FISDAP Paramedic Airway and Breathing V2 Practice Exam (Sample)

Study Guide

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Questions

1. **What intervention is typically performed to manage a patient with continuous wheezing and inadequate air movement?**
   - **A. Give IV Fluids**
   - **B. Suction the airway**
   - **C. Administer a bronchodilator**
   - **D. Prepare for intubation**

2. **What is the first step to take when faced with a patient exhibiting signs of obstructed airway?**
   - **A. Call for help**
   - **B. Begin CPR**
   - **C. Perform the Heimlich maneuver**
   - **D. Assure airway patency**

3. **What is the function of the epiglottis?**
   - **A. To prevent food and liquids from entering the trachea during swallowing**
   - **B. To produce sound**
   - **C. To regulate airflow into the lungs**
   - **D. To assist in digestion**

4. **In the case of an unresponsive patient with low respiratory rate and snoring, what is the first priority?**
   - **A. Start chest compressions**
   - **B. Manually open the airway**
   - **C. Apply oxygen therapy**
   - **D. Check the pulse**

5. **What maneuver is used to open the airway of an unconscious patient?**
   - **A. The head-tilt-chin-lift maneuver**
   - **B. The jaw-thrust maneuver**
   - **C. The Heimlich maneuver**
   - **D. The nasopharyngeal maneuver**

6. Which of the following procedures can lead to aspiration?

- **A. Endotracheal intubation**
- **B. Bag Mask Ventilation**
- **C. CPAP therapy**
- **D. Chest compressions**

7. In cases of an obstructed airway, which action is typically contraindicated?

- **A. Encouraging coughing**
- **B. Performing abdominal thrusts**
- **C. Using back blows**
- **D. Administering artificial ventilation**

8. What is the appropriate method to relieve a tension pneumothorax?

- **A. Endotracheal intubation**
- **B. Needle decompression**
- **C. Chest tube insertion**
- **D. Manual ventilation**

9. A 28-year-old female develops dyspnea after thoracic trauma and shows crackles in lung sounds. Vital signs indicate a low SpO2. What action should be taken?

- **A. Administer albuterol**
- **B. Apply oxygen via non-rebreather and transport emergently**
- **C. Start chest compressions**
- **D. Monitor vital signs and transport**

10. A 19-year-old male is coughing and has pain due to burns after being extricated from a fire. What is the priority concern?

- **A. Burn management**
- **B. Laryngeal swelling**
- **C. Pneumothorax**
- **D. Inhalation injury**

Answers

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

Explanations

1. What intervention is typically performed to manage a patient with continuous wheezing and inadequate air movement?

A. Give IV Fluids

B. Suction the airway

C. Administer a bronchodilator

D. Prepare for intubation

Administering a bronchodilator is the most appropriate intervention for a patient exhibiting continuous wheezing and inadequate air movement. Wheezing often indicates bronchoconstriction, which can result from conditions such as asthma or an allergic reaction. Bronchodilators work by relaxing the smooth muscles around the airways, allowing them to dilate and improve airflow. This medication typically provides quick relief of symptoms and helps alleviate the wheezing by opening up the air passages. In the context of inadequate air movement, effective bronchodilation can significantly improve a patient's respiratory function and reduce distress. This intervention is part of standard care for respiratory conditions that involve wheezing, making it the most effective initial response in this scenario. Other interventions, such as providing IV fluids or preparing for intubation, may be necessary in more severe cases or when other complications arise, but they do not directly address the immediate issue of bronchoconstriction associated with wheezing. Suctioning the airway might be beneficial in cases where there is excessive secretions or obstruction, but it would not be the primary action for wheezing that indicates a need for bronchodilation.

2. What is the first step to take when faced with a patient exhibiting signs of obstructed airway?

A. Call for help

B. Begin CPR

C. Perform the Heimlich maneuver

D. Assure airway patency

When faced with a patient exhibiting signs of an obstructed airway, the first and most critical action is to assure airway patency. This means assessing and attempting to open the airway to determine if there is indeed an obstruction and to allow for any necessary interventions to be performed. In a situation of airway obstruction, time is of the essence. Quickly ensuring that the airway is open can make a significant difference in the patient's outcome. In many cases, visualizing the airway, simply repositioning the patient's head, or performing basic maneuvers to clear the obstruction can be lifesaving steps. Taking steps to call for help, while important in a broader context, is typically not the immediate first action in a life-threatening scenario like airway obstruction. Similarly, beginning CPR is reserved for patients who have lost all signs of circulation, and the Heimlich maneuver is specifically indicated for conscious patients with severe airway obstruction, but only after confirming that the airway is not patent. Prioritizing the assurance of airway patency allows for a swift response to the potentially immediate airway threat the patient is experiencing.

3. What is the function of the epiglottis?

A. To prevent food and liquids from entering the trachea during swallowing

B. To produce sound

C. To regulate airflow into the lungs

D. To assist in digestion

The epiglottis serves a crucial role in the respiratory system by preventing food and liquids from entering the trachea during swallowing. This structure is a flap of cartilage located at the root of the tongue, and its primary function is to close off the trachea when swallowing occurs. By doing so, the epiglottis ensures that swallowed substances travel down the esophagus into the stomach rather than into the airway, which could result in choking or aspiration. Other options relate to different physiological functions: sound production is primarily associated with the vocal cords located in the larynx, airflow regulation is managed by various structures including the bronchi and bronchioles, and digestion involves the esophagus and digestive system organs rather than the epiglottis itself. Therefore, the role of the epiglottis is specific to protecting the airway during the act of swallowing rather than functioning in the areas described by the other choices.

4. In the case of an unresponsive patient with low respiratory rate and snoring, what is the first priority?

A. Start chest compressions

B. Manually open the airway

C. Apply oxygen therapy

D. Check the pulse

In the scenario of an unresponsive patient exhibiting a low respiratory rate and snoring, the first priority is to manually open the airway. This is crucial because snoring can indicate partial airway obstruction, often due to the tongue falling back into the throat when a patient is unresponsive. By manually opening the airway—commonly through techniques such as the head-tilt, chin-lift maneuver or jaw-thrust—emergency responders can help clear the obstruction, allowing for adequate air exchange and ventilation. Addressing the airway first is imperative in this situation, as it directly impacts the patient's ability to breathe and receive oxygen. Once the airway is secured, further assessments and interventions, such as applying oxygen therapy or checking vital signs, can be appropriately handled. Maintaining adequate ventilation is a primary concern in any unresponsive patient, which is why airway management takes precedence.

5. What maneuver is used to open the airway of an unconscious patient?

A. The head-tilt-chin-lift maneuver

B. The jaw-thrust maneuver

C. The Heimlich maneuver

D. The nasopharyngeal maneuver

The head-tilt-chin-lift maneuver is a highly effective technique used to open the airway of an unconscious patient. This method involves tilting the head back slightly while lifting the chin upward, which helps to move the tongue away from the back of the throat. This is especially important in unconscious patients, as they may have relaxed airway muscles, increasing the risk of airway obstruction due to the tongue falling back. By creating a clearer path for airflow, this maneuver allows for more effective ventilation and reduces the chance of complications during resuscitation efforts. The jaw-thrust maneuver is another option used to open the airway, particularly in cases where there is a suspected spinal injury, as it minimizes movement of the cervical spine. While it is an important technique, the head-tilt-chin-lift is generally more commonly used in a variety of unconscious situations. The Heimlich maneuver is specifically designed to relieve choking in conscious patients and is not used for airway management in unconscious individuals. It focuses on expelling foreign objects obstructing the airway but does not create an open airway on its own. The nasopharyngeal maneuver involves the insertion of a nasopharyngeal airway, which can help maintain an open airway but is not a physical maneuver

6. Which of the following procedures can lead to aspiration?

A. Endotracheal intubation

B. Bag Mask Ventilation

C. CPAP therapy

D. Chest compressions

Bag-mask ventilation can lead to aspiration primarily due to the nature of the procedure itself. During bag-mask ventilation, if the airway is not adequately sealed or if the patient's airway is compromised, there is a risk that stomach contents or foreign materials could enter the airway. This can happen if there is any significant airway obstruction or if the patient struggles or gag reflex is activated during the procedure. Additionally, the use of high-pressure ventilation can inadvertently force air into the stomach, leading to increased gastric pressure, which increases the likelihood of regurgitation. If the patient has not been properly airway managed and has a full stomach, the risk of aspiration is higher. Understanding the mechanics of bag-mask ventilation and maintaining proper seal and technique are essential to minimizing this risk during airway management in emergency situations.

7. In cases of an obstructed airway, which action is typically contraindicated?

A. Encouraging coughing

B. Performing abdominal thrusts

C. Using back blows

D. Administering artificial ventilation

In cases of an obstructed airway, administering artificial ventilation is typically contraindicated because the obstruction must be resolved before any form of ventilation can be effectively performed. If a person is unable to breathe due to an obstruction, attempting to ventilate them without first clearing the airway can lead to further complications. Artificial ventilation relies on an open airway; if the airway is blocked, air cannot be delivered to the lungs, and the risk of aspiration or worsening the obstruction increases significantly. Encouraging coughing, performing abdominal thrusts, and using back blows are all methods aimed at clearing the airway obstruction by helping the patient expel the object causing the blockage. These interventions are generally recommended when a person is conscious and still able to cough effectively, allowing natural expulsion of the obstruction before resorting to more invasive measures.

8. What is the appropriate method to relieve a tension pneumothorax?

A. Endotracheal intubation

B. Needle decompression

C. Chest tube insertion

D. Manual ventilation

Needle decompression is the appropriate method to relieve a tension pneumothorax. This life-threatening condition occurs when air becomes trapped in the pleural space, leading to increased pressure on the lungs and mediastinum, which can severely compromise respiratory and cardiovascular function. Needle decompression involves the insertion of a large-bore needle into the second intercostal space at the midclavicular line on the affected side. This allows the trapped air to escape, rapidly relieving the pressure and allowing for re-expansion of the lung. The speed of this intervention is critical, as a tension pneumothorax can rapidly become fatal if not addressed immediately. While chest tube insertion is a definitive treatment for pneumothorax and is often performed following needle decompression, it is not the immediate lifesaving step in an acute tension pneumothorax scenario. Endotracheal intubation and manual ventilation may be necessary later for the management of the patient's airway, but they do not address the underlying issue of the tension pneumothorax itself, which is the pressure from trapped air in the pleural cavity. Thus, needle decompression is the first-line intervention in this emergency situation.

9. A 28-year-old female develops dyspnea after thoracic trauma and shows crackles in lung sounds. Vital signs indicate a low SpO2. What action should be taken?

A. Administer albuterol

B. Apply oxygen via non-rebreather and transport emergently

C. Start chest compressions

D. Monitor vital signs and transport

Applying oxygen via a non-rebreather mask and transporting the patient emergently is the most appropriate action in this scenario. The patient's dyspnea following thoracic trauma and the presence of crackles in the lung sounds suggest a potential lung injury, such as a pneumothorax or pulmonary contusion, which can lead to impaired gas exchange and low oxygen saturation levels. Administering oxygen via a non-rebreather mask allows for the highest concentration of oxygen delivery, which is crucial for treating hypoxia. Immediate transport is necessary to ensure that the patient receives further evaluation and treatment in a timely manner, as delays could worsen their condition. This approach addresses both the emergency nature of the situation and the specific symptoms presented. Providing supplemental oxygen and arranging for rapid transport can significantly improve the patient's chances of recovery and address the critical issue of low SpO2.

10. A 19-year-old male is coughing and has pain due to burns after being extricated from a fire. What is the priority concern?

A. Burn management

B. Laryngeal swelling

C. Pneumothorax

D. Inhalation injury

In the case of a 19-year-old male who has been extricated from a fire and is experiencing coughing and pain due to burns, the priority concern focuses on the potential for laryngeal swelling. This concern arises because the airway can rapidly become compromised in individuals who have been exposed to smoke or superheated gases. Inhalation injury can cause inflammation and swelling of the airways, particularly the larynx, leading to laryngeal edema. This swelling can obstruct the airway, resulting in respiratory distress or failure. The presence of coughing indicates that the airway is partially intact; however, the risk of laryngeal swelling must be addressed immediately to prevent a critical airway blockage. Other factors such as burn management and inhalation injury are indeed significant and require attention, but the urgency of ensuring a patent airway surpasses the immediate concern for the burns or other potential injuries like pneumothorax. By prioritizing the evaluation and management of laryngeal swelling, medical personnel can take the necessary steps to ensure the patient maintains adequate ventilation and prevents life-threatening complications.