

FISDAP AIRWAY, VENTILATION, AND RESPIRATORY PRACTICE TEST (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. When performing CPR, how deep should compressions be in adults?**
 - A. At least 2 inches
 - B. At least 1 inch
 - C. 1.5 to 2 inches
 - D. 3 inches
- 2. What are the characteristics of wheezing in terms of airflow?**
 - A. A low-pitched sound during inspiration
 - B. A high-pitched sound during expiration indicating narrowed airways
 - C. A continuous sound during normal breathing
 - D. A sound resembling snoring during exhalation
- 3. Which of the following best describes tidal volume?**
 - A. The total volume of air remaining in the lungs after a forceful exhalation
 - B. The average amount of air displaced during normal inhalation or exhalation
 - C. The maximum volume of air that the lungs can hold
 - D. The volume of air inhaled or exhaled during a single breath
- 4. A 56-year-old female has a complete airway obstruction from a piece of food. She becomes unconscious while you assess her. What should you do?**
 - A. Perform abdominal thrusts
 - B. Begin chest compressions
 - C. Start mouth-to-mouth breathing
 - D. Use an oropharyngeal airway
- 5. For which patient condition is CPAP commonly indicated?**
 - A. Asthma exacerbation
 - B. Chronic obstructive pulmonary disease
 - C. Congestive heart failure or obstructive sleep apnea
 - D. Pneumonia
- 6. What is directly posterior to the nose?**
 - A. Oropharynx
 - B. Nasopharynx
 - C. Laryngopharynx
 - D. Trachea

- 7. What is the most common site for an airway obstruction in adults?**
- A. Trachea
 - B. Bronchi
 - C. Pharynx
 - D. Larynx
- 8. What is the typical respiratory rate for adults at rest?**
- A. 8–12 breaths per minute
 - B. 12–20 breaths per minute
 - C. 20–30 breaths per minute
 - D. 30–40 breaths per minute
- 9. What condition is characterized by a prolonged expiratory phase due to airway resistance?**
- A. Asthma
 - B. Chronic bronchitis
 - C. Pneumonia
 - D. Emphysema
- 10. What is the normal breath per minute for an adult?**
- A. 8-12
 - B. 12-20
 - C. 20-25
 - D. 10-15

Answers

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

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Explanations

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1. When performing CPR, how deep should compressions be in adults?

- A. At least 2 inches**
- B. At least 1 inch
- C. 1.5 to 2 inches
- D. 3 inches

When performing CPR on adults, chest compressions should be at least 2 inches deep. This depth is critical because adequate compression depth ensures that the heart can effectively pump blood to vital organs, particularly the brain and heart itself. This depth helps to improve blood circulation during cardiac arrest, leading to a better chance of survival and neurological function after resuscitation. The recommendation for a minimum depth of 2 inches is based on extensive research that indicates this level of compressions produces sufficient pressure to generate effective blood flow. It is also important to remember that compressions should be performed at a rate of 100 to 120 per minute, allowing for effective ventilation and the best possible outcomes for the patient.

2. What are the characteristics of wheezing in terms of airflow?

- A. A low-pitched sound during inspiration
- B. A high-pitched sound during expiration indicating narrowed airways**
- C. A continuous sound during normal breathing
- D. A sound resembling snoring during exhalation

Wheezing is characterized by a high-pitched sound that occurs during expiration, which indicates narrowed airways. This sound results from turbulent airflow as air passes through constricted bronchial passages. Conditions such as asthma, bronchitis, or anaphylaxis can lead to airway narrowing, making it difficult for air to flow freely. The high-pitched nature of wheezing serves as a clinical sign of this impairment in airflow. Recognizing wheezing can prompt further assessment and intervention, making it an essential aspect of respiratory evaluation. In contrast, low-pitched sounds during inspiration or continuous sounds during normal breathing would not correctly describe wheezing, as these do not reflect the discrete, high-pitched quality associated with compromised expiratory airflow. Additionally, sounds resembling snoring are typically indicative of a different condition involving larger airways, not the narrowed airways that cause wheezing.

3. Which of the following best describes tidal volume?

- A. The total volume of air remaining in the lungs after a forceful exhalation
- B. The average amount of air displaced during normal inhalation or exhalation
- C. The maximum volume of air that the lungs can hold
- D. The volume of air inhaled or exhaled during a single breath**

Tidal volume is defined as the volume of air that is inhaled or exhaled with each breath during normal, restful breathing. It represents the amount of air exchanged in a single breath cycle and is crucial for assessing a person's respiratory function. Understanding tidal volume is vital in various medical contexts, including evaluating lung function and determining ventilatory needs in patients. In this context, the other options describe different respiratory volumes, but they do not accurately define tidal volume. The total volume of air remaining in the lungs after a forceful exhalation refers to the residual volume, which is not related to the amount of air in regular breathing. The average amount of air displaced during normal inhalation or exhalation is a broader concept but does not specify the single breath aspect that relates directly to tidal volume. The maximum volume of air that the lungs can hold is referred to as total lung capacity, which encompasses various volumes, including tidal volume, but is not a correct definition of it. The focus on the volume of air inhaled or exhaled during a single breath highlights precisely what tidal volume represents in respiratory physiology.

4. A 56-year-old female has a complete airway obstruction from a piece of food. She becomes unconscious while you assess her. What should you do?

- A. Perform abdominal thrusts
- B. Begin chest compressions**
- C. Start mouth-to-mouth breathing
- D. Use an oropharyngeal airway

In the scenario of a complete airway obstruction, the priority is to resolve the obstruction and ensure adequate oxygenation. When the patient becomes unconscious, their respiratory drive is compromised, significantly increasing the urgency of the situation. Beginning chest compressions is appropriate because, in the context of a complete airway obstruction, the patient is unable to breathe, and within seconds, brain and organ damage can begin due to lack of oxygen. Chest compressions help to circulate any residual blood and maintain perfusion to vital organs until definitive airway management can occur. While delivering compressions, it may also be possible to perform visual checks for the obstructing object and to utilize airway adjuncts, but the immediate need is to ensure blood flow. Other potential measures, such as abdominal thrusts, would not be effective while the patient is unconscious and could cause further injury. Mouth-to-mouth breathing would not resolve the obstruction and could expose the rescuer to risk without providing effective ventilation. An oropharyngeal airway could facilitate airway management, but without the ability to ventilate due to the obstruction, initiating chest compressions takes precedence to support circulation.

5. For which patient condition is CPAP commonly indicated?

- A. Asthma exacerbation
- B. Chronic obstructive pulmonary disease
- C. Congestive heart failure or obstructive sleep apnea**
- D. Pneumonia

CPAP, or Continuous Positive Airway Pressure, is specifically indicated for conditions where there is a need to maintain positive pressure in the airways, which can help keep them open and improve oxygenation. Congestive heart failure and obstructive sleep apnea are prime examples of such conditions. In cases of congestive heart failure, CPAP helps reduce the work of breathing by preventing airway collapse and improving the distribution of air in the lungs, which enhances gas exchange and decreases the need for supplemental oxygen. It also aids in reducing pulmonary congestion. When used in patients with obstructive sleep apnea, CPAP prevents airway obstruction during sleep by providing a continuous flow of air that keeps the throat open. While CPAP can be beneficial for other respiratory conditions like chronic obstructive pulmonary disease (COPD) and asthma exacerbations, it is primarily seen as a standard treatment for congestive heart failure and obstructive sleep apnea where the main goal is to improve ventilation and oxygenation by enhancing airway stability. Therefore, the significance of CPAP in managing these specific conditions highlights its role in respiratory support for patients with compromised airway function or fluid overload.

6. What is directly posterior to the nose?

- A. Oropharynx
- B. Nasopharynx**
- C. Laryngopharynx
- D. Trachea

The nasopharynx is the correct answer because it is anatomically located directly posterior to the nose. It serves as the upper part of the pharynx and connects the nasal cavity to the oropharynx. This region plays a critical role in the respiratory system as it allows for the passage of air from the nasal cavity to the lower airways. The nasopharynx also houses the openings of the Eustachian tubes, which help equalize pressure in the middle ear. Understanding the relationships between the structures in the upper airway is crucial in identifying potential areas of concern during respiratory assessments and interventions. Other options such as the oropharynx, laryngopharynx, and trachea are located more inferiorly or anteriorly in relation to the nasal cavity, making them not directly posterior to the nose.

7. What is the most common site for an airway obstruction in adults?

- A. Trachea
- B. Bronchi
- C. Pharynx**
- D. Larynx

The pharynx is recognized as the most common site for airway obstruction in adults due to its anatomical structure and role in the airway. The pharynx is located just behind the nasal cavity and mouth, serving as a passageway for both air and food. This dual function makes it particularly susceptible to obstruction from various factors, such as the relaxation of muscles during sleep, the presence of foreign objects, or swelling due to infections. In an unconscious or semi-conscious individual, the structures around the pharynx, including the tongue and soft tissues, can collapse and obstruct the airway. This situation is often seen in cases of obstructive sleep apnea or during anesthesia when patients may lose muscle tone. Additionally, other conditions such as anaphylaxis or trauma can lead to swelling in the pharyngeal region, further increasing the risk of obstruction. Understanding that the pharynx is the most common site for obstruction helps first responders prioritize their interventions, such as positioning the patient or using adjuncts like oropharyngeal or nasopharyngeal airways to maintain patency and ensure that air can flow into the lungs effectively.

8. What is the typical respiratory rate for adults at rest?

- A. 8–12 breaths per minute
- B. 12–20 breaths per minute**
- C. 20–30 breaths per minute
- D. 30–40 breaths per minute

The typical respiratory rate for adults at rest falls within the range of 12 to 20 breaths per minute. This standard range is established based on physiological norms for healthy adults in a resting state, reflecting the body's need for oxygen and the removal of carbon dioxide during normal metabolic processes. It represents a balance where the respiratory system is effectively managing gas exchange without excessive effort. A rate below this range, such as 8 to 12 breaths per minute, may indicate bradypnea, which can occur in certain medical conditions or in cases of respiratory depression. Conversely, a rate of 20 to 30 breaths per minute may be categorized as tachypnea, suggesting increased respiratory drive due to anxiety, exercise, or pathology. Exceeding 30 breaths per minute could indicate significant respiratory distress or hyperventilation, which is generally not characteristic of a resting adult. Thus, understanding the normal range is essential for assessing respiratory health and identifying potential abnormalities in clinical settings.

9. What condition is characterized by a prolonged expiratory phase due to airway resistance?

- A. Asthma
- B. Chronic bronchitis**
- C. Pneumonia
- D. Emphysema

Chronic bronchitis is characterized by a prolonged expiratory phase primarily due to increased airway resistance. In chronic bronchitis, inflammation of the airways leads to excess mucus production and narrowing, which obstructs airflow. During expiration, the increased resistance makes it more difficult for air to exit the lungs, resulting in a prolonged expiratory phase. This can lead to air trapping and an increased work of breathing. While conditions like asthma and emphysema also affect airflow, the nature of the airway changes differs. Asthma typically involves bronchospasm, which can cause variable expiratory flow but does not necessarily result in a consistent prolonged expiratory phase across all patients. Emphysema results in the destruction of alveolar walls and loss of elastic recoil, leading to similar air trapping, but it is more associated with difficulty in exhaling forcefully rather than a classic prolonged expiratory phase. Pneumonia primarily causes consolidation in the lungs, affecting gas exchange and overall lung compliance rather than primarily causing prolonged expiration due to increased airway resistance.

10. What is the normal breath per minute for an adult?

- A. 8-12
- B. 12-20**
- C. 20-25
- D. 10-15

The normal respiratory rate for a resting adult typically falls within the range of 12 to 20 breaths per minute. This range is considered ideal for adults in a state of relaxation and at rest, reflecting a healthy respiratory function. Rates below 12 breaths per minute may indicate bradypnea, which can be a sign of respiratory depression, while rates above 20 breaths per minute suggest tachypnea, often indicating some form of distress or increased metabolic demand on the body. Maintaining a respiratory rate within the 12 to 20 range is crucial for adequate gas exchange and overall physiological balance, particularly in various clinical settings.

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://fisdapairwayventilationrespiratory.examzify.com>

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

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