FISDAP EMT Airway Practice Test (Sample)

Study Guide

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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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. What oxygen delivery device provides the highest concentration of oxygen?

A. Simple face mask

B. Bag-valve-mask (BVM)

C. Non-rebreather mask

D. Nasal cannula

2. Which characteristic describes the breath sounds associated with lower airway obstruction?

A. Clear

B. Wheezing

C. Absent

D. Rhonchi

3. What condition should you suspect in a patient with sudden onset chest pain and dyspnea, especially after recent hip surgery?

A. Myocardial infarction

B. Pulmonary embolism

C. Aortic dissection

D. Pneumothorax

4. In which group of patients are you likely to encounter "see-saw" breathing?

A. Adults

B. Pediatrics

C. Geriatrics

D. Newborns

5. What term describes the high-pitched whistling sound heard during expiration?

A. Stridor

B. Wheezing

C. Rales

D. Crackles

6. A 34-year-old man is saying he is choking and shows signs of stridor and hoarseness. What should you do?

A. Perform abdominal thrusts

B. Encourage him to cough

C. Insert an airway

D. Start mouth-to-mouth resuscitation

7. Which part of the respiratory system contains the vocal cords?

A. Trachea

B. Larynx

C. Pharynx

D. Bronchi

8. How many times per minute should you ventilate a 21 year old apneic male using a bag-valve mask (BVM)?

A. 8 to 10

B. 10 to 12

C. 12 to 14

D. 15 to 20

9. Which structures branch off the trachea into the lower airway?

A. Alveoli

B. Bronchi

C. Bronchioles

D. Capillaries

10. What does the term "suctioning" refer to in airway management?

A. Providing supplemental oxygen

B. Removing secretions or obstructions from the airway

C. Administering medication directly to the airway

D. Inspecting the airway visually for abnormalities

Answers

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

Explanations

1. What oxygen delivery device provides the highest concentration of oxygen?

A. Simple face mask

B. Bag-valve-mask (BVM)

C. Non-rebreather mask

D. Nasal cannula

The non-rebreather mask is designed to deliver the highest concentration of oxygen among commonly used oxygen delivery devices. It features a reservoir bag and special one-way valves that prevent exhaled air from entering the bag. When properly fitted and used, the non-rebreather mask can deliver oxygen concentrations of up to 90-100%. This is particularly crucial for patients in respiratory distress or those requiring high-flow oxygen due to conditions such as severe hypoxia. The effectiveness of the non-rebreather mask stems from its ability to provide a tight seal around the patient's face, minimizing the amount of room air that can mix with the oxygen being delivered. Additionally, the reservoir bag allows for a sufficient supply of oxygen during inhalation, ensuring that the patient receives a concentrated dose. Other devices, like the simple face mask and nasal cannula, offer lower concentrations of oxygen, making them suitable for less critical cases where high levels of oxygen are not necessary. The bag-valve-mask can provide high concentrations as well, but the non-rebreather mask is typically the first choice for maximizing oxygen delivery in emergency situations.

2. Which characteristic describes the breath sounds associated with lower airway obstruction?

A. Clear

B. Wheezing

C. Absent

D. Rhonchi

Wheezing is characterized by a high-pitched, whistling sound that occurs during breathing, particularly when air flows through narrowed airways. This narrowing can be due to various factors such as inflammation, bronchoconstriction, or the presence of excess mucus, all of which are common in lower airway obstruction scenarios, as seen in conditions like asthma or chronic obstructive pulmonary disease (COPD). When lower airways are obstructed, the turbulence of airflow creates this specific sound as air is forced through tighter passages, making wheezing a key indicator of such obstructions. On the other hand, clear breath sounds typically indicate open airways and normal lung function, while absent breath sounds suggest a more severe problem, such as significant lung collapse or very poor air movement, which would not directly indicate the type of obstruction described. Rhonchi, though they can occur alongside lower airway issues, are more often described as low-pitched and associated with fluid in larger airways rather than directly signifying the presence of wheezing related to narrow airway obstruction.

3. What condition should you suspect in a patient with sudden onset chest pain and dyspnea, especially after recent hip surgery?

A. Myocardial infarction

B. Pulmonary embolism

C. Aortic dissection

D. Pneumothorax

In patients who present with sudden onset chest pain and dyspnea after recent surgery, particularly hip surgery, pulmonary embolism should be strongly suspected. This is due to the increased risk of deep vein thrombosis (DVT) following prolonged immobility and surgical procedures, especially in the lower extremities. If a clot from a DVT dislodges, it can travel to the pulmonary arteries, causing a blockage that results in pulmonary embolism. Symptoms often include acute chest pain, difficulty breathing, and sometimes hemoptysis, fitting the described scenario well. While myocardial infarction can also present with similar symptoms, the context of recent hip surgery makes pulmonary embolism a more likely cause in this scenario. Aortic dissection typically involves severe, tearing chest pain and may also radiate to the back, and while it could cause dyspnea, it is less directly related to the recent surgical history presented here. Pneumothorax usually results in sudden chest pain and dyspnea too, but it is generally associated with trauma or underlying lung conditions rather than recent hip surgery. Therefore, the rapid presentation of symptoms alongside the recent surgical history aligns best with the characteristics of a pulmonary embolism.

4. In which group of patients are you likely to encounter "see-saw" breathing?

A. Adults

B. Pediatrics

C. Geriatrics

D. Newborns

"See-saw" breathing is a respiratory pattern often observed in infants and young children, particularly those facing respiratory distress. This pattern is characterized by an abnormal movement where the abdomen and the chest move in opposite directions during breathing. In pediatrics, this phenomenon can occur because their respiratory muscles are not as powerful as those in adults. When they encounter an increased effort to breathe—often due to conditions like acute respiratory distress or airway obstruction—their bodies may demonstrate this see-saw motion as they struggle to maintain adequate ventilation. The diaphragm and accessory muscles may pull the chest upward while the abdomen sinks inward, creating the distinctive see-saw effect. Understanding this unique breathing pattern is critical for recognizing respiratory distress in young patients, allowing for timely interventions to restore proper air exchange and overall respiratory function.

5. What term describes the high-pitched whistling sound heard during expiration?

A. Stridor

B. Wheezing

C. Rales

D. Crackles

Wheezing is the term used to describe the high-pitched whistling sound that occurs during expiration, often associated with narrowing of the airways. This sound can be a result of conditions such as asthma, chronic obstructive pulmonary disease (COPD), or bronchitis, where inflammation or constriction of the airways leads to turbulent airflow. Wheezing indicates that there is some obstruction present in the lower airways, which affects the normal flow of air and produces that characteristic whistling sound. In contrast, stridor refers to a high-pitched sound typically heard during inspiration and is often indicative of an upper airway obstruction. Rales and crackles both describe similar sounds commonly associated with fluid in the lungs, heard during inhalation and characterized by a bubbling or popping noise as alveoli open. These distinctions are important in assessing a patient's respiratory status and can guide effective interventions.

6. A 34-year-old man is saying he is choking and shows signs of stridor and hoarseness. What should you do?

A. Perform abdominal thrusts

B. Encourage him to cough

C. Insert an airway

D. Start mouth-to-mouth resuscitation

Encouraging the patient to cough is the most appropriate response in this scenario, as it allows him to utilize his own reflexes to expel the obstruction. When a person is able to cough effectively, it indicates that their airway is not completely blocked and they can still generate enough air to potentially dislodge the object causing the choking. Coughing can help create the necessary pressure in the airway to push the obstructing item out. In cases where the patient is showing signs of mild obstruction (such as stridor, which indicates that the airway is partially obstructed but not completely blocked), encouraging them to continue coughing is vital. It is important to recognize that individuals who are able to cough and breathe, even with stridor and hoarseness, should be encouraged to clear the obstruction themselves. In contrast, other options would not be suitable given the situation. Abdominal thrusts would be warranted if the airway were completely obstructed and the patient were unable to cough or breathe. Inserting an airway or starting mouth-to-mouth resuscitation would be inappropriate if the patient can still cough and does not require immediate resuscitative measures. Thus, by promoting coughing, you are facilitating the patient's ability to clear the obstruction safely and effectively.

7. Which part of the respiratory system contains the vocal cords?

A. Trachea

B. Larynx

C. Pharynx

D. Bronchi

The larynx is the part of the respiratory system that contains the vocal cords. It is often referred to as the "voice box" because it is responsible for producing sound during speech. The vocal cords are two folds of tissue located within the larynx, and they vibrate as air is pushed through them by the lungs, producing sound. Furthermore, the larynx serves several important functions: it not only plays a crucial role in phonation (the production of sound) but also acts as a protective mechanism for the airway. When swallowing, the larynx elevates to prevent food or liquid from entering the trachea and lungs, helping to protect the respiratory tract from aspiration. In contrast, the trachea is the airway that carries air from the larynx down to the bronchi, while the pharynx is the passage that connects the nasal cavity and mouth to the larynx and esophagus, serving as a pathway for both air and food. The bronchi are the large air passages that branch from the trachea into the lungs. None of these structures contain the vocal cords or play a direct role in sound production like the larynx does.

8. How many times per minute should you ventilate a 21 year old apneic male using a bag-valve mask (BVM)?

A. 8 to 10

B. 10 to 12

C. 12 to 14

D. 15 to 20

Ventilating a 21-year-old apneic male with a bag-valve mask (BVM) should be done at a rate of 10 to 12 breaths per minute, which aligns perfectly with the correct answer. This ventilation rate is appropriate for providing adequate breaths while ensuring sufficient time between each ventilation for full exhalation and preventing excessive air trapping in the lungs. The American Heart Association and other emergency medical guidelines recommend this rate for an adult patient who is not breathing adequately but still has a pulse. This helps in managing the patient's airway effectively while also supporting oxygenation and preventing complications associated with over-ventilation, such as hyperventilation and reduced cardiac output. Proper technique during ventilation, including appropriate seal, volume, and rate, ensures the best outcomes in emergency situations.

9. Which structures branch off the trachea into the lower airway?

A. Alveoli

B. Bronchi

C. Bronchioles

D. Capillaries

The bronchi are the structures that branch off the trachea into the lower airway. When air is inhaled through the trachea, it travels down to the primary bronchi, which then further divide into secondary and tertiary bronchi that supply each lung. This branching system is essential for delivering air to the lungs, where it can participate in gas exchange. The distinction between the bronchi and other structures is critical. Alveoli are the tiny air sacs where gas exchange occurs, but they are located at the end of the airway and are not direct branches of the trachea. Bronchioles are smaller air passages that stem from the bronchi, but they come after the bronchi in the airway. Capillaries are the small blood vessels involved in the exchange of oxygen and carbon dioxide but are not part of the airway structure itself. Understanding the anatomy and flow of air through these components is vital for comprehending respiratory physiology and airway management.

10. What does the term "suctioning" refer to in airway management?

A. Providing supplemental oxygen

B. Removing secretions or obstructions from the airway

C. Administering medication directly to the airway

D. Inspecting the airway visually for abnormalities

The term "suctioning" in airway management specifically refers to the process of removing secretions or obstructions from the airway. This is a critical procedure used to clear the airway of any obstructions, such as mucus, blood, or other foreign materials that may impede airflow and compromise the patient's ability to breathe effectively. Suctioning is vital in maintaining a patent airway, especially in patients who are unable to clear their own secretions due to various medical conditions or altered levels of consciousness. By efficiently removing these obstructions, a healthcare provider can help ensure that the patient receives adequate oxygenation and ventilation. The other choices do not accurately define suctioning: providing supplemental oxygen is about enhancing oxygen delivery; administering medication directly to the airway involves therapeutic interventions; and visually inspecting the airway pertains to assessment rather than the act of clearing it. Thus, the essence of suctioning lies in its function of clearing the airway for optimal respiratory function.

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://fisdapemtairway.examzify.com

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