

FISDAP EMT AIRWAY PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which patient is most likely to require advanced airway management?**
 - A. A patient with unresponsive apnea
 - B. A patient with a sprained ankle
 - C. A patient experiencing mild abdominal pain
 - D. A patient with a cut on the arm
- 2. What is an indicator that a patient's airway may be obstructed?**
 - A. Clear and even breathing sounds
 - B. Increased oxygen saturation levels
 - C. Use of accessory muscles for breathing
 - D. Normal color and responsiveness
- 3. What is a common risk associated with excessive ventilations after airway interventions?**
 - A. Barotrauma and decreased cardiac output
 - B. Improved lung compliance
 - C. Increased blood oxygenation
 - D. Enhanced patient comfort
- 4. A 50-year-old patient is not breathing and has a faint pulse. What should you do?**
 - A. Administer oxygen via nasal cannula
 - B. Begin CPR immediately
 - C. Perform bag-valve mask ventilation
 - D. Use a defibrillator
- 5. What is the amount of air that normally reaches the alveoli in an adult?**
 - A. 150 mL
 - B. 350 mL
 - C. 500 mL
 - D. 700 mL

- 6. What is the first step in assessing airway patency?**
- A. Performing the chin-lift or jaw-thrust maneuver
 - B. Using a bag-valve-mask (BVM)
 - C. Listening for breath sounds
 - D. Administering oxygen via nasal cannula
- 7. What patient population is contraindicated for using an oropharyngeal airway (OPA)?**
- A. Patients who are unconscious
 - B. Patients with a gag reflex or those who are conscious
 - C. Patients who are intubated
 - D. Patients with severe facial injuries
- 8. Which of the following is least likely to be a respiratory distress symptom?**
- A. Wheezing
 - B. Confusion
 - C. Fainting
 - D. Accumulated mucus
- 9. What condition can present with sudden onset of difficult breathing and diminished breath sounds?**
- A. Atelectasis
 - B. Pneumothorax
 - C. Chronic bronchitis
 - D. Congestive heart failure
- 10. Which action is essential when a patient is experiencing respiratory distress?**
- A. Giving them water to drink
 - B. Positioning them in a supine position
 - C. Offering reassurance and assessing their breathing
 - D. Administering medication immediately

Answers

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1. A
2. C
3. A
4. C
5. B
6. A
7. B
8. D
9. B
10. C

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Explanations

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1. Which patient is most likely to require advanced airway management?

- A. A patient with unresponsive apnea**
- B. A patient with a sprained ankle
- C. A patient experiencing mild abdominal pain
- D. A patient with a cut on the arm

A patient with unresponsive apnea is most likely to require advanced airway management because this condition indicates a severe compromise in the patient's ability to breathe effectively. Apnea, which refers to the cessation of breathing, requires immediate intervention to maintain oxygenation and prevent life-threatening complications. In such cases, the airway may be obstructed or insufficient for providing adequate ventilation. Advanced airway management techniques, such as intubation or the use of other airway adjuncts, may be necessary to secure the airway and ensure that the lungs are adequately ventilated. In contrast, the other scenarios presented do not typically involve immediate life-threatening airway concerns. A sprained ankle, mild abdominal pain, and a cut on the arm indicate injuries or conditions that, while needing medical attention, do not inherently affect the patient's ability to breathe. Therefore, these patients would not require the same level of urgent airway management as someone presenting with unresponsive apnea.

2. What is an indicator that a patient's airway may be obstructed?

- A. Clear and even breathing sounds
- B. Increased oxygen saturation levels
- C. Use of accessory muscles for breathing**
- D. Normal color and responsiveness

The use of accessory muscles for breathing is a clear indicator that a patient's airway may be obstructed. When the airway is compromised, the body often responds by utilizing additional muscles in the neck and shoulders to assist with inhalation. This increased effort is a compensatory mechanism, indicating that the normal pathway for airflow is not functioning optimally. In a healthy respiratory system, the diaphragm and intercostal muscles typically handle breathing without the need for extra assistance. The presence of accessory muscle use suggests that the individual may be struggling to breathe effectively, possibly due to an obstruction in the airway. In contrast, clear and even breathing sounds, increased oxygen saturation levels, and normal color and responsiveness typically indicate a well-oxygenated patient with unobstructed airflow. These factors reflect a stable respiratory status, thereby reinforcing the significance of recognizing accessory muscle use as a warning sign of potential airway obstruction.

3. What is a common risk associated with excessive ventilations after airway interventions?

- A. Barotrauma and decreased cardiac output**
- B. Improved lung compliance
- C. Increased blood oxygenation
- D. Enhanced patient comfort

Excessive ventilations after airway interventions can lead to barotrauma and decreased cardiac output due to the significant pressure created within the thoracic cavity. When too much air is pushed into the lungs, it can cause over-distension, leading to lung injury and possible rupture of alveoli, a condition known as barotrauma. This situation can also negatively affect cardiac output because increased intrathoracic pressure can impede venous return to the heart. Consequently, this can result in reduced stroke volume and overall cardiac output, which can have serious implications for patient stability. Understanding the balance between adequate ventilation and avoiding excessive pressure is crucial for maintaining effective airway management.

4. A 50-year-old patient is not breathing and has a faint pulse. What should you do?

- A. Administer oxygen via nasal cannula
- B. Begin CPR immediately
- C. Perform bag-valve mask ventilation**
- D. Use a defibrillator

In a scenario where a patient is not breathing but has a faint pulse, the immediate priority is to ensure that the patient is receiving adequate oxygenation and ventilation. Administering bag-valve mask (BVM) ventilation is crucial because it provides positive pressure ventilation, which helps to deliver oxygen directly to the patient's lungs. When a patient is not breathing, various respiratory issues could prevent them from taking in oxygen effectively. It's important to take action to support their respiratory function, particularly since the patient still has a faint pulse, which indicates that some circulation is present. By using a bag-valve mask, you can help to maintain oxygen levels and support respiratory function until more advanced care can be administered. While other options may seem relevant in different contexts—such as using a defibrillator for a patient who has gone into cardiac arrest—those would not be appropriate if the patient retains a pulse, even if faint. Administering supplemental oxygen via a nasal cannula wouldn't adequately address the immediate need for ventilation in a patient who is not breathing. Therefore, starting with bag-valve mask ventilation is the best course of action in this situation to ensure the patient receives the necessary oxygenation.

5. What is the amount of air that normally reaches the alveoli in an adult?

- A. 150 mL
- B. 350 mL**
- C. 500 mL
- D. 700 mL

In adults, the average tidal volume, which is the amount of air exchanged during normal breathing, is about 500 mL. However, not all of this air reaches the alveoli for gas exchange. In fact, approximately 150 mL of this air fills the anatomical dead space—the areas of the respiratory system that do not participate in gas exchange, such as the trachea and bronchi. Therefore, the amount of air that actually reaches the alveoli for effective gas exchange is calculated by subtracting the volume of dead space from the tidal volume. This results in an estimated volume of about 350 mL that contributes to oxygenation and carbon dioxide removal in the lungs. This is a critical factor in understanding respiratory physiology and the efficiency of breathing in adults.

6. What is the first step in assessing airway patency?

- A. Performing the chin-lift or jaw-thrust maneuver**
- B. Using a bag-valve-mask (BVM)
- C. Listening for breath sounds
- D. Administering oxygen via nasal cannula

The first step in assessing airway patency is performing the chin-lift or jaw-thrust maneuver. This technique is essential because it helps to open the airway by repositioning the tongue and other structures that may obstruct it. In many cases of unconsciousness or unresponsiveness, the tongue can fall back into the throat and obstruct the airway, so this maneuver allows for immediate access to the airway and helps ensure that it remains clear. By first securing the airway through techniques like the chin-lift or jaw-thrust, the clinician can then determine whether additional interventions, such as bag-valve-mask ventilation or listening for breath sounds, are necessary. The correct positioning of the airway also establishes a basis for further assessment and intervention since it is crucial to confirm that the airway is not only open but also that the patient is breathing effectively. Administering oxygen via nasal cannula is inappropriate at this stage because the priority is to ensure the airway is patent before providing supplemental oxygen or other treatments.

7. What patient population is contraindicated for using an oropharyngeal airway (OPA)?

- A. Patients who are unconscious
- B. Patients with a gag reflex or those who are conscious**
- C. Patients who are intubated
- D. Patients with severe facial injuries

The use of an oropharyngeal airway (OPA) is specifically contraindicated in patients who have a gag reflex or in those who are conscious because these conditions increase the risk of gagging or vomiting when an OPA is inserted. When a patient is conscious, their protective airway reflexes, including the gag reflex, are intact, which means they may react negatively to the presence of the airway. This can potentially lead to aspiration or airway obstruction if vomiting occurs as a response to the OPA. In contrast, the OPA is designed for use in unconscious patients who lack a gag reflex since they cannot effectively protect their airway. The presence of facial injuries, while concerning, is not an absolute contraindication for OPA use; however, the airway must be assessed carefully to avoid exacerbating any injuries. Intubated patients do not require an OPA as they already have an airway secured through intubation. Therefore, for safety and effectiveness, the OPA should only be used in scenarios where the patient is unconscious and without protective reflexes, making patients with a gag reflex or those who are conscious unsuitable candidates for this airway adjunct.

8. Which of the following is least likely to be a respiratory distress symptom?

- A. Wheezing
- B. Confusion
- C. Fainting
- D. Accumulated mucus**

Accumulated mucus is least likely to be a direct symptom of respiratory distress. While it can be associated with respiratory conditions and may contribute to breathing difficulties, it does not immediately indicate respiratory distress in the same way that the other symptoms do. Wheezing, for example, is a clear sign of airway constriction and difficulty in breathing, commonly associated with asthma or other obstructive diseases. Confusion may arise due to hypoxia or inadequate oxygen delivery to the brain, indicating a serious issue with airway or breathing status. Fainting, similarly, can signal severe oxygen deprivation or a significant medical emergency affecting the body's ability to adequately oxygenate tissues. In contrast, while accumulated mucus can certainly play a role in respiratory issues, it is more of a contributing factor rather than a primary symptom of respiratory distress itself.

9. What condition can present with sudden onset of difficult breathing and diminished breath sounds?

- A. Atelectasis
- B. Pneumothorax**
- C. Chronic bronchitis
- D. Congestive heart failure

The condition that can present with sudden onset of difficult breathing and diminished breath sounds is a pneumothorax. This occurs when air enters the pleural space, which can happen due to trauma, lung disease, or even spontaneously. The presence of air in this space can cause the lung on that side to collapse, leading to symptoms like shortness of breath and decreased breath sounds upon auscultation. In a pneumothorax, the diminished breath sounds are a direct result of the lung not being able to expand fully due to the presence of air in the pleural cavity. This sudden onset is characteristic; patients often report a sharp chest pain along with difficulty breathing, making it a crucial condition for emergency responders to recognize and treat promptly. Other conditions such as atelectasis, chronic bronchitis, and congestive heart failure may present with respiratory issues, but they do not typically produce the same abrupt change in respiratory status or diminished breath sounds as seen in a pneumothorax. For example, atelectasis often develops gradually as lung segments collapse, chronic bronchitis is associated with chronic symptoms rather than sudden onset, and congestive heart failure typically presents with different breath sound alterations, such as crackles due to fluid in the lungs.

10. Which action is essential when a patient is experiencing respiratory distress?

- A. Giving them water to drink
- B. Positioning them in a supine position
- C. Offering reassurance and assessing their breathing**
- D. Administering medication immediately

When a patient is experiencing respiratory distress, offering reassurance and assessing their breathing is crucial for several reasons. First, reassurance can help to alleviate anxiety, which can exacerbate the feeling of breathlessness. When patients are anxious, their respiratory rate may increase, creating a cycle that can worsen their condition. By reassuring the patient, you can help reduce their anxiety, potentially making it easier for them to breathe. Moreover, assessing their breathing enables you to determine the severity of the respiratory distress. This assessment may involve observing their respiratory rate, effort of breathing, and the presence of any abnormal lung sounds. Understanding these factors is essential for making informed decisions about further interventions and determining whether additional medical support is needed. Other options, while they may seem helpful, do not address the immediate needs of the patient in respiratory distress as effectively. Providing water could lead to choking or aspiration if the patient is unable to swallow properly. Positioning the patient supine may not be advisable; often, a sitting or slightly leaned-forward position is preferable as it can facilitate better lung expansion and improve airflow. Administering medication immediately without proper assessment may not address the root cause of the distress and could potentially complicate the situation if the medication is not appropriate for the patient's specific condition.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://fisdapemtairway.examzify.com>

We wish you the very best on your exam journey. You've got this!

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