FISDAP Paramedic Airway and Breathing V2 Practice Exam (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. 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 is the appropriate compression-ventilation ratio for adults during CPR?

A. 15:2

B. 30:2

C. 10:1

D. 20:2

2. What is an immediate action if a patient exhibits inadequate ventilation during BVM?

A. Increase the oxygen flow rate

B. Check the mask seal and reposition if necessary

C. Switch to an oropharyngeal airway

D. Administer oral suctioning

3. What is the correct dosage of ipratropium bromide during an asthma attack?

A. 0.25 mg by nebulizer

B. 0.5 mg by nebulizer

C. 1.0 mg by nebulizer

D. 2.5 mg by nebulizer

4. Where does the primary stimulus for breathing originate in the body?

A. Brainstem

B. Lungs

C. Heart

D. Diaphragm

5. What is a contraindication for the use of a bag-valve-mask?

A. Obesity

B. Severe facial trauma

C. Age over 60 years

D. History of asthma

6. What evidence suggests improper BVM positioning?

A. Inadequate chest rise and insufficient ventilation

B. Excessive air leak during ventilation

C. Increased resistance while ventilating

D. Unusual lung sounds upon auscultation

7. An 18-year-old male with altered level of consciousness starts to vomit after you ventilate him during transport. What should you do?

A. Roll him on his side

B. Apply suction to his mouth

C. Continue ventilation

D. Insert an oropharyngeal airway

8. How do you determine proper ventilation rates for a patient receiving BVM ventilation?

A. Deliver 5-7 breaths per minute for an adult

B. Deliver 8-10 breaths per minute for an adult

C. Deliver 10-12 breaths per minute for an adult

D. Deliver 12-15 breaths per minute for an adult

9. What is the appropriate medication to administer for a 62-year-old female with COPD and shortness of breath?

A. Oxygen therapy

B. 2.5mg of Albuterol

C. Atropine

D. Nebulized epinephrine

10. How can you assess for adequate airway patency in a conscious patient?

A. Ask the patient to speak

B. Listen for wheezing sounds

C. Check for cyanosis

D. Monitor respiratory rate

Answers

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

Explanations

1. What is the appropriate compression-ventilation ratio for adults during CPR?

A. 15:2

B. 30:2

C. 10:1

D. 20:2

The appropriate compression-ventilation ratio for adults during CPR is 30:2. This ratio is recommended when performing high-quality cardiopulmonary resuscitation, especially by a single rescuer. In this approach, the rescuer delivers 30 chest compressions followed by 2 breaths, ensuring that compressions are the primary focus. The rationale behind the 30:2 ratio is to optimize blood circulation by maintaining adequate compression depth and rate—at least 100 to 120 compressions per minute—while also providing timely ventilations. This balance aids in increasing the chances of return of spontaneous circulation and improving overall survival rates in cardiac arrest cases. It's important to note that this ratio applies to adult victims and differs from the ratios used for children and infants, which can change based on the number of rescuers present. The emphasis on quick, high-quality compressions is crucial, as they maintain vital blood flow to the heart and brain until advanced life support can be provided.

2. What is an immediate action if a patient exhibits inadequate ventilation during BVM?

A. Increase the oxygen flow rate

B. Check the mask seal and reposition if necessary

C. Switch to an oropharyngeal airway

D. Administer oral suctioning

When a patient exhibits inadequate ventilation during bag-valve-mask (BVM) ventilation, checking the mask seal and repositioning it if necessary is the most critical immediate action. Ensuring a proper seal is crucial for effective ventilation, as even a slight leak can prevent the delivery of adequate oxygen and ventilation to the patient. Repositioning the mask typically involves adjusting it on the patient's face to obtain a better fit or altering the angle of the patient's head to optimize the airway. Using the appropriate technique, such as the "E-C" hold, helps maintain a tight seal, which is essential for effective positive pressure ventilation. While increasing the oxygen flow rate, switching to an oropharyngeal airway, or administering oral suctioning might be relevant in certain clinical scenarios, they do not directly address the primary issue of inadequate ventilation occurring due to a poor mask fit. Therefore, ensuring an effective seal should always be the first priority during BVM ventilation.

3. What is the correct dosage of ipratropium bromide during an asthma attack?

A. 0.25 mg by nebulizer

B. 0.5 mg by nebulizer

C. 1.0 mg by nebulizer

D. 2.5 mg by nebulizer

Ipratropium bromide is an anticholinergic medication commonly used to facilitate bronchodilation during asthma attacks. The standard dosage for treating an acute asthma episode in adults is typically 0.5 mg via nebulization. This dosage is effective in helping to open the airways and improve airflow by blocking the action of acetylcholine, which can lead to bronchoconstriction. Utilizing 0.5 mg allows for a sufficient therapeutic effect while minimizing potential side effects associated with higher doses. It is important to use this medication as part of a comprehensive treatment plan that may include other bronchodilators and corticosteroids, especially in severe cases. In the context of other potential dosages, lower doses like 0.25 mg may not provide the necessary bronchodilation for acute exacerbations, while higher doses such as 1.0 mg or 2.5 mg exceed the established guideline for nebulized administration in this situation, which could increase the risk of adverse effects without necessarily improving clinical outcomes.

4. Where does the primary stimulus for breathing originate in the body?

A. Brainstem

B. Lungs

C. Heart

D. Diaphragm

The primary stimulus for breathing originates in the brainstem, which is responsible for autonomic functions including the regulation of respiration. Within the brainstem, particularly in the medulla oblongata and pons, specific nerve centers monitor carbon dioxide levels, oxygen levels, and blood pH in order to maintain homeostasis. When the levels of carbon dioxide rise, for example, it triggers an increase in the rate and depth of breathing. This automatic process ensures that the body responds effectively to changes in its metabolic demands without conscious effort, allowing for regular and sustained airflow to meet the respiratory needs. In contrast, while the lungs are integral to the process of breathing, they do not generate the drive to breathe. Instead, they contain receptors that provide feedback to the brainstem about the status of ventilation. The heart plays a significant role in circulating oxygenated blood but is not involved in the regulation of breathing. Lastly, the diaphragm is the primary muscle involved in the act of breathing; however, its contractions are controlled by the signals sent from the brainstem rather than originating the stimulus itself.

5. What is a contraindication for the use of a bag-valve-mask?

A. Obesity

B. Severe facial trauma

C. Age over 60 years

D. History of asthma

Severe facial trauma is a contraindication for the use of a bag-valve-mask because such trauma can severely compromise the airway and hinder the ability to obtain an adequate seal around the mask. In cases of significant facial injuries, anatomical structures may be disrupted, making effective ventilation difficult or even impossible. Additionally, blood or tissue swelling may obstruct the airway or prevent the mask from functioning optimally, leading to ineffective ventilation and a higher risk of complications. While obesity can complicate bag-valve-mask ventilation due to the potential for difficult mask fits and reduced lung capacity, it is not an absolute contraindication. Aging can affect airway mechanics but does not necessarily negate the use of this ventilation method. A history of asthma is relevant in terms of respiratory issues but does not directly contraindicate the use of a bag-valve-mask in emergencies.

6. What evidence suggests improper BVM positioning?

A. Inadequate chest rise and insufficient ventilation

B. Excessive air leak during ventilation

C. Increased resistance while ventilating

D. Unusual lung sounds upon auscultation

Inadequate chest rise and insufficient ventilation are strong indicators of improper positioning of the Bag-Valve-Mask (BVM). When the BVM is not positioned correctly, it may not create a proper seal around the patient's mouth and nose, leading to ineffective delivery of air. This can result in little to no movement of the chest, signifying that air is not reaching the lungs adequately, and hence the gas exchange is compromised. Proper BVM technique requires ensuring that the mask is sealed effectively on the face, ensuring not only adequate chest rise but also confirming that ventilation is efficient. Observing that there is inadequate chest rise is a key clinical sign that something is amiss with the BVM positioning or technique, prompting reassessment and repositioning as necessary to ensure that the patient receives proper ventilation. This is particularly critical in emergency situations where effective airway management can be lifesaving.

7. An 18-year-old male with altered level of consciousness starts to vomit after you ventilate him during transport. What should you do?

A. Roll him on his side

B. Apply suction to his mouth

C. Continue ventilation

D. Insert an oropharyngeal airway

In the scenario where an 18-year-old male with altered level of consciousness begins to vomit during transport, rolling him on his side is the most appropriate action. This maneuver helps to prevent aspiration of vomit into the lungs, which can lead to severe complications such as aspiration pneumonia. Positioning the patient on his side allows vomit to exit the mouth without obstructing the airway, thereby maintaining a clear airway and facilitating effective ventilation while minimizing the risk of aspiration. While suctioning the mouth may seem like a viable option, this could be more time-consuming and may not be as immediately effective in preventing aspiration as rolling the patient onto his side. Continuing ventilation in the presence of vomiting increases the risk of aspirating the vomit into the lungs, which can compromise respiratory function. Inserting an oropharyngeal airway may also not be appropriate if the patient is actively vomiting, as it could stimulate further vomiting or make the situation worse if not positioned correctly. Thus, rolling the patient on his side is the most suitable immediate response to ensure airway safety and prevent aspiration during the episode of vomiting.

8. How do you determine proper ventilation rates for a patient receiving BVM ventilation?

A. Deliver 5-7 breaths per minute for an adult

B. Deliver 8-10 breaths per minute for an adult

C. Deliver 10-12 breaths per minute for an adult

D. Deliver 12-15 breaths per minute for an adult

The appropriate ventilation rate for an adult patient receiving bag-valve-mask (BVM) ventilation is 10-12 breaths per minute. This rate is based on guidelines that establish optimal ventilation rates for adults to ensure adequate oxygenation without causing hyperventilation. Delivering breaths at this rate allows for sufficient time between ventilations, helping to prevent increased intrathoracic pressure, which can impede venous return and cardiovascular function. It also ensures that the patient's tidal volume is adequately met without compromising the effectiveness of ventilation. When assessing ventilation rates, factors such as the patient's condition, chest rise, and pulse oximetry readings should be monitored. The goal is to achieve effective chest rise with each ventilation and maintain appropriate oxygen saturation levels. Keeping the rate at 10-12 breaths per minute supports this balance between providing adequate ventilation and avoiding potential complications associated with excessive rates.

9. What is the appropriate medication to administer for a 62-year-old female with COPD and shortness of breath?

A. Oxygen therapy

B. 2.5mg of Albuterol

C. Atropine

D. Nebulized epinephrine

In the context of managing a 62-year-old female patient with Chronic Obstructive Pulmonary Disease (COPD) and shortness of breath, administering 2.5 mg of Albuterol is the most appropriate choice. Albuterol is a short-acting beta-agonist that works primarily by relaxing the muscles around the airways, leading to bronchodilation. This effect is particularly beneficial in patients with COPD, as it helps alleviate wheezing, shortness of breath, and other symptoms associated with airway constriction. In patients with COPD, especially those experiencing an acute exacerbation, bronchodilators like Albuterol are commonly utilized to provide quick relief of respiratory distress. This medication is typically delivered via a nebulizer or metered-dose inhaler, allowing for effective delivery directly to the lungs. While oxygen therapy can be essential for patients with low oxygen saturation, it is not a treatment for the underlying bronchospasm and would not be sufficient in addressing the immediate respiratory distress caused by airway constriction. Atropine is not indicated in this scenario, as it is more commonly used to treat bradycardia or certain types of poisoning but does not provide the bronchodilating effects needed in COPD. Nebulized epinephrine is

10. How can you assess for adequate airway patency in a conscious patient?

A. Ask the patient to speak

B. Listen for wheezing sounds

C. Check for cyanosis

D. Monitor respiratory rate

Assessing for adequate airway patency in a conscious patient can be effectively done by asking the patient to speak. When a patient can speak in complete sentences or articulate themselves without difficulty, it indicates that their airway is open and unobstructed. This method not only helps confirm that the airway is clear but also allows you to gauge the patient's level of consciousness and respiratory effort. While other assessment techniques, such as listening for wheezing sounds or checking for cyanosis, can provide information about the patient's overall respiratory status, they do not specifically indicate whether the airway is patent. Wheezing can suggest airway constriction but does not definitively confirm whether there is an obstruction. Cyanosis indicates inadequate oxygenation and may suggest severe respiratory distress but is a later sign and primary focus would be on the airway's patency first. Monitoring respiratory rate provides information about the breathing pattern rather than the clarity of the airway itself. Thus, having the patient speak is the most direct and effective way to assess if the airway is open and functional in a conscious individual.

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://fisdapparamedicairwaybreathingv2.examzify.com

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