

EMT AIRWAY MANAGEMENT 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. Which of the following best addresses poor BVM ventilation when initial attempts fail?**
 - A. Re-seal the mask, re-position the head, suction the airway, and reattempt ventilation
 - B. Increase oxygen flow to maximum without changing mask technique
 - C. Stop ventilation and call for advanced airway
 - D. Remove the mask and discontinue ventilation
- 2. Which airway adjunct is appropriate for an unresponsive patient with no gag reflex?**
 - A. Nasal airway
 - B. Oropharyngeal airway
 - C. Bag-valve mask
 - D. Endotracheal tube
- 3. Which statement best describes endotracheal intubation for most EMTs?**
 - A. It is routinely performed by EMTs
 - B. It is illegal in EMS
 - C. It is typically outside standard EMT scope; if used, requires medical oversight and advanced training
 - D. It is the first-line airway for all patients
- 4. What is the initial step for airway management in a trauma patient with facial bleeding?**
 - A. Suctioning first
 - B. Jaw-thrust
 - C. Oropharyngeal airway
 - D. Nasal airway
- 5. For inhalation injury, which statement best summarizes the recommended initial management?**
 - A. Early airway assessment and plan for potential intubation; high-flow oxygen and humidified air.
 - B. Prioritize intact mobility and avoid oxygen therapy.
 - C. Provide only humidified air without oxygen.
 - D. Delay any airway planning until there is no edema.

- 6. A conscious adult with a severe foreign body airway obstruction remains unable to cough. What is the recommended action?**
- A. Abdominal thrusts (Heimlich maneuver) until obstruction is relieved or the patient becomes unresponsive
 - B. Tap on back
 - C. Wait for spontaneous relief
 - D. Hyperextend neck
- 7. What is the term for elevated carbon dioxide levels in the blood?**
- A. Acidosis
 - B. Hypercarbia
 - C. Hypoxemia
 - D. Hypoxia
- 8. Which statement is true regarding cyanosis and hypoxia?**
- A. Cyanosis is an early sign of hypoxia.
 - B. Cyanosis indicates adequate oxygenation.
 - C. Cyanosis is a late sign of hypoxia.
 - D. Cyanosis only occurs with severe dehydration.
- 9. What is a common limitation of supraglottic airways?**
- A. They do not provide protection against aspiration and are not definitive airways
 - B. They are equally effective as endotracheal tubes in all patients
 - C. They must be used with a surgical airway
 - D. They travel with oxygen from nasal cavity
- 10. Which oxygen delivery method provides the highest FiO₂ quickly when a definitive airway is not secured?**
- A. Non-rebreather mask
 - B. Nasal cannula
 - C. Venturi mask
 - D. Simple face mask

Answers

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

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Explanations

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1. Which of the following best addresses poor BVM ventilation when initial attempts fail?

- A. Re-seal the mask, re-position the head, suction the airway, and reattempt ventilation
- B. Increase oxygen flow to maximum without changing mask technique
- C. Stop ventilation and call for advanced airway**
- D. Remove the mask and discontinue ventilation

When bag-valve-mask ventilation isn't delivering adequate ventilation after optimizing technique, the priority is to secure a definitive airway. The best step is to pause the bagging and call for advanced airway support so you can prepare for endotracheal intubation or place a supraglottic airway. This escalation addresses the underlying issue of an insufficient airway when simple maneuvers and oxygen flow no longer resolve the problem, reducing ongoing hypoxia risk. Increasing the oxygen flow without fixing the airway mechanics won't compensate for a poor seal or a blocked/unsafe airway. Removing the mask and stopping ventilation abandons the patient to continue without oxygen. While re-sealing, repositioning, suctioning, and reattempting ventilation are appropriate initial corrective actions, once those attempts have failed, moving toward an advanced airway is the correct next move.

2. Which airway adjunct is appropriate for an unresponsive patient with no gag reflex?

- A. Nasal airway
- B. Oropharyngeal airway**
- C. Bag-valve mask
- D. Endotracheal tube

In an unresponsive patient who has no gag reflex, the tongue is a common source of airway obstruction. An oropharyngeal airway props the tongue forward and keeps the airway open, creating a clear passage for air and making bag-valve mask ventilation easier. It's the simplest and most reliable basic adjunct in this situation, and it does not trigger a gag reflex because the patient has lost protective reflexes. It should not be used if there is a gag reflex or facial trauma that would make insertion unsafe. The other options aren't the best fit here. A nasal airway can irritate nasal tissues and is less suitable in an entirely unconscious patient or when facial trauma or skull fracture is a concern. A bag-valve mask is a ventilation device, not an airway adjunct that keeps the airway open on its own. An endotracheal tube provides a definitive airway but requires more advanced assessment, skills, and equipment and isn't the initial choice in a patient who can be managed with a simple airway adjunct.

3. Which statement best describes endotracheal intubation for most EMTs?

- A. It is routinely performed by EMTs
- B. It is illegal in EMS
- C. It is typically outside standard EMT scope; if used, requires medical oversight and advanced training**
- D. It is the first-line airway for all patients

Endotracheal intubation is a highly advanced airway procedure that most EMTs do not perform as a routine part of care. In many EMS systems, basic EMT training covers noninvasive airway management and ventilation (like OPA/NPA, bag-valve-mask, suction, and proper positioning), while endotracheal intubation sits outside the standard EMT scope. If it is used, it's typically restricted to providers with higher-level training (such as paramedics or other advanced clinicians) and must be done under medical oversight or with explicit protocols from a medical director. This ensures the procedure is performed safely, with appropriate monitoring, medication administration, and backup support. It's not the first-line airway for all patients because many emergencies can be managed effectively with less invasive methods, and ETI carries significant risks (trauma, misplacement, complications from sedation/paralysis, ventilation issues) that require the provider to be fully prepared and supervised. So the statement aligns with how airway care is actually regulated and practiced for most EMTs: ETI is outside the typical EMT scope and, if used, requires advanced training and medical oversight.

4. What is the initial step for airway management in a trauma patient with facial bleeding?

- A. Suctioning first**
- B. Jaw-thrust
- C. Oropharyngeal airway
- D. Nasal airway

Clearing the airway of blood and secretions is the first move because pooled blood in the mouth and throat can rapidly obstruct ventilation and hide ongoing airway compromise. Suctioning quickly removes this debris, making it possible to assess airway patency, prevent aspiration, and plan the next steps with a clear view of what you're dealing with. After the airway is free of blood, you can move on to opening the airway with a jaw-thrust while maintaining cervical spine precautions, then decide on an airway adjunct or definitive airway as needed. Nasal airways are avoided in facial trauma due to the risk of skull-base fracture and worsening injury, and an oropharyngeal airway is less reliable when blood is present and may not be suitable depending on gag reflex and consciousness. So suctioning first sets the stage for effective airway management.

5. For inhalation injury, which statement best summarizes the recommended initial management?

- A. Early airway assessment and plan for potential intubation; high-flow oxygen and humidified air.
- B. Prioritize intact mobility and avoid oxygen therapy.
- C. Provide only humidified air without oxygen.**
- D. Delay any airway planning until there is no edema.

Airway protection and oxygenation are the priority because inhalation injury can cause rapid airway edema and obstruction. The best initial management is to assess the airway early and have a plan for possible intubation, while simultaneously delivering high-flow oxygen with humidified air. This approach supports adequate oxygenation, keeps airway mucosa moist to reduce irritation, and reduces the risk of sudden airway collapse as swelling progresses. Providing humidified air alone without sufficient oxygen won't meet the patient's oxygen needs and may allow hypoxia to develop. Delaying airway planning until edema is already present can make intubation more difficult or impossible, increasing the risk of respiratory failure. In practice, look for signs of airway compromise such as hoarseness, stridor, facial burns, soot around the nose or mouth, or singed nasal hairs, and lean toward early airway management when these are present.

6. A conscious adult with a severe foreign body airway obstruction remains unable to cough. What is the recommended action?

- A. Abdominal thrusts (Heimlich maneuver) until obstruction is relieved or the patient becomes unresponsive**
- B. Tap on back
- C. Wait for spontaneous relief
- D. Hyperextend neck

When a conscious adult is severely choking and cannot cough, you need to actively clear the airway by rapidly increasing airway pressure. Abdominal thrusts do this effectively by forcing air up from the lungs to dislodge the obstruction. You perform quick inward and upward thrusts just above the navel and continue until the object is expelled or the person loses consciousness. If they become unresponsive, lower them and start CPR, checking the mouth for a visible object and removing it if you can see it. Neck hyperextension won't help and can make the situation worse, and waiting for spontaneous relief is unsafe in a complete obstruction.

7. What is the term for elevated carbon dioxide levels in the blood?

- A. Acidosis
- B. Hypercarbia**
- C. Hypoxemia
- D. Hypoxia

Elevated carbon dioxide in the blood is called hypercarbia (also known as hypercapnia). This term specifically describes higher CO₂ levels in the blood, regardless of pH. Acidosis refers to a low blood pH and can occur when CO₂ is high, but the term asked for is the CO₂ elevation itself. The other options describe oxygen status—hypoxemia means low blood oxygen, and hypoxia means inadequate oxygen delivery to tissues. So hypercarbia is the correct term.

8. Which statement is true regarding cyanosis and hypoxia?

- A. Cyanosis is an early sign of hypoxia.
- B. Cyanosis indicates adequate oxygenation.
- C. Cyanosis is a late sign of hypoxia.**
- D. Cyanosis only occurs with severe dehydration.

Cyanosis shows up only after a meaningful amount of deoxygenated hemoglobin is present in the blood, which typically happens when oxygen delivery is already seriously compromised. Because it requires a certain threshold of deoxygenated hemoglobin, cyanosis is considered a late sign of hypoxia—the body has often already tried to compensate, and noticeable bluish discoloration appears when those compensations are no longer sufficient. In practice, you'll notice earlier clues like rapid, shallow breathing, a fast pulse, anxiety or restlessness, sweating, and changes in mental status. Central cyanosis (lips, tongue, mucous membranes) indicates true systemic hypoxemia, whereas peripheral cyanosis can occur with cold or poor perfusion and isn't as reliable for judging oxygenation. Also, cyanosis can be hard to detect in people with darker skin, so rely on oxygen saturation (SpO₂) and overall clinical status rather than waiting for bluish discoloration. The statement aligns with physiology: cyanosis is a late sign of hypoxia.

9. What is a common limitation of supraglottic airways?

- A. They do not provide protection against aspiration and are not definitive airways**
- B. They are equally effective as endotracheal tubes in all patients
- C. They must be used with a surgical airway
- D. They travel with oxygen from nasal cavity

Supraglottic airways are designed for rapid, above-the-glottis ventilation, but their main limitation is that they do not reliably protect the lower airway from aspiration and are not definitive airways. Because they seal around the pharyngeal inlet rather than bypassing the larynx, secretions or gastric contents can still reach the trachea, especially in patients at risk for regurgitation. This is why they're often used as a bridge or rescue device rather than a permanent solution; if ventilation fails or airway anatomy is difficult, you still may need to secure an endotracheal tube or perform a surgical airway. The statement about equal effectiveness to endotracheal tubes in all patients isn't accurate, and they aren't required to be used with a surgical airway. They also don't travel with oxygen from the nasal cavity.

10. Which oxygen delivery method provides the highest FiO₂ quickly when a definitive airway is not secured?

A. Non-rebreather mask

B. Nasal cannula

C. Venturi mask

D. Simple face mask

When you need to rapidly raise the amount of oxygen reaching the lungs without a definitive airway, the priority is delivering the highest possible FiO₂ with a simple, reliable setup. The non-rebreather mask uses a reservoir bag and one-way valves so most of the oxygen drawn from the source goes to the patient, with minimal room-air mixing. With proper fit and a full bag, it can deliver a very high FiO₂—often around 70% to near 100% in ideal conditions—making it the fastest way to maximize oxygen concentration when you're not yet airway-secured. In contrast, a nasal cannula provides only low to moderate FiO₂ (roughly 24% to 44%) and can't achieve very high concentrations. A simple face mask offers more than a nasal cannula but is less reliable due to leaks and mouth breathing, typically delivering about 40% to 60%. A Venturi mask gives precise, controlled FiO₂ but usually tops out around 50% to 60%, not the highest option available. So, the non-rebreather mask is the best choice for quickly delivering the highest FiO₂ when a definitive airway isn't secured.

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://emtairwaymanagement.examzify.com>

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

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