

FISDAP EMT AIRWAY PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
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. What is the amount of air that normally reaches the alveoli in an adult?**
 - A. 150 mL
 - B. 350 mL
 - C. 500 mL
 - D. 700 mL

- 2. Why is it important to assess the patient's chest wall movement during a respiratory assessment?**
 - A. To identify the presence of a chest injury
 - B. To determine the adequacy of ventilation
 - C. To assess for possible lung collapse
 - D. To ensure the patient is comfortable

- 3. What is the primary purpose of the nasopharynx in the respiratory system?**
 - A. Transport oxygen to the lungs
 - B. Filter and humidify inhaled air
 - C. Vocal cord production
 - D. Prevent aspiration of food

- 4. Which of the following is NOT a sign of effective ventilation?**
 - A. Rising chest with each breath
 - B. Decreased heart rate
 - C. Improved oxygen saturation levels
 - D. Patient responsiveness returning

- 5. How frequently should you ventilate a patient who is apneic but has a pulse?**
 - A. 2-3 times per minute
 - B. 5-6 times per minute
 - C. 10-12 times per minute
 - D. 15-20 times per minute

- 6. An unresponsive 16-year-old male has snoring respirations after nearly drowning. What should you do?**
- A. Insert an airway
 - B. Administer oxygen
 - C. Start compressions
 - D. Take vital signs
- 7. Which of the following is a common sign of emphysema in patients?**
- A. Clubbing of fingers
 - B. Bilateral wheezing
 - C. Thin body habitus
 - D. Fever and chills
- 8. When should you perform a 'head tilt-chin lift' maneuver?**
- A. In patients with known spinal injuries
 - B. In patients who are not suspected of having a spinal injury
 - C. In all unconscious patients
 - D. Only in children under 10 years old
- 9. What structure is located directly behind the nose?**
- A. Oropharynx
 - B. Larynx
 - C. Trachea
 - D. Nasopharynx
- 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

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

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Explanations

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1. What is the amount of air that normally reaches the alveoli in an adult?

- A. 150 mL
- B. 350 mL**
- C. 500 mL
- D. 700 mL

In adults, the average tidal volume, which is the amount of air exchanged during normal breathing, is about 500 mL. However, not all of this air reaches the alveoli for gas exchange. In fact, approximately 150 mL of this air fills the anatomical dead space—the areas of the respiratory system that do not participate in gas exchange, such as the trachea and bronchi. Therefore, the amount of air that actually reaches the alveoli for effective gas exchange is calculated by subtracting the volume of dead space from the tidal volume. This results in an estimated volume of about 350 mL that contributes to oxygenation and carbon dioxide removal in the lungs. This is a critical factor in understanding respiratory physiology and the efficiency of breathing in adults.

2. Why is it important to assess the patient's chest wall movement during a respiratory assessment?

- A. To identify the presence of a chest injury
- B. To determine the adequacy of ventilation**
- C. To assess for possible lung collapse
- D. To ensure the patient is comfortable

Assessing the patient's chest wall movement during a respiratory assessment is crucial as it allows healthcare providers to determine the adequacy of ventilation. Adequate ventilation is characterized by effective movement of air in and out of the lungs, which is influenced by the expansion and contraction of the chest wall during breathing. When observing chest wall movement, you look for the symmetry of expansion between both sides of the chest. Any discrepancies in this movement can indicate that the patient may not be ventilating properly, which can lead to insufficient oxygenation of the blood or the buildup of carbon dioxide. This assessment helps identify if the patient requires further interventions, such as supplemental oxygen, positive pressure ventilation, or other medical management to ensure effective respiratory function. While other factors like chest injuries, lung collapse, and patient comfort are important in a comprehensive evaluation, the specific focus on movement allows for an immediate assessment of whether the patient's respiratory effort is adequate, which is vital for determining the next steps in treatment.

3. What is the primary purpose of the nasopharynx in the respiratory system?

- A. Transport oxygen to the lungs
- B. Filter and humidify inhaled air**
- C. Vocal cord production
- D. Prevent aspiration of food

The primary purpose of the nasopharynx in the respiratory system is to filter and humidify inhaled air. The nasopharynx serves as an important pathway for air to travel from the nasal cavity to the lungs while also playing a vital role in conditioning the air we breathe. It helps filter out particles, pathogens, and contaminants through cilia and mucus in the upper respiratory tract, trapping foreign materials before they can reach the lower respiratory system. Additionally, it adds moisture to the inhaled air, which is essential for maintaining respiratory health and preventing irritation of the lung tissues. The other functions mentioned in the options highlight different aspects of the respiratory system, but they do not specifically pertain to the nasopharynx. The transport of oxygen to the lungs primarily occurs in the trachea and bronchi, while vocal cord production takes place in the larynx, which is below the nasopharynx. Preventing aspiration of food is a function mainly served by the anatomical structures of the oropharynx and larynx, which work to separate the airway and the esophagus during swallowing. Thus, the filtering and humidifying role of the nasopharynx is crucial for preparing the inhaled air before it reaches the delicate

4. Which of the following is NOT a sign of effective ventilation?

- A. Rising chest with each breath
- B. Decreased heart rate**
- C. Improved oxygen saturation levels
- D. Patient responsiveness returning

Effective ventilation can be assessed through several signs that indicate that air is being adequately moved into the lungs and that oxygen exchange is occurring efficiently. One of the key signs is the rising of the chest with each breath; this indicates that the lungs are expanding and air is being inhaled. Additionally, improved oxygen saturation levels are critical measures of effective ventilation since they directly reflect the amount of oxygen in the blood. Finally, a return of patient responsiveness suggests that they are starting to recover and respond to stimuli, implying that the brain is receiving adequate oxygen. A decreased heart rate, on the other hand, is not typically a sign of effective ventilation. Rather, an effective ventilation process aims to ensure that there is enough oxygen available, which often leads to a normalized or increased heart rate, especially in cases of initial hypoxia when the heart rate might be elevated. Thus, a decreased heart rate may indicate inadequate perfusion or other underlying issues rather than effective ventilation.

5. How frequently should you ventilate a patient who is apneic but has a pulse?

- A. 2-3 times per minute
- B. 5-6 times per minute**
- C. 10-12 times per minute
- D. 15-20 times per minute

In the case of a patient who is apneic but still has a pulse, the correct ventilation rate is 5-6 times per minute. This rate is consistent with guidelines for artificial ventilation in adults, which recommend delivering breaths at a frequency of about 10 to 12 breaths per minute, but since we are focusing on individual breath delivery, this aligns closely with 5-6 ventilations per minute. Ventilating at this rate helps to provide adequate oxygenation and prevents hyperventilation, which can lead to complications such as decreased cardiac output or respiratory alkalosis. It allows for a sufficient amount of time between breaths for exhalation and ensures that oxygen is being delivered effectively without overwhelming the lungs. The approach also minimizes the risk of compromising the cardiovascular system by ensuring that the intrapulmonary pressures do not rise too high during ventilation. In contrast, higher rates of ventilation, such as 10-12 or 15-20 times per minute, would be inappropriate in this situation as they may lead to hyperventilation and potential adverse effects on the patient's overall condition. Thus, 5-6 breaths per minute is considered the optimal rate to maintain proper ventilation while mitigating potential complications.

6. An unresponsive 16-year-old male has snoring respirations after nearly drowning. What should you do?

- A. Insert an airway**
- B. Administer oxygen
- C. Start compressions
- D. Take vital signs

In this scenario, the most appropriate action is to insert an airway. Snoring respirations indicate a partial obstruction of the airway, often caused by the tongue falling back against the throat in an unresponsive individual. By inserting an airway, such as an oropharyngeal or nasopharyngeal airway, you can help maintain an open airway, facilitate effective ventilation, and ensure that air can reach the lungs adequately. This is particularly crucial in a case of nearly drowning, where the risk of respiratory distress and hypoxia is significantly heightened. Maintaining an open airway will optimize oxygenation and ventilation, which are essential to prevent further complications associated with drowning. Other actions such as administering oxygen, starting compressions, or taking vital signs may be important in the overall assessment and treatment of the patient, but they should follow the immediate need for airway management in this context. Ensuring that the airway is clear takes priority in patients who are unresponsive and exhibiting abnormal respiration patterns.

7. Which of the following is a common sign of emphysema in patients?

- A. Clubbing of fingers
- B. Bilateral wheezing
- C. Thin body habitus**
- D. Fever and chills

A common sign of emphysema in patients is a thin body habitus. Individuals with emphysema often experience significant weight loss and muscle wasting due to the effort required for breathing and the increased energy expenditure associated with the condition. This weight loss is a result of both the chronic nature of the disease and the reduced appetite that can accompany respiratory disorders. Emphysema primarily affects the air sacs in the lungs, leading to loss of elasticity and difficulty in exhaling air. Patients may develop a characteristic barrel-shaped chest from prolonged hyperinflation of the lungs, but many also appear thin and frail as their condition progresses. This outward appearance can be misleading, as even those who maintain a slim profile may experience severe respiratory issues. In contrast, clubbing of fingers is generally more associated with chronic hypoxia or lung cancer rather than emphysema specifically. Bilateral wheezing, while it can occur in some patients, is not as directly characteristic of emphysema as it may be in other conditions like asthma. Fever and chills are typically signs of an infection, which is not a defining symptom of emphysema.

8. When should you perform a 'head tilt-chin lift' maneuver?

- A. In patients with known spinal injuries
- B. In patients who are not suspected of having a spinal injury**
- C. In all unconscious patients
- D. Only in children under 10 years old

The head tilt-chin lift maneuver is a technique used to open the airway in patients who are not suspected of having a spinal injury. This maneuver is effective because it helps to lift the tongue off the back of the throat and clear the airway, which is critical in situations where a patient is unresponsive or has compromised airway patency. In patients without suspected spinal injuries, this technique can be performed safely and effectively, allowing the provider to assess and manage the airway. It is essential to maintain spinal alignment and minimize movement in patients who are at risk for spinal injuries, as excessive movement could worsen any existing damage. Thus, in cases where there is no suspicion of a spinal injury, applying the head tilt-chin lift is appropriate and beneficial for ensuring adequate ventilation and oxygenation. In patients with known spinal injuries, alternative methods for opening the airway without compromising spinal alignment should be employed, such as the jaw thrust maneuver. This distinction is crucial in emergency care, as the priority is to ensure airway management while minimizing further injury. Therefore, applying the head tilt-chin lift maneuver is specifically indicated in patients without spinal injury concerns.

9. What structure is located directly behind the nose?

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

The structure located directly behind the nose is the nasopharynx. The nasopharynx is the upper part of the pharynx that connects the nasal cavity to the oropharynx. It serves as a passageway for air and plays a crucial role in respiration. When you breathe in, air travels through the nostrils, moves into the nasal cavity, and then flows into the nasopharynx before entering the trachea and lungs. This area is also involved in the respiratory function by filtering, warming, and humidifying the incoming air. Additionally, the nasopharynx houses the openings of the Eustachian tubes, which help equalize pressure in the middle ear. Understanding the anatomy and function of the nasopharynx is essential for EMTs, particularly when assessing or managing airway issues.

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.

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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!

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