EMT Airway and Breathing Practice Exam (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

Table of Contents

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

1. **Which of the following patients would be the best candidate for treatment with continuous positive airway pressure (CPAP)?**
   - A. Conscious; labored breathing; anxiety; and coarse crackles
   - B. Unconscious; shallow breaths; and weak pulse
   - C. Responsive; normal vital signs; and mild distress
   - D. Minimally responsive; clear lung sounds; and no respiratory issues

2. **A 22-year-old male has a shard of glass impaled in his cheek. He is conscious and alert with adequate breathing. What should you do?**
   - A. Carefully stabilize the shard of glass and allow him to suction his own mouth
   - B. Remove the shard and apply direct pressure
   - C. Insert an airway adjunct and provide supplemental oxygen
   - D. Transport the patient immediately to the hospital

3. **What condition should an EMT suspect in a patient exhibiting respiratory distress, tachycardia, and expiratory wheezing?**
   - A. Acute respiratory failure
   - B. Diffuse bronchoconstriction
   - C. Cardiac asthma
   - D. Pneumothorax

4. **What is the best method to assess the effectiveness of ventilation in a patient?**
   - A. Listening for lung sounds
   - B. Observing chest rise and fall
   - C. Checking blood pressure
   - D. Performing a pulse check

5. What is the recommended technique for performing a jaw-thrust maneuver?

A. Sitting the patient upright and leaning back

B. Using one hand to push down on the forehead and the other to lift the jaw

C. Tilt the head back and pinch the nose to open the airway

D. Placing the heel of your hand on the throat and pushing inward

6. What vital sign change may occur as a result of hypoxemia?

A. Tachycardia

B. Bradycardia

C. Hypertension

D. Arrhythmia

7. In which position should you place an uninjured unresponsive patient with a respiratory rate of 14 breaths/min and adequate tidal volume?

A. Supine

B. Fowler's

C. Lateral recumbent

D. Sitting upright

8. What symptom typically characterizes a less severe airway obstruction?

A. Cyanosis

B. Inability to speak

C. Breathing with wheezing

D. Rapid, shallow respiration

9. What are the occasional, irregular breaths observed in a patient experiencing cardiac arrest called?

A. Hyperventilation

B. Agonal gasps

C. Apneic episodes

D. Paradoxical breathing

10. When should you not use an oropharyngeal airway?

- **A. In patients with a gag reflex or who are conscious**
- **B. When the patient is unresponsive**
- **C. In case of suspected neck injury**
- **D. In patients with difficulty swallowing**

Answers

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

Explanations

1. **Which of the following patients would be the best candidate for treatment with continuous positive airway pressure (CPAP)?**

   A. **Conscious; labored breathing; anxiety; and coarse crackles**

   B. **Unconscious; shallow breaths; and weak pulse**

   C. **Responsive; normal vital signs; and mild distress**

   D. **Minimally responsive; clear lung sounds; and no respiratory issues**

The best candidate for treatment with continuous positive airway pressure (CPAP) is a patient who is conscious, experiencing labored breathing, showing signs of anxiety, and has coarse crackles upon auscultation. CPAP is commonly used in patients who are alert and able to cooperate with the device, especially those who present with conditions like acute pulmonary edema or severe asthma exacerbations. In this scenario, the combination of labored breathing and the presence of coarse crackles indicates potential upper airway obstruction or fluid in the lungs, conditions that can be effectively managed with CPAP. The use of CPAP helps improve oxygenation and respiratory effort by maintaining positive pressure in the airways, which can alleviate the patient's distress and improve overall breathing efficiency. The conscious state of the patient is critical, as CPAP requires the patient's cooperation for proper application and adherence. Anxiety can also suggest that the patient is aware of their difficulty breathing, and CPAP can help alleviate that distress by improving their respiratory mechanics. Other scenarios do not present the appropriate conditions for CPAP. For instance, an unconscious patient with shallow breaths may not be able to effectively use CPAP, as they would not be able to tolerate the mask or the pressure used. Likewise, a patient with normal

2. **A 22-year-old male has a shard of glass impaled in his cheek. He is conscious and alert with adequate breathing. What should you do?**

   A. **Carefully stabilize the shard of glass and allow him to suction his own mouth**

   B. **Remove the shard and apply direct pressure**

   C. **Insert an airway adjunct and provide supplemental oxygen**

   D. **Transport the patient immediately to the hospital**

Stabilizing the shard of glass is critical because removing it could cause additional damage to the surrounding tissue and increase the risk of bleeding or further complications. By carefully stabilizing the impaled object, you reduce movement that could exacerbate the injury while still allowing the patient to maintain his airway and breathing. Allowing the patient to suction his own mouth is reasonable in this scenario since he is conscious and able to participate in his care. This approach helps maintain his airway by clearing any blood or secretions that may obstruct breathing. Transporting the patient immediately to the hospital is certainly important, but it should be done after ensuring that the patient is stable and that the injury is adequately managed in the pre-hospital setting. Additionally, inserting an airway adjunct in this case may not be necessary because the patient is alert and breathing adequately on his own. In managing such injuries, the primary focus is on preventing further harm while also ensuring that the patient's breathing remains adequate until definitive care is provided.

3. What condition should an EMT suspect in a patient exhibiting respiratory distress, tachycardia, and expiratory wheezing?

A. Acute respiratory failure

B. Diffuse bronchoconstriction

C. Cardiac asthma

D. Pneumothorax

The symptoms of respiratory distress, tachycardia, and expiratory wheezing are hallmark signs of diffuse bronchoconstriction, often associated with conditions such as asthma or anaphylaxis. When bronchoconstriction occurs, the airways narrow, leading to difficulty in breathing and the characteristic wheezing as air passes through the constricted airways. The presence of tachycardia may indicate that the body is responding to hypoxia or stress, which is common during episodes of significant respiratory distress. In this context, diffuse bronchoconstriction is an appropriate diagnosis since the wheezing is specifically associated with the expiratory phase of breathing, indicating that the airways are constricted primarily during exhalation. This differentiation is crucial as it guides potential treatment interventions that may include bronchodilators specifically aimed at relieving bronchospasm. Understanding these signs and symptoms helps EMTs assess and manage patients effectively in emergency situations.

4. What is the best method to assess the effectiveness of ventilation in a patient?

A. Listening for lung sounds

B. Observing chest rise and fall

C. Checking blood pressure

D. Performing a pulse check

Observing chest rise and fall is the best method to assess the effectiveness of ventilation in a patient because it directly indicates that air is moving in and out of the lungs. When ventilation is effective, you should see symmetrical and adequate chest expansion during inhalation and a return to its resting position during exhalation. This visual cue provides immediate feedback on whether the patient is receiving adequate air exchange. While listening for lung sounds can provide useful information about airway patency and lung conditions, it does not directly confirm whether ventilation is effective in real-time. Checking blood pressure, although important for assessing overall circulatory status, does not relate specifically to the effectiveness of ventilation. Similarly, performing a pulse check tells you about the patient's circulatory status rather than the adequacy of ventilation. Thus, monitoring chest rise and fall is the most straightforward and effective method to evaluate ventilation.

5. What is the recommended technique for performing a jaw-thrust maneuver?

A. Sitting the patient upright and leaning back

B. Using one hand to push down on the forehead and the other to lift the jaw

C. Tilt the head back and pinch the nose to open the airway

D. Placing the heel of your hand on the throat and pushing inward

The jaw-thrust maneuver is specifically designed to open the airway of an unconscious patient while minimizing the risk of further obstructing the airway, particularly in cases where a spinal injury is suspected. This technique involves using one hand to push down on the patient's forehead, which helps to stabilize the head and negate any neck movement. Simultaneously, the other hand is employed to lift the jaw forward. This forward positioning of the jaw moves the tongue away from the back of the throat, reducing the potential for airway obstruction caused by the tongue or other tissues. This method is critical in emergency situations to ensure that the airway remains patent. The technique stands in contrast to other approaches that might involve tilting the head back, which could exacerbate spinal injuries, or using ineffective manual maneuvers that do not provide adequate airway relief. The careful coordination of hand positions in the jaw-thrust maneuver is what makes it a vital skill for EMTs and other healthcare providers in managing airway emergencies.

6. What vital sign change may occur as a result of hypoxemia?

A. Tachycardia

B. Bradycardia

C. Hypertension

D. Arrhythmia

Tachycardia, which is an increased heart rate, is a common physiological response to hypoxemia, or low levels of oxygen in the blood. When oxygen saturation drops, the body attempts to compensate by increasing cardiac output to ensure that adequate oxygen is delivered to vital organs and tissues. This compensatory mechanism results in the heart beating faster, which is why tachycardia is often observed in patients experiencing hypoxemia. In the context of hypoxemia, the body perceives a need for more oxygen and initiates responses to restore normal oxygen levels. This is an important concept in emergency medical care, as recognizing tachycardia can help EMTs identify potential respiratory distress or inadequate oxygenation early, allowing for prompt intervention.

7. In which position should you place an uninjured unresponsive patient with a respiratory rate of 14 breaths/min and adequate tidal volume?

A. Supine

B. Fowler's

C. Lateral recumbent

D. Sitting upright

Placing an uninjured, unresponsive patient in the lateral recumbent position is optimal for ensuring the airway remains clear and reduces the risk of aspiration. This position allows gravity to assist in keeping the airway open, which is crucial for a patient who does not have the ability to protect their airway due to their unresponsive state. It also facilitates proper ventilation and helps prevent any potential secretions or vomit from obstructing the airway. Maintaining an airway in unresponsive patients is vital, and the lateral recumbent position is specifically designed for situations where such patients are breathing adequately but might still be at risk of obstruction. The risk of aspiration is significantly increased in supine or sitting positions because the tongue may fall back and block the airway further in the case of a low level of consciousness. Therefore, the lateral position provides a balance between maintaining an open airway and promoting adequate breathing while ensuring comfort and safety for the patient.

8. What symptom typically characterizes a less severe airway obstruction?

A. Cyanosis

B. Inability to speak

C. Breathing with wheezing

D. Rapid, shallow respiration

Breathing with wheezing is characteristic of a less severe airway obstruction because wheezing indicates that air is still able to move through the airways, albeit with difficulty. This sound is produced when air passes through narrowed passages, often due to conditions like asthma or bronchoconstriction. In cases of less severe obstruction, the individual may still have adequate airflow allowing for some degree of normal breathing and communication. In contrast, symptoms like cyanosis, which is a bluish discoloration of the skin due to insufficient oxygen, and an inability to speak typically indicate more significant airway compromise. Rapid, shallow respiration is more indicative of a compensatory mechanism in response to a problem but does not specifically characterize an obstruction's severity as well as wheezing does. Therefore, wheezing serves as a useful clinical indicator that while there is an obstruction, it is not yet life-threatening.

9. What are the occasional, irregular breaths observed in a patient experiencing cardiac arrest called?

A. Hyperventilation

B. Agonal gasps

C. Apneic episodes

D. Paradoxical breathing

The occasional, irregular breaths observed in a patient experiencing cardiac arrest are known as agonal gasps. These gasps typically occur when the brain is attempting to maintain some level of function despite the heart having stopped, and they can be mistaken for adequate breathing. Agonal gasps are characterized by shallow, gasping breaths and may include brief periods of respiratory effort that do not effectively oxygenate the body. Understanding that agonal gasps are a sign of a medical emergency is crucial for recognizing when to initiate CPR and provide appropriate interventions, as they indicate that the patient is experiencing severe distress. Recognizing these gasps can also inform the responder that the patient is in a critical state and emphasizes the need for immediate medical assistance.

10. When should you not use an oropharyngeal airway?

A. In patients with a gag reflex or who are conscious

B. When the patient is unresponsive

C. In case of suspected neck injury

D. In patients with difficulty swallowing

The use of an oropharyngeal airway (OPA) is contraindicated in patients who have a gag reflex or are conscious because the OPA can provoke a gag response that may lead to vomiting and aspiration. When a patient is conscious, they have the ability to maintain their own airway and can protect it; the presence of a gag reflex indicates that they are capable of airway management on their own. Therefore, inserting an OPA in such patients can be not only uncomfortable but also potentially harmful. In contrast, the OPA is designed for use in unresponsive patients who do not have a gag reflex, as it can help maintain airway patency by preventing the tongue from occluding the airway. Likewise, in cases of suspected neck injury, careful consideration must be exercised, but utilizing an OPA can still be appropriate if it is determined that the airway needs to be maintained after ensuring spinal precautions. As for patients with difficulty swallowing, it is essential to assess their responsiveness and airway management capabilities before deciding to use an OPA; they may not have a gag reflex if they are not fully alert, which could make the device suitable in certain situations.

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://emtairwaybreathing.examzify.com

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