

EMERGENCY ENDOTRACHEAL INTUBATION (EEI) AIRWAY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Fine crackles are described as

- A. High-pitched sounds that may indicate pneumonia or pulmonary fibrosis
- B. Low-pitched sounds heard in bronchitis
- C. Continuous, low-pitched hum
- D. Grating sound from pleural surfaces

2. What is the main purpose of using a bag-valve-mask (BVM) during EEI?

- A. To provide manual ventilation and oxygenation during airway management and prior to definitive airway securement
- B. To measure airway pressures
- C. To deliver inhaled anesthesia
- D. To replace the endotracheal tube if displaced

3. EtCO₂ normal range is:

- A. 35-45 mmHg
- B. 0-10 mmHg
- C. 60-80 mmHg
- D. 10-20 mmHg

4. What is the primary purpose of adequate preoxygenation during EEI in obese patients?

- A. To fill the lungs with oxygen and extend safe apnea time.
- B. To oxygenate only after intubation.
- C. To test oxygen delivery systems.
- D. To achieve hyperoxia for long-term ventilation.

5. Ketamine is preferred for RSI in which patient condition?

- A. Healthy, normotensive patients with no comorbidities
- B. Patients with severe acute asthma only
- C. Allergic reactions to anesthesia
- D. Hemodynamically unstable patients

- 6. A nasal cannula delivers oxygen at 1–6 L/min with approximately what percent inspired oxygen, depending on flow?**
- A. 1-6 L/min; 24-44%.
 - B. 10-15 L/min; 95%.
 - C. 15-25 L/min; 60-80%.
 - D. 2-4 L/min; 80-90%.
- 7. Ataxic respirations are defined as which pattern?**
- A. Regular and predictable breathing
 - B. Pattern of irregular and unpredictable breathing
 - C. Rapid and shallow breathing
 - D. No breathing
- 8. What positioning is recommended to facilitate airway management in obese patients?**
- A. Lateral decubitus.
 - B. Ramped positioning to align airway axes.
 - C. Full Trendelenburg.
 - D. Supine with neck flexion.
- 9. Which signs indicate pneumonia?**
- A. Cough with green, red, or rust-colored sputum and localized crackles
 - B. Sudden chest pain with dyspnea and subcutaneous emphysema
 - C. Fever and barking cough in a pediatric patient
 - D. Coughing fits with a "whooping" sound and fever
- 10. Rhonchi are most likely heard in which situation?**
- A. Secretions in larger airways
 - B. Pleurisy
 - C. Pulmonary edema
 - D. Atelectasis

Answers

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

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Explanations

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1. Fine crackles are described as

- A. High-pitched sounds that may indicate pneumonia or pulmonary fibrosis
- B. Low-pitched sounds heard in bronchitis
- C. Continuous, low-pitched hum
- D. Grating sound from pleural surfaces

Fine crackles are short, high-pitched, discontinuous sounds heard mainly during late inspiration. They occur when small airways and alveoli reopen after being collapsed or fluid-filled, so they're commonly linked to processes that involve the interstitium or alveolar edema. That's why describing them as high-pitched sounds that may indicate pneumonia or pulmonary fibrosis fits best. The other descriptions point to different adventitious sounds: bronchitis tends to produce low-pitched, snoring or rattling sounds called rhonchi; a continuous, low-pitched hum resembles a wheeze rather than a crackle; and a grating, harsh sound from pleural surfaces is a pleural rub.

2. What is the main purpose of using a bag-valve-mask (BVM) during EEI?

- A. To provide manual ventilation and oxygenation during airway management and prior to definitive airway securement
- B. To measure airway pressures
- C. To deliver inhaled anesthesia
- D. To replace the endotracheal tube if displaced

Bag-valve-mask is used during emergency airway management to provide manual positive-pressure ventilation and deliver oxygen to the lungs while you are securing a definitive airway. The key job is to keep the patient well-oxygenated and ventilated during preoxygenation and during laryngoscopy and intubation attempts, so desaturation is minimized if ventilation becomes temporarily difficult. It's not primarily a tool for measuring airway pressures, nor is it meant to deliver inhaled anesthesia in this setting, and while it can temporarily support ventilation if the tube is displaced, it does not replace the endotracheal tube as a long-term solution. The main idea is to maintain oxygenation and ventilation during the process of airway control.

3. EtCO₂ normal range is:

- A. 35-45 mmHg
- B. 0-10 mmHg
- C. 60-80 mmHg
- D. 10-20 mmHg

EtCO₂ represents the CO₂ level at the end of an exhaled breath and mirrors how well we are ventilating to remove CO₂. In a healthy adult, the end-tidal CO₂ is normally about 35-45 mmHg because it reflects effective alveolar ventilation and CO₂ elimination. This range is used as the baseline for normal ventilation; values outside it indicate ventilation problems—higher suggests hypoventilation or CO₂ retention, lower suggests hyperventilation or other issues with CO₂ delivery. The other numbers correspond to no CO₂ being detected or markedly elevated CO₂, which would signal abnormal ventilation or measurement problems, so they aren't considered the normal range.

4. What is the primary purpose of adequate preoxygenation during EEI in obese patients?

- A. To fill the lungs with oxygen and extend safe apnea time.**
- B. To oxygenate only after intubation.
- C. To test oxygen delivery systems.
- D. To achieve hyperoxia for long-term ventilation.

Maximizing the oxygen reserve in the lungs before apnea is the key idea. In obese patients, functional residual capacity is reduced and oxygen is consumed quickly, so desaturation happens fast once ventilation stops during laryngoscopy. Adequate preoxygenation fills the lungs with oxygen, displacing nitrogen, and creates a larger oxygen reservoir. This extends the safe apnea time—the window from the onset of apnea to critical desaturation—giving the clinician more time to secure the airway without hypoxemia. Techniques like delivering 100% oxygen with a tight mask seal (often for several minutes) help achieve this, and alternative methods such as NIV or high-flow oxygen can aid denitrogenation if needed. The other options aren't the primary aim: preoxygenation is performed before intubation, not after; it isn't primarily about testing delivery systems; and hyperoxia for long-term ventilation isn't the goal of this maneuver.

5. Ketamine is preferred for RSI in which patient condition?

- A. Healthy, normotensive patients with no comorbidities
- B. Patients with severe acute asthma only
- C. Allergic reactions to anesthesia
- D. Hemodynamically unstable patients**

When choosing an induction agent for RSI in unstable patients, preserving blood pressure and perfusion is the main priority. Ketamine stands out because it tends to increase or maintain sympathetic tone, which supports blood pressure, heart rate, and cardiac output during induction. This cardiovascular stability helps prevent dangerous drops in cerebral and organ perfusion that can occur with other agents that lower blood pressure. While other situations like severe asthma can benefit from ketamine's bronchodilatory effects, the key reason it's preferred in this scenario is its ability to keep the patient hemodynamically stable during intubation.

6. A nasal cannula delivers oxygen at 1–6 L/min with approximately what percent inspired oxygen, depending on flow?

- A. 1-6 L/min; 24-44%.**
- B. 10-15 L/min; 95%.
- C. 15-25 L/min; 60-80%.
- D. 2-4 L/min; 80-90%.

Oxygen concentration from a nasal cannula rises as you increase flow because the device delivers O₂ into the nasal passages while ambient air is still being inhaled. At low flow, more room air dilutes the oxygen, giving a relatively modest FiO₂. As flow increases toward 6 L/min, less air is drawn in and the inspired mixture becomes richer in oxygen, typically reaching about 44% at the high end. In practice, the exact FiO₂ depends on how you breathe (mouth or nose), the fit of the cannula, and your tidal volume, so the range is a useful guide rather than an exact value. This is why nasal cannula at 1–6 L/min is described as delivering roughly 24–44% FiO₂.

7. Ataxic respirations are defined as which pattern?

- A. Regular and predictable breathing
- B. Pattern of irregular and unpredictable breathing**
- C. Rapid and shallow breathing
- D. No breathing

Ataxic respirations reflect a loss of the normal respiratory rhythm due to brainstem dysfunction, producing an irregular and unpredictable pattern with varying depth and rate. This unpredictable, nonuniform breathing is the hallmark being tested. It often signals severe neurologic compromise and requires urgent airway assessment and support. Regular and predictable breathing describes a normal rhythm, rapid and shallow breathing is tachypnea, and no breathing is apnea.

8. What positioning is recommended to facilitate airway management in obese patients?

- A. Lateral decubitus.
- B. Ramped positioning to align airway axes.**
- C. Full Trendelenburg.
- D. Supine with neck flexion.

Slowing the airway challenge in obesity comes from lining up the airway axes. The ramped position elevates the head and upper torso until the external auditory meatus is roughly in the same horizontal plane as the sternal notch, bringing the mouth, pharynx, and larynx into a more direct line. With this alignment, you get a better laryngoscopic view and easier mask ventilation, which is crucial during emergency endotracheal intubation when time and oxygen reserves are limited. It also enhances preoxygenation and reduces the risk of failed intubation. Other positions worsen airway alignment in obesity by promoting posterior tongue collapse or misalignment of axes, making intubation harder and ventilation less effective.

9. Which signs indicate pneumonia?

- A. Cough with green, red, or rust-colored sputum and localized crackles**
- B. Sudden chest pain with dyspnea and subcutaneous emphysema
- C. Fever and barking cough in a pediatric patient
- D. Coughing fits with a "whooping" sound and fever

Pneumonia shows up when the lung tissue becomes inflamed and filled with infectious exudate, leading to a localized area of consolidation. A productive cough with sputum that can be green, yellow, or rust-colored reflects this infectious drainage, and listening over the affected area often reveals localized crackles (rales) from the fluid-filled airways and collapsed, inflamed tissue. The combination of a productive cough with purulent or colored sputum and localized crackles is a classic clue that the infection is focused in a portion of the lung, which is typical of pneumonia and helps distinguish it from other respiratory conditions. The other scenarios point to different problems: sudden chest pain with dyspnea and subcutaneous emphysema suggests air leaking into tissues (pneumothorax or pneumomediastinum) rather than consolidation. A fever with a barking cough in a child points to croup, an upper airway viral illness. Paroxysmal coughing with a whoop and fever describes pertussis, not focal pneumonia.

10. Rhonchi are most likely heard in which situation?

A. Secretions in larger airways

B. Pleurisy

C. Pulmonary edema

D. Atelectasis

Rhonchi are coarse, low-pitched breath sounds that arise from secretions or obstructions in the larger airways. They often sound like a snore or gurgle and are most noticeable during expiration; they can clear with coughing or suctioning as the secretions are mobilized. In this scenario, secretions in the larger airways fit best because rhonchi specifically reflect mucus or debris in the bigger air passages. Pleurisy produces a friction rub, a scratchy sound from the pleural surfaces, not a snoring quality. Pulmonary edema causes crackles (rales), which are brief popping sounds from fluid in the airspaces, not the coarse rhonchi. Atelectasis can yield decreased breath sounds or localized crackles or bronchial breathing, but not the characteristic rhonchi.

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://eeiairway.examzify.com>

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

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