WATHIM

GCC exam prep

PRACTICE PACK

DHA SCFHS

Respiratory Therapist Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 535 questions · 3 papers

535	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Respiratory Therapist Gulf Licensing Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

535	3	13	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 132 easier, 294 standard and 109 harder questions, marked on each one.

Mechanical ventilation 69 · Patient assessment and data 50 · Airway management 50 · Arterial blood gas interpretation 40 · Equipment, oxygen delivery and infection control 40 · Neonatal and paediatric respiratory care 40 · Respiratory disease management 40 · Patient safety and quality control 39 · Respiratory pharmacology 35 · Critical care and emergencies 35 · Bronchial hygiene and lung expansion 34 · Pulmonary rehabilitation, home care and education 33 · Pulmonary function testing 30

The exam you are sitting

DHA: DHA exam for respiratory therapists (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
SCFHS: Saudi Respiratory Care Licensure Examination (SRCLE)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf respiratory therapist licensing exams differ in length and scoring: the DHA exam (RES5882) has 150 multiple choice questions in 3 hours with a 60% pass mark, and the Saudi SRCLE has 200 questions in two parts of 120 minutes with a scaled pass score of 542 on a 200 to 800 scale. No single percentage pass mark is set here; the 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions on core respiratory care knowledge, not real or recalled exam questions.

What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

Topic coverage

Topic	Questions in this pack	Share
Mechanical ventilation	**69**	13%
Patient assessment and data	**50**	9%
Airway management	**50**	9%
Arterial blood gas interpretation	**40**	7%
Equipment, oxygen delivery and infection control	**40**	7%
Neonatal and paediatric respiratory care	**40**	7%

SAMPLE - wathim.com

Topic	Questions in this pack	Share
Respiratory disease management	**40**	7%
Patient safety and quality control	**39**	7%
Respiratory pharmacology	**35**	7%
Critical care and emergencies	**35**	7%
Bronchial hygiene and lung expansion	**34**	6%
Pulmonary rehabilitation, home care and education	**33**	6%
Pulmonary function testing	**30**	6%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

> Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.
2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.
3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.
4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.
5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.
6. **Keep the revision bank for the last few days**
   355 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Respiratory Therapist Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

SAMPLE · wathim.com

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	355 more questions by topic, with the answer under each, and the night-before list of the hardest questions

SAMPLE - wathim.com

Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D)	2 (A) (B) (C) (D)	3 (A) (B) (C) (D)	4 (A) (B) (C) (D)	5 (A) (B) (C) (D)

SAMPLE - wathim.com

RESPIRATORY THERAPIST EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 Airway management EASY

An alert patient with an intact gag reflex needs an airway adjunct after a seizure. Which adjunct is most appropriate if one is needed?

A. An oropharyngeal airway
B. A nasopharyngeal airway
C. A laryngeal mask airway
D. A cuffed endotracheal tube

Q2 Airway management HARD

A patient with obvious facial fractures and clear fluid draining from the nose needs an airway adjunct while awaiting definitive care. Why is a nasopharyngeal airway avoided?

A. It may enter the cranium through a skull base fracture
B. It provokes laryngospasm in patients with facial trauma
C. It cannot pass beyond the nasal vestibule in adults
D. It adds more dead space than other airway adjuncts

Q3 Airway management STANDARD

A patient with a cuffed fenestrated tracheostomy tube is being prepared for cap trials. What must be done before the tube is capped?

A. Inflate the cuff to a higher pressure
B. Remove the inner cannula and cap the outer tube
C. Increase the supplemental oxygen concentration
D. Deflate the cuff completely so that air can pass around the tube

Q4 Airway management EASY

A cuff manometer is used on a ventilated adult with a cuffed endotracheal tube. Which range is the commonly accepted target for cuff pressure?

A. 5 to 10 cmH2O
B. 20 to 30 cmH2O
C. 35 to 45 cmH2O
D. 50 to 60 cmH2O

SAMPLE - wathim.com

Q5 Mechanical ventilation STANDARD

A ventilated patient has a tidal volume of 600 mL, a peak inspiratory pressure of 40 cmH2O and PEEP of 10 cmH2O. What is the dynamic compliance?

(A) 15 mL/cmH2O
(B) 60 mL/cmH2O
(C) 20 mL/cmH2O
(D) 12 mL/cmH2O

SAMPLE - wathim.com

Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	2	3	4	5
B	A	D	B	C

SAMPLE - wathim.com

Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **B A nasopharyngeal airway**

A nasopharyngeal airway is tolerated by patients who still have a gag reflex because it does not stimulate the base of the tongue as much. An oropharyngeal airway in a patient with a gag reflex may provoke vomiting, laryngospasm and aspiration. A laryngeal mask airway and an endotracheal tube both require a depressed level of consciousness or sedation before they can be placed.

Source: Egan's Fundamentals of Respiratory Care

Q2 Answer: **A It may enter the cranium through a skull base fracture**

Clear nasal drainage after facial trauma suggests a cerebrospinal fluid leak from a basilar skull fracture. Blind insertion of a nasopharyngeal airway or a nasal tube could pass through the damaged cribriform region into the cranium. Laryngospasm is not an inevitable result, the device normally passes well beyond the vestibule into the posterior pharynx, and its dead space is small and not the reason for avoiding it.

Source: Egan's Fundamentals of Respiratory Care

Q3 Answer: **D Deflate the cuff completely so that air can pass around the tube**

A capped tracheostomy tube forces all exhaled air through the upper airway, so the cuff must be fully deflated first. If the cuff remained inflated, the patient could not exhale around the tube and would suffocate. Raising the cuff pressure would make this more dangerous. The inner cannula of a fenestrated tube is normally in place when capping to keep the holes patent, and oxygen concentration is not the safety step.

Source: Egan's Fundamentals of Respiratory Care

Q4 Answer: **B 20 to 30 cmH2O**

A cuff pressure of about 20 to 30 cmH2O seals the trachea well enough to limit leak and aspiration while remaining below the capillary perfusion pressure of the tracheal mucosa. Pressures above this range can cause ischemia, ulceration and later tracheal stenosis. Pressures in the lowest range often allow leakage of air and subglottic secretions around the cuff, which raises the risk of ventilator-associated pneumonia.

Source: Egan's Fundamentals of Respiratory Care

Q5 Answer: **C 20 mL/cmH2O**

Dynamic compliance equals tidal volume divided by peak inspiratory pressure minus PEEP, because it uses the pressure measured during flow. Peak pressure minus PEEP is 40 minus 10, equal to 30 cmH2O, and 600 divided by 30 equals 20 mL/cmH2O. A result of 15 comes from dividing by the peak pressure alone, 60 from dividing by PEEP, and 12 comes from dividing by the sum of peak pressure and PEEP, which is 50.

Source: Pilbeam's Mechanical Ventilation

SAMPLE - wathim.com

What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	355 more questions by topic with the answer under each, and the night-before list
Total	535 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/respiratory-therapist-practice**

© 2026 Wathim. All rights reserved. Prepared for the purchaser's personal exam preparation; copying, resale, or posting this document or its questions in any group or website is prohibited. Wathim is independent and is not affiliated with, endorsed by, or connected to Gulf health regulators (DHA, SCFHS and others) or any government body or testing provider. The questions are original and do not reproduce live examination content.

SAMPLE - wathim.com