

AIR METHODS CRITICAL CARE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. What should you monitor to assess the blood flow in a pediatric patient with respiratory distress?**
 - A. Oxygen saturation with pulse oximetry
 - B. Capillary refill time
 - C. Temperatures of extremities
 - D. Heart rate only
- 2. Which blood type is considered the universal donor?**
 - A. A positive
 - B. B negative
 - C. O negative
 - D. AB positive
- 3. When assessing a patient for cerebral ischemia, which vital parameter is critical?**
 - A. Heart rate
 - B. Blood pressure
 - C. Oxygen saturation
 - D. Temperature
- 4. What is the appropriate defibrillation energy for Biphasic shocks?**
 - A. 100J
 - B. 200J
 - C. 300J
 - D. 360J
- 5. To optimize cerebral blood flow, what should the CPP be maintained at?**
 - A. Greater than 50 mm Hg
 - B. Greater than 60 mm Hg
 - C. Greater than 65 mm Hg
 - D. Greater than 70 mm Hg

- 6. When should a nebulizer epinephrine be given in cases of upper airway obstruction?**
- A. For croup primarily
 - B. If swelling is significant
 - C. Only if the patient has asthma
 - D. When IV access is established
- 7. What is the second dose of amiodarone for adult cardiac arrest after the initial dose?**
- A. 150 mg
 - B. 300 mg
 - C. 450 mg
 - D. 600 mg
- 8. In addressing fetal distress signs, what is a notable early indicator of maternal distress?**
- A. Intrauterine growth restriction
 - B. Rapid maternal weight gain
 - C. Increased fetal movement
 - D. Fetal heart rate changes
- 9. What is the normal range for blood pH?**
- A. 6.8-7.2
 - B. 7.25-7.35
 - C. 7.35-7.45
 - D. 7.45-7.55
- 10. What is the first step in the management of lower airway obstruction in PALS?**
- A. Administer nebulized albuterol
 - B. Suction as needed
 - C. Consider labs for viral studies
 - D. Administer oxygen if hypoxic

Answers

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

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Explanations

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1. What should you monitor to assess the blood flow in a pediatric patient with respiratory distress?

- A. Oxygen saturation with pulse oximetry**
- B. Capillary refill time
- C. Temperatures of extremities
- D. Heart rate only

In assessing blood flow in a pediatric patient with respiratory distress, monitoring oxygen saturation with pulse oximetry is crucial because it provides a direct insight into the oxygenation status of the blood. Adequate blood flow is necessary to ensure that oxygen-rich blood reaches the tissues effectively, which is especially important in pediatric patients who can deteriorate rapidly. Oxygen saturation measurements can indicate if the blood is well-oxygenated and can help detect any changes in respiratory function or perfusion. A low oxygen saturation level may suggest inadequate blood flow or oxygenation, signaling the need for immediate intervention. This makes it a key parameter in evaluating both respiratory and circulatory issues in this delicate population. While capillary refill time is indeed a useful indicator of peripheral perfusion and can reflect blood flow status, it does not directly assess the oxygen saturation of the blood as effectively as pulse oximetry. Monitoring temperature of extremities is important for identifying potential hypothermia or circulatory issues, but it does not provide immediate information about blood flow and oxygenation. Relying solely on heart rate is insufficient, as it does not directly account for the effectiveness of oxygen transport to tissues. Thus, measuring oxygen saturation with pulse oximetry is the most effective method for assessing

2. Which blood type is considered the universal donor?

- A. A positive
- B. B negative
- C. O negative**
- D. AB positive

The blood type recognized as the universal donor is O negative. This is due to the absence of A and B antigens on the surface of red blood cells in individuals with this blood type. When O negative blood is transfused into patients of various blood types, it significantly minimizes the risk of an immune response, as there are no antigens present that could trigger a reaction in recipients who may have different blood types. O negative blood can be safely given to any patient in emergencies when blood type matching is not possible, making it especially valuable in critical care situations. In contrast, other blood types carry specific antigens that can lead to complications during transfusions if the recipient's immune system recognizes those antigens as foreign. Therefore, O negative serves a crucial role in transfusion medicine and is essential for ensuring patient safety during unexpected medical emergencies.

3. When assessing a patient for cerebral ischemia, which vital parameter is critical?

- A. Heart rate
- B. Blood pressure**
- C. Oxygen saturation
- D. Temperature

Blood pressure is critical when assessing a patient for cerebral ischemia because it plays a key role in maintaining cerebral perfusion. The brain is highly sensitive to changes in blood flow; cerebral ischemia occurs when there is a reduction in blood flow to the brain, leading to insufficient oxygen and nutrients necessary for neuronal function. Adequate blood pressure is essential to ensure that sufficient blood is delivered to cerebral tissues, preventing ischemic damage. Inadequate blood pressure may lead to reduced cerebral perfusion pressure (CPP), which is the pressure gradient driving blood flow to the brain. Maintaining an optimal blood pressure is vital for sustaining cerebral perfusion, especially in conditions such as stroke or traumatic brain injury, where tissue viability is at risk due to potential ischemic effects. While heart rate, oxygen saturation, and temperature provide valuable information about the patient's overall status, they do not directly influence cerebral perfusion in the same way that blood pressure does. Oxygen saturation can indicate the oxygen carrying capacity of the blood and may highlight systemic issues, but it does not reflect the adequacy of blood flow to the brain specifically. Thus, monitoring and managing blood pressure is crucial in the context of evaluating and treating cerebral ischemia.

4. What is the appropriate defibrillation energy for Biphasic shocks?

- A. 100J
- B. 200J**
- C. 300J
- D. 360J

Biphasic defibrillation is designed to deliver electrical shocks in a more efficient manner compared to monophasic systems. The energy levels used for biphasic defibrillators typically range within a specified range, and the recommended setting is usually around 200 joules. This is because biphasic waves are shown to be effective at lower energy levels, allowing for successful defibrillation with fewer complications. The 200 joules setting is a well-established guideline supported by clinical studies. This energy level effectively depolarizes the heart to restore a normal rhythm while minimizing the risk of myocardial injury or other adverse effects associated with higher energy levels. The effectiveness of this shock setting balances the need for efficacy in terminating life-threatening arrhythmias while maintaining safety for the patient. In contrast, higher energy settings—such as those above 200 joules—may carry increased risks and are generally not necessary for biphasic devices. Therefore, 200 joules is recognized as the standard and appropriate energy level for administering biphasic shocks in critical care settings.

5. To optimize cerebral blood flow, what should the CPP be maintained at?

- A. Greater than 50 mm Hg
- B. Greater than 60 mm Hg
- C. Greater than 65 mm Hg**
- D. Greater than 70 mm Hg

Cerebral perfusion pressure (CPP) is a critical parameter for ensuring adequate blood flow to the brain, particularly in patients with traumatic brain injury or other conditions that can compromise cerebral circulation. The brain requires a sufficient CPP to maintain its autoregulation, which is the mechanism that allows cerebral blood vessels to adjust their diameter in response to changes in systemic blood pressure and other factors to maintain constant blood flow despite fluctuations. Maintaining a CPP greater than 65 mm Hg is generally recommended in clinical practice. This threshold is supported by evidence suggesting that levels below this can lead to cerebral ischemia and increased risk of secondary brain injury. At a CPP of 65 mm Hg and above, the likelihood of ensuring adequate oxygen delivery to brain tissue is significantly increased, thereby optimizing cerebral metabolism and minimizing the risk of further complications. In this context, while other values may be seen in various clinical scenarios, the preference for maintaining the CPP above 65 mm Hg aligns with guidelines aimed at protecting brain function and preserving neurological outcomes, particularly in critically ill patients. Therefore, keeping the CPP at or above this level is essential for optimal cerebral blood flow and function.

6. When should a nebulizer epinephrine be given in cases of upper airway obstruction?

- A. For croup primarily
- B. If swelling is significant**
- C. Only if the patient has asthma
- D. When IV access is established

In cases of upper airway obstruction, nebulized epinephrine is indicated primarily when there is significant swelling. This approach helps to reduce edema in the upper airway by causing vasoconstriction and providing rapid relief of symptoms associated with conditions such as croup or anaphylaxis. The vasoconstrictor effect leads to a decrease in airway swelling, which can be critical in managing obstructive symptoms effectively. While nebulized epinephrine is commonly associated with the treatment of croup, the emphasis on significant swelling highlights when it is most advantageous and necessary to intervene. It is important to assess the severity of airway compromise to determine appropriate treatment. In cases where swelling is not significant or limited, other management strategies may be more suitable. The other options focus on contexts that do not universally justify the use of nebulized epinephrine. For example, while croup is a common condition treated with nebulized epinephrine, the treatment should center on the presence of significant swelling regardless of the diagnosis. The reference to asthma, while relevant in respiratory distress, does not pertain directly to upper airway obstruction. Finally, the establishment of IV access is not a prerequisite for administering nebulized treatments. The priority is the immediate management of airway swelling, making the presence

7. What is the second dose of amiodarone for adult cardiac arrest after the initial dose?

- A. 150 mg**
- B. 300 mg
- C. 450 mg
- D. 600 mg

The second dose of amiodarone for adult cardiac arrest, following the initial administration, is typically 150 mg. This dosing protocol is designed for use during advanced life support (ALS) procedures, specifically for cases of ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT) that are refractory to initial defibrillation attempts. The rationale behind administering a second dose of 150 mg is based on clinical guidelines that recommend this amount to further stabilize the patient's cardiac rhythm without overwhelming the system with excessive medication. Amiodarone works by prolonging the action potential duration and refractory period in myocardial tissue, which can help restore normal heart rhythms after a cardiac event. This clear guideline is crucial in managing cardiac arrest situations effectively, as too high a dose could lead to adverse effects and complications. Hence, the inclusion of a standardized second dose allows for a balance between efficacy and safety during resuscitation efforts.

8. In addressing fetal distress signs, what is a notable early indicator of maternal distress?

- A. Intrauterine growth restriction
- B. Rapid maternal weight gain
- C. Increased fetal movement
- D. Fetal heart rate changes**

Fetal heart rate changes serve as a significant early indicator of maternal distress because alterations in the fetal heart rate pattern can reflect the fetus's physiological response to the mother's condition. When the mother is experiencing distress—whether due to hypoxia, dehydration, infection, or other factors—these changes often manifest in the form of variability or decelerations in the fetal heart rate. Monitoring these heart rate patterns helps clinicians assess the fetal well-being in relation to maternal health, enabling timely interventions if necessary. In contrast, while intrauterine growth restriction may indicate issues with the placenta or uteroplacental circulation, it is not an immediate or early sign of distress. Rapid maternal weight gain could suggest fluid retention or other complications rather than an early indicator of distress. Increased fetal movement is typically interpreted as a sign of fetal well-being and does not necessarily indicate a problem; in fact, reduced fetal movement is usually a more concerning sign in this context. Thus, the identification of fetal heart rate changes is crucial for early intervention and management of both maternal and fetal health.

9. What is the normal range for blood pH?

- A. 6.8-7.2
- B. 7.25-7.35
- C. 7.35-7.45**
- D. 7.45-7.55

The normal range for blood pH is critical for evaluating a patient's acid-base balance and overall metabolic state. A pH range of 7.35 to 7.45 represents the physiological norm for human blood. This range indicates a slightly alkaline environment, which is essential for various biochemical processes in the body, including enzyme function and metabolic reactions. When blood pH values fall below 7.35, it suggests acidosis, while values above 7.45 indicate alkalosis. Maintaining blood pH within this narrow range is crucial, as even small deviations can lead to significant physiological effects. Therefore, a blood pH in the range of 7.35 to 7.45 is deemed optimal for sustaining life.

10. What is the first step in the management of lower airway obstruction in PALS?

- A. Administer nebulized albuterol
- B. Suction as needed**
- C. Consider labs for viral studies
- D. Administer oxygen if hypoxic

In the management of lower airway obstruction, especially in pediatric advanced life support (PALS), the initial focus is on ensuring the airway is clear and free from secretions that can cause further obstruction. Suctioning as needed is key because it can swiftly remove mucus or other obstructions that inhibit airflow, allowing for improved ventilation and oxygenation. This step is crucial before administering medication or other interventions, as clearing the airway takes precedence to optimize subsequent treatments. Addressing airway patency is vital, particularly when dealing with conditions like asthma exacerbations or bronchospasm, where secretions can compound the issue. While other interventions, such as administering nebulized albuterol or oxygen, may be necessary, they are more effective once the airway is cleared. Therefore, initiating with suctioning is the correct first step in this scenario.

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://airmethodcriticalcare.examzify.com>

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

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