

# FISDAP Airway, Ventilation, and Respiratory Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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

- 1. Which technique is used to assess the presence of breath sounds?**
  - A. Percussion**
  - B. Auscultation**
  - C. Palpation**
  - D. Inspection**
- 2. What does the term "tidal volume" refer to?**
  - A. The total volume of air in the lungs**
  - B. The amount of air inhaled or exhaled during normal breathing**
  - C. The maximum amount of air a person can exhale after a deep breath**
  - D. The volume of air that enters the lungs during forced inhalation**
- 3. What is the function of beta 2 receptors?**
  - A. Decrease heart rate**
  - B. Stimulate bronchioles to dilate**
  - C. Increase respiratory rate**
  - D. Regulate blood pressure**
- 4. What might long-term oxygen therapy lead to in patients?**
  - A. Immunity to respiratory infections**
  - B. Hyperoxia**
  - C. Improved lung elasticity**
  - D. Allergy development**
- 5. Beta 2 receptors are primarily located in which part of the body?**
  - A. Heart**
  - B. Lungs**
  - C. Liver**
  - D. Kidneys**

- 6. What are some complications associated with tracheostomy tubes?**
- A. Infection around stoma, pulmonary embolism, and aspiration**
  - B. A buildup of mucus, tube dislodgement, and infection**
  - C. Only tube dislodgement**
  - D. Adequate ventilation and oxygenation**
- 7. What is the most likely cause of cyanosis, sharp chest pain, and difficulty breathing in an 18-year-old male after lifting weights?**
- A. Spontaneous pneumothorax**
  - B. Pneumonia**
  - C. Asthma attack**
  - D. Acute respiratory distress syndrome**
- 8. What is a characteristic of a "high-flow" oxygen delivery system?**
- A. It provides oxygen only when the patient inhales.**
  - B. It supplies a consistent, high concentration of oxygen regardless of the patient's breathing pattern.**
  - C. It utilizes ambient air to dilute the oxygen concentration.**
  - D. It is designed for short-term use only.**
- 9. What is the correct position for administering rescue breaths in an adult?**
- A. Neutral position with head tilted slightly forward**
  - B. Supine position with chin lowered**
  - C. Head-tilt, chin-lift position**
  - D. Side-lying position**
- 10. What is the primary role of beta 1 receptors?**
- A. Cause bronchoconstriction**
  - B. Stimulate the heart to increase rate and contractility**
  - C. Control respiratory drive**
  - D. Regulate digestion**

## **Answers**

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

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## **Explanations**

**1. Which technique is used to assess the presence of breath sounds?**

- A. Percussion**
- B. Auscultation**
- C. Palpation**
- D. Inspection**

Auscultation is the technique used to assess the presence of breath sounds. This method involves using a stethoscope to listen to the sounds produced by the lungs during breathing. It allows healthcare providers to identify normal and abnormal breath sounds, which can indicate various respiratory conditions such as asthma, pneumonia, or chronic obstructive pulmonary disease (COPD). During auscultation, providers can listen for specific sounds, such as wheezing, crackles, or diminished breath sounds, which contribute to their clinical assessment and aid in diagnosis. This technique is critical for evaluating lung function and detecting any abnormalities that may require intervention. Other techniques mentioned, like percussion and palpation, serve different purposes in physical examination. Percussion involves tapping on the surface of the chest to assess underlying structures, and palpation is used to feel for abnormalities or tenderness, neither of which provides direct information about breath sounds. Inspection involves visually examining the patient's breathing pattern and effort but does not assess the sounds produced by the lungs.

**2. What does the term "tidal volume" refer to?**

- A. The total volume of air in the lungs**
- B. The amount of air inhaled or exhaled during normal breathing**
- C. The maximum amount of air a person can exhale after a deep breath**
- D. The volume of air that enters the lungs during forced inhalation**

Tidal volume refers specifically to the amount of air that is inhaled or exhaled during a single, normal breath. This measurement is crucial for understanding respiratory function because it helps assess the efficiency of ventilation. During normal, spontaneous breathing, this volume remains relatively constant in a healthy individual and plays a key role in maintaining adequate gas exchange in the lungs. In contrast, the total volume of air in the lungs encompasses various lung capacities and volumes, which include tidal volume, but also other components such as residual volume and vital capacity. The maximum amount of air a person can exhale after a deep breath is known as expiratory reserve volume, and the volume that enters during forced inhalation refers to the inspiratory capacity, not tidal volume. Hence, the definition of tidal volume is straightforward and focuses specifically on the air exchanged during typical respiratory cycles.

### 3. What is the function of beta 2 receptors?

- A. Decrease heart rate
- B. Stimulate bronchioles to dilate**
- C. Increase respiratory rate
- D. Regulate blood pressure

The function of beta 2 receptors primarily involves the stimulation of bronchodilation, which is the widening of the air passages in the lungs. When these receptors are activated, particularly by substances such as epinephrine, they cause the smooth muscle of the bronchioles to relax. This relaxation leads to an increase in airflow and is crucial in conditions such as asthma or chronic obstructive pulmonary disease (COPD), where airway constriction occurs. The activation of beta 2 receptors plays a critical role in managing respiratory conditions by improving lung function, facilitating easier breathing, and alleviating symptoms of airway obstruction. This bronchodilatory effect is why medications like beta 2 agonists are commonly used as bronchodilators in clinical practice. Other options consist of functions that either relate to different types of receptors or bodily responses that do not directly involve beta 2 receptors in this context. Therefore, the primary action associated with beta 2 receptors is specifically their role in promoting bronchodilation, which directly aids in respiratory health.

### 4. What might long-term oxygen therapy lead to in patients?

- A. Immunity to respiratory infections
- B. Hyperoxia**
- C. Improved lung elasticity
- D. Allergy development

Long-term oxygen therapy can indeed lead to hyperoxia, which is a condition characterized by an excess of oxygen in the tissues. While oxygen is vital for cellular metabolism, excessive levels can result in toxic effects, particularly in the lungs. The risk of hyperoxia becomes a concern when patients are exposed to supplemental oxygen over extended periods, especially at higher concentrations. This can lead to oxidative stress, inflammation, and damage to lung tissues. In the context of oxygen therapy, it is essential to monitor oxygen levels and adjust therapy accordingly to avoid the dangers associated with hyperoxia while still ensuring adequate oxygenation for the patient. Understanding the balance of oxygen administration is crucial in the management of patients requiring long-term therapy.

**5. Beta 2 receptors are primarily located in which part of the body?**

**A. Heart**

**B. Lungs**

**C. Liver**

**D. Kidneys**

Beta-2 receptors are primarily located in the lungs, where they play a critical role in the respiratory system. When activated, these receptors cause bronchodilation, which is the relaxation of the smooth muscles in the airways. This leads to an increase in airflow, making it easier for individuals to breathe, particularly in conditions such as asthma or COPD (chronic obstructive pulmonary disease). These receptors are a major target for medications like albuterol, which is commonly used as a bronchodilator during asthma attacks. In addition to the lungs, beta-2 receptors are also found in other tissues, including vascular smooth muscle, but their primary function and significance in respiratory therapy focus on airway management and improving ventilation. Understanding the location and function of beta-2 receptors helps in recognizing how certain medications can affect the respiratory system, providing crucial information for treatment decisions in emergency and clinical situations.

**6. What are some complications associated with tracheostomy tubes?**

**A. Infection around stoma, pulmonary embolism, and aspiration**

**B. A buildup of mucus, tube dislodgement, and infection**

**C. Only tube dislodgement**

**D. Adequate ventilation and oxygenation**

Tracheostomy tubes can lead to several complications, and the presence of a buildup of mucus, tube dislodgement, and infection aligns with well-documented risks associated with this procedure. A buildup of mucus can occur due to the altered airflow and humidity levels in the respiratory system after the tracheostomy, leading to secretions that might obstruct the tube and require careful management, including suctioning. Tube dislodgement is a significant concern, particularly in the early postoperative period or if the patient is agitated. Dislodgement can quickly compromise the airway, making it critical for healthcare providers to be prepared for re-establishing patency. Infection can develop around the stoma site or within the tracheostomy itself due to several factors, such as improper care or the presence of an indwelling foreign object in the airway. Monitoring and maintaining hygiene are essential to minimize this risk. These complications highlight the importance of ongoing assessment and management of patients with tracheostomy tubes to ensure their safety and the effectiveness of the airway intervention.

7. What is the most likely cause of cyanosis, sharp chest pain, and difficulty breathing in an 18-year-old male after lifting weights?

- A. Spontaneous pneumothorax**
- B. Pneumonia
- C. Asthma attack
- D. Acute respiratory distress syndrome

Cyanosis, sharp chest pain, and difficulty breathing in a young individual, particularly following a physical exertion like weight lifting, strongly suggest a spontaneous pneumothorax. This condition occurs when air leaks into the space between the lung and the chest wall, leading to lung collapse. The sudden onset of sharp chest pain, often described as being lateral or unilateral, is typical as the lung distends or collapses. The presence of cyanosis indicates that the tissues are not receiving enough oxygen, which can occur if a significant portion of the lung is affected, obstructing effective gas exchange. Additionally, heavy lifting can create abrupt changes in intrathoracic pressure, potentially triggering this event in predisposed individuals, such as young males who may have a greater incidence of spontaneous pneumothoraces. While pneumonia, an asthma attack, and acute respiratory distress syndrome might also cause respiratory distress, they typically present with a different set of symptoms or progression. Pneumonia is often accompanied by fever and productive cough, asthma attacks have a wheezing sound and may follow exposure to triggers, and acute respiratory distress syndrome would usually present in a different context, typically in the presence of significant pre-existing health issues or trauma. These distinctions clarify why spontaneous pneumothor

8. What is a characteristic of a "high-flow" oxygen delivery system?

- A. It provides oxygen only when the patient inhales.
- B. It supplies a consistent, high concentration of oxygen regardless of the patient's breathing pattern.**
- C. It utilizes ambient air to dilute the oxygen concentration.
- D. It is designed for short-term use only.

A characteristic of a "high-flow" oxygen delivery system is that it supplies a consistent, high concentration of oxygen regardless of the patient's breathing pattern. This type of system is designed to deliver a fixed concentration of oxygen at a flow rate that exceeds the patient's peak inspiratory flow rate, ensuring that the patient receives an adequate and stable level of oxygen even if their breathing is irregular. High-flow systems, such as high-flow nasal cannulas or non-rebreather masks, can provide a higher percentage of oxygen, often exceeding 90%, which is particularly beneficial for patients with significant respiratory distress or hypoxemia. Unlike low-flow systems that mix oxygen with ambient air, high-flow systems effectively maintain a consistent oxygen concentration, which is crucial in managing severe respiratory conditions. Other answer choices, such as those suggesting that it provides oxygen only during inhalation or utilizes ambient air to dilute the concentration, don't reflect the fundamental principle of high-flow systems, which aim to maintain a steady supply of concentrated oxygen. The idea that these systems are designed for short-term use also does not encapsulate their purpose; they can be used for longer durations as needed based on the patient's condition. This stability and reliability in oxygen delivery is what makes high-flow systems distinct in respiratory management.

**9. What is the correct position for administering rescue breaths in an adult?**

- A. Neutral position with head tilted slightly forward**
- B. Supine position with chin lowered**
- C. Head-tilt, chin-lift position**
- D. Side-lying position**

The correct position for administering rescue breaths in an adult is the head-tilt, chin-lift position. This technique is crucial for ensuring that the airway remains open during resuscitation efforts. By tilting the head back and lifting the chin, you help to prevent the tongue from obstructing the airway. This position aligns the airway properly, facilitating the passage of air into the lungs when rescue breaths are given. Properly positioning the head and chin enhances the effectiveness of the ventilation process, ensuring that oxygen can be delivered to the lungs more efficiently. It is an essential step in both adult CPR and rescue breathing protocols and is widely recommended by emergency response guidelines. Other positions, such as a neutral position with the head slightly forward or a supine position with the chin lowered, do not provide the same level of airway openness, making it more challenging to deliver effective breaths. The side-lying position is not suitable for delivering rescue breaths as it does not maintain an open airway conducive to ventilation.

**10. What is the primary role of beta 1 receptors?**

- A. Cause bronchoconstriction**
- B. Stimulate the heart to increase rate and contractility**
- C. Control respiratory drive**
- D. Regulate digestion**

The primary role of beta 1 receptors is to stimulate the heart, leading to an increase in both heart rate and contractility. These receptors are predominantly located in cardiac tissue, where their activation by catecholamines (such as epinephrine and norepinephrine) results in enhanced cardiac output. This response is essential during times of stress or physical exertion, as it prepares the body for increased demands by promoting greater blood flow and oxygen delivery to vital organs. The other options are functions associated with different receptor types or systems: bronchoconstriction is primarily linked to beta 2 receptors; respiratory drive is regulated by various chemoreceptors and higher brain centers rather than beta receptors; and regulation of digestion is more closely aligned with the activity of the parasympathetic nervous system. Understanding the specific functions of various receptor types contributes to a clearer picture of their roles in the body's physiological processes.

## 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](mailto:hello@examzify.com).**

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

**<https://fisdapairwayventilationrespiratory.examzify.com>**

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