadline, except in unusual circumstances, such as a recent injury

All special accommodation requests are subject to approval by the CBRC Board of Directors on a case by case basis. Candidates will be notified of the decision on their request by telephone or email. Approved special accommodations will be arranged for the candidate at no extra charge.

Criteria that will be taken into account by the CBRC Board of Directors when requests for accommodation are considered include:

- the needs of the candidate
- preservation of the integrity of the examination
- the ability of CBRC to provide resources

No accommodation request will be granted which jeopardizes the integrity or validity of the examination.



**Canadian Board for Respiratory Care, Inc.
Le Conseil Canadien Des Soins Respiratoires, Inc.**

CBRC
7 WARDEN RD
CAMBRIDGE-NARROWS NB E4C 4G5

SPECIAL ACCOMMODATION APPLICATION FORM
Due on or before the final date of application.

PRINT OR TYPE ALL INFORMATION

Name in Full: Mr. Ms. Miss. Mrs. (*circle*)

First Name _____

Middle Initial _____

Surname _____

Mailing Address:

Apt. # _____ Street _____

City _____ Province _____

Postal Code _____

Phone Number _____ Email address _____

Please indicate the school you have or expect to graduate from _____

Indicate at which testing centre you have selected _____

In order to request and have special accommodations arranged for the exam, candidates must:

- complete and submit a special accommodations application form
- include appropriate documentation supporting their request
- return the completed special accommodations application form with documentation to the CBRC Head Office

All forms must be submitted by the exam application deadline, except in unusual circumstances, such as a recent injury.

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- the needs of the candidate
- preservation of the integrity of the examination
- the ability of CBRC to provide resources

No accommodation request will be granted which jeopardizes the integrity or validity of the examination.

Application Information:

Please state clearly what specific accommodations and/or arrangements you require.

Before submitting, please ensure that the following are attached:

- **relevant documentation from your licensed/registered professional**
- **recent letter from your educational institutions accommodation centre**

Signature: _____

Date: _____

Nomenclature and Normal Values

$$\begin{aligned} \frac{1}{V} \int z dV &= \frac{\pi r_1^2}{V H^2} \int_0^H z dz \\ &= \frac{\pi r_1^2}{V H^2} \int_0^H (z^3 - 2z^2 H + z H^2) dz \\ &= \frac{\pi r_1^2}{V H^2} \left[\frac{z^4}{4} - \frac{2z^3 H}{3} + \frac{z^2 H^2}{2} \right]_0^H \\ &= \frac{\pi r_1^2 H^4}{V H^2} \left[\frac{1}{4} - \frac{2H}{3H} + \frac{H^2}{2H^2} \right]. \end{aligned} \quad (9-1)$$

All test items have been referenced to the most recent editions of commonly used texts as identified by the accredited Respiratory Therapy programs across Canada.

Exam item content will always be consistent with best practice and not present ambiguity due to conflicting text references.

Normal Values

The CBRC Exam Development and Review Committee has decided to remove all normal ranges and formulae in the candidate manual.

The committee rationale for this decision was based on the understanding normals differ slightly in a number of textbooks used across the country.

The committee will continue to develop item content which is always consistent with best practice and will not present ambiguity due to conflicting text references.

If you have any questions pertaining to this new practice please do not hesitate to contact the chair of the EDRC at the following e-mail address:

cbrc@cbrc.ca

Danny Veniott
Chair, CBRC Exam Development and Review Committee

Ventilator Recommendations

- Regional use of makes and models of ventilators vary significantly. Therefore the emphasis of the exam items will be on the operating principles of ventilators classification.
- All modes, breath types and adjuncts currently available across all patient populations may be examined. They will be referred to in their generic terms on the exam.
- Unless a height is specified in a question, assume the patient weight that is provided is the ideal body weight (IBW).
- Unless specified, assume the patient is an adult.

Pharmacology

In questions pertaining to pharmacology, **only** the generic drug name will be used.

Example: Ventolin[®], Airomir[™], and Apo[®]-Salvent **will** appear as salbutamol

Abbreviations and Symbols

| | | |
|-----|--|---|
| "A" | a | arterial |
| | A | alveolar |
| | ABG | arterial blood gas |
| | AC | assist-control ventilation |
| | ACLS | advanced cardiac life support |
| | ADH | antidiuretic hormone |
| | A/E | air entry with auscultation |
| | AFB | acid-fast bacilli |
| | AG | anion gap |
| | AIDS | acquired immunodeficiency syndrome |
| | ALS | amyotrophic lateral sclerosis |
| | AP | anterior posterior |
| | APGAR | Appearance, Pulse, Grimace, Activity, Respiration |
| | APRV | airway pressure release ventilation |
| | ARDS | adult respiratory distress syndrome |
| | ASA | American Society of Anesthesiologists |
| | ASD | atrial septal defect |
| | ATP | adenosine triphosphate |
| | ATPD | ambient temperature and pressure dry |
| | ATPS | ambient temperature and pressure saturated |
| | AV | atrioventricular |
| "B" | BCLS | basic cardiac life support |
| | BE | base excess |
| | BMI | body mass index |
| | BMR | basal metabolic rate |
| | BP | blood pressure |
| | BSA | body surface area |
| | BPD | bronchopulmonary dysplasia |
| | BTPS | body temperature and pressure saturated |
| | BUN | blood urea nitrogen |
| "C" | c | capillary |
| | C | compliance |
| | Ca ⁺⁺ | calcium |
| | CABG | coronary arterial bypass graft |
| | CaO ₂ | oxygen content of arterial blood |
| | C(a- \bar{v})O ₂ | arterial to venous oxygen content difference |
| | C(a- \bar{v})O ₂ _i to BSA CcO ₂ | arterial to venous oxygen content difference indexed oxygen content of capillary blood |
| | CBC | complete blood count |
| | C _{dyn} | dynamic compliance |
| | CF | cystic fibrosis |
| | CHF | congestive heart failure |
| | CI | cardiac index |

| | | |
|-----|-------------------------------|---|
| | Cl ⁻ | chloride |
| | cm H ₂ O | centimetres of water pressure |
| | CNS | central nervous system |
| | CO | carbon monoxide (in context) |
| | CO | cardiac output |
| | CO ₂ | carbon dioxide |
| | COHb | carboxyhemoglobin |
| | COPD | chronic obstructive pulmonary disease |
| | CPAP | continuous positive airway pressure |
| | CPP | cerebral perfusion pressure |
| | CPR | cardiopulmonary resuscitation |
| | C & S | culture and sensitivity |
| | CSA | Canadian Standards Association |
| | CSF | cerebrospinal fluid |
| | C _{stat} | static compliance |
| | CT | computerized tomography |
| | CVA | cerebrovascular accident |
| | C \bar{v} O ₂ | oxygen content of mixed venous blood |
| | CVP | central venous pressure |
| | CXR | chest x-ray |
| "D" | DL | diffusing capacity |
| | DL _{CO} | diffusing capacity of carbon monoxide |
| | DO ₂ | oxygen delivery |
| "E" | ECG | electrocardiogram |
| | ECMO | extra corporeal membrane oxygenation |
| | EEG | electroencephalogram |
| | EF | ejection fraction |
| | ELBW | extremely low birth weight infant |
| | EOG | electrooculogram |
| | EMG | electromyogram |
| | EMT | emergency medical technician |
| | ER | emergency room/department |
| | ERV | expiratory reserve volume |
| | ETCO ₂ | end-tidal carbon dioxide |
| | ETT | endotracheal tube |
| "F" | f | frequency |
| | FEF ₂₅₋₇₅ | forced expiratory flow between 25% and 75% of vital capacity (MEFR) |
| | FEV ₁ | forced expiratory volume at one second |
| | FEV ₁ /FVC | ratio of exhaled volume at one second to forced vital capacity |
| | F _I O ₂ | fraction of inspired oxygen |
| | FR | French (sizes) |
| | FRC | functional residual capacity |
| | FVC | forced vital capacity |

| | | |
|-----|---------------|--|
| | $F_{ET}CO_2$ | fractional exhaled end tidal CO_2 |
| | F_ECO_2 | fractional mixed exhaled CO_2 |
| | FVL | flow volume loop |
| | f/V_T | rapid shallow breathing index |
| "G" | g | gram |
| | GCS | Glasgow coma scale |
| | GERD | gastroesophageal reflux disease |
| | GI | gastrointestinal |
| | $G_xP_xA_x$ | gravida, partum, abortion : gynecological terms used to represent number of pregnancies (G), number of live births (P) and number of abortion (A); x = number of |
| "H" | Hb | hemoglobin |
| | HbCO | carboxyhemoglobin |
| | HbF | fetal hemoglobin |
| | Hbmet | methemoglobin |
| | HBO | hyperbaric oxygen |
| | HbO_2/O_2Hb | oxyhemoglobin |
| | HCO_3^- | bicarbonate |
| | Hct | hematocrit |
| | HFJV | high frequency jet ventilation |
| | HFO | high frequency oscillation |
| | HIV | Human Immunodeficiency Virus |
| | HMD | hyaline membrane disease |
| | HME | heat and moisture exchanger |
| "I" | IBW | ideal body weight |
| | IC | inspiratory capacity |
| | ICP | intracranial pressure |
| | ICU | intensive care unit |
| | I:E | inspiratory to expiratory time ratio |
| | INR | international normalized ratio of prothrombin time |
| | IPPA | inspection, palpation, percussion, auscultation |
| | IRV | inspiratory reserve volume |
| "K" | kg | kilogram |
| | K^+ | Potassium |
| "L" | L | litre |
| | LAP | left atrial pressure |
| | LLL | left lower lobe |
| | L:S (ratio) | lecithin : sphingomyelin |
| | LUL | left upper lobe |
| | LVEDP | left ventricular end-diastolic pressure |
| | LVH | left ventricular hypertrophy |
| | LVSV | left ventricular stroke volume |
| | LVSW | left ventricular stroke work |

| | | |
|-----|----------------------|--|
| "M" | m | meter |
| | MAC | minimum alveolar concentration |
| | MAP | mean arterial pressure |
| | MAS | meconium aspiration syndrome |
| | MDI | metered dose inhaler |
| | MEP | maximum expiratory pressure |
| | Mg ⁺⁺ | magnesium |
| | MI | myocardial infraction |
| | MIP | maximum inspiratory pressure |
| | mm Hg | millimetres of mercury pressure (torr) |
| | MOV | minimal occluding volume |
| | MRSA | methicillin resistant staphylococcus aureus |
| | MVA | motor vehicle accident |
| | MVV | maximum voluntary ventilation |
| | MMV | mandatory minute ventilation |
| | mmol | millimole |
| | mL | milliliter |
| | mg | milligram |
| "N" | Na ⁺ | sodium |
| | NIBP | noninvasive blood pressure |
| | NIPPV | noninvasive positive pressure ventilation |
| | NO | nitric oxide |
| | NO ₂ | nitrogen dioxide |
| | N ₂ O | nitrous oxide |
| | NPPV | noninvasive positive pressure ventilation |
| | NPV | negative pressure ventilation |
| | NREM | non-rem sleep |
| | NTT | nasotracheal tube |
| | NPO | nothing by mouth |
| "O" | O/A | on auscultation |
| | O/E | on examination |
| | O ₂ | oxygen |
| | O ₂ ER | oxygen extraction |
| | OI | oxygen index |
| | OR | operating room |
| "P" | P | pressure |
| | P ₅₀ | partial pressure of oxygen at 50% HbO ₂ |
| | PA | pulmonary artery |
| | P _A | alveolar pressure |
| | P _{Plateau} | plateau pressure |
| | P(A-a)O ₂ | alveolar to arterial oxygen gradient |
| | PAC | premature atrial pressure |
| | PAP | pulmonary artery pressure |
| | PAP | mean pulmonary artery pressure |

| | | |
|-----|----------------------|--|
| | PAT | paroxysmal atrial tachycardia |
| | PAV | proportional assist ventilation |
| | Paw | airway pressure (proximal) |
| | P_{AW} or P_{AW} | mean airway pressure |
| | PCWP(PAOP) | pulmonary capillary wedge pressure / pulmonary artery occlusion pressure |
| | P_B | barometric pressure |
| | PCV | pressure control ventilation |
| | PDA | patent ductus arteriosus |
| | $P_{E}CO_2$ | pressure of mixed exhaled carbon dioxide |
| | PEEP | positive end-expiratory pressure |
| | PEFR | peak expiratory flowrate |
| | PEP | peak expiratory pressure |
| | $P_{ET}CO_2$ | pressure of end-tidal carbon dioxide |
| | PFT | pulmonary function testing |
| | pH | standardized hydrogen ion activity |
| | P_{high} | pressure high |
| | PIF | peak inspiratory flow |
| | PIP | peak inspiratory pressure |
| | P_{low} | pressure low |
| | PNIP | peak negative inspiratory pressure |
| | PPHN | persistent pulmonary hypertension of the newborn |
| | ppm | parts per million |
| | PPV | positive pressure ventilation |
| | PRVC | pressure regulated volume control |
| | PS | pressure support |
| | PSV | pressure support ventilation |
| | PT | prothrombin time |
| | PTT | partial thromboplastin time |
| | PVC | premature ventricular contraction |
| | $P\bar{V}CO_2$ | pressure of carbon dioxide in mixed venous blood |
| | $P\bar{V}O_2$ | pressure of oxygen in mixed venous blood |
| | PVR | pulmonary vascular resistance |
| | PVRI | pulmonary vascular resistance index |
| "Q" | Q_s / Q_t | shunted cardiac output ratio |
| | Q_t | cardiac output |
| "R" | R_{AW} | airway resistance |
| | RBC | red blood cell |
| | RDS | respiratory distress syndrome |
| | REM | rapid eye movement |
| | RLL | right lower lobe |
| | RML | right middle lobe |
| | ROP | retinopathy of prematurity |
| | RQ | respiratory quotient |
| | RR | respiratory rate |
| | RSBI | rapid shallow breathing index |

RSV

Respiratory Syncytial Virus

| | | |
|-----|--------------------------------|---|
| | RUL | right upper lobe |
| | RV | residual volume |
| | RVH | right ventricular hypertrophy |
| "S" | SaO ₂ | arterial oxygen saturation |
| | SBT | spontaneous breathing trial |
| | SIDS | sudden infant death syndrome |
| | SIMV | synchronized intermittent mandatory ventilation |
| | SLE | systemic lupus erythematosus |
| | SOAP | subjective, objective, assessment, plan |
| | SOB | shortness of breath |
| | SOBOE | shortness of breath on exertion |
| | S _p O ₂ | oxygen saturation by pulse oximetry |
| | STPD | temperature 0°C, pressure 760 mm Hg and dry |
| | S \bar{v} O ₂ | mixed venous oxygen saturation |
| | SVC | slow vital capacity |
| | SVR | systemic vascular resistance |
| | SVRI | systemic vascular resistance index |
| "T" | T | temperature |
| | TB | tuberculosis |
| | TC | time constant |
| | TCO ₂ | total CO ₂ |
| | T _c PO ₂ | transcutaneous pressure of oxygen |
| | T _E | expiratory time |
| | T _{high} | time high |
| | T _I | inspiratory time |
| | T _{ID} | dynamic inspiratory time |
| | T _{IS} | static inspiratory time |
| | TLC | total lung capacity |
| | T _{low} | time low |
| | TTN | transient tachypnea of the newborn |
| "U" | URTI | upper respiratory tract infection |
| | UAC | umbilical artery catheter |
| | UVC | umbilical venous catheter |
| "V" | V _E | minute volume of expired volume per minute (BTPS) |
| | V _A | minute alveolar ventilation |
| | VC | vital capacity |
| | VCO ₂ | carbon dioxide production (STPD) per minute |
| | V _D | deadspace |
| | V _D /V _T | deadspace to tidal volume ratio |
| | VLBW | very low birth weight infant |
| | V _{max(x)} | maximum flow where (x) = % of volume |
| | VO ₂ | oxygen consumption per minute |
| | vol% | concentration (percent per volume) |

| | | |
|-----|---------------------|--|
| | V/Q | ventilation/perfusion ratio |
| | VS | volume support |
| | VSD | ventricular septal defect |
| | V _T | tidal volume |
| | V _{T(del)} | delivered tidal volume |
| | V _{TG} | thoracic gas volume |
| "W" | WBC | white blood cell |
| | WHMIS | Workplace Hazardous Materials Information System |

Revised: October 2020