

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. 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. During the evaluation of an intubated patient, what signs would indicate the need for cuff inflation check?**
 - A. Absence of airway noise**
 - B. Cooking sounds during ventilation**
 - C. Air leakage during bagging**
 - D. Frequent movement of the tube**

- 2. What is a common indication for using a laryngeal mask airway (LMA)?**
 - A. For patients requiring deep sedation**
 - B. For patients with significant facial trauma**
 - C. For patients needing immediate surgical airway access**
 - D. For patients in cardiac arrest**

- 3. Why is rapid sequence intubation performed?**
 - A. To reduce airway obstruction risk**
 - B. To minimize aspiration risk during intubation**
 - C. To facilitate quicker ventilation**
 - D. To avoid the use of sedatives**

- 4. A 71-year-old male with a tracheostomy is cyanotic and has audible gurgling sounds. What should you do next?**
 - A. Administer bronchodilator**
 - B. Perform mouth-to-mouth rescue breaths**
 - C. Suction the lumen with a soft tip catheter**
 - D. Insert a new tracheostomy tube**

- 5. What is the appropriate action for a conscious patient experiencing complete airway obstruction?**
 - A. Perform abdominal thrusts immediately**
 - B. Encourage them to continue coughing**
 - C. Administer oxygen**
 - D. Call for emergency assistance**

- 6. During bag-valve-mask ventilation, what should be observed for effective ventilation?**
- A. Heart rate variability**
 - B. Chest rise and fall**
 - C. Oxygen saturation levels**
 - D. Skin temperature**
- 7. While providing ventilations to a patient, you are unable to see chest rise. What should you do?**
- A. Reposition the patient's head**
 - B. Increase ventilation pressure**
 - C. Wait for a few seconds**
 - D. Insert an advanced airway**
- 8. Which airway technique may be used in emergency situations to assess airway patency?**
- A. Nasal cannula placement**
 - B. Jaw-thrust maneuver**
 - C. Cricoid pressure**
 - D. Pharyngeal airway insertion**
- 9. What does poor capnography readings indicate post-intubation?**
- A. Successful tube placement**
 - B. Hypoventilation or airway complications**
 - C. Patient anesthesia**
 - D. Increased airway resistance**
- 10. A 55 year old male with emphysema is only able to speak in short broken sentences. As you are assisting him, he suddenly stops breathing. What is your immediate action?**
- A. Continue monitoring vital signs**
 - B. Begin positive pressure ventilations**
 - C. Administer CPR**
 - D. Call for advanced support**

Answers

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

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Explanations

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1. During the evaluation of an intubated patient, what signs would indicate the need for cuff inflation check?

- A. Absence of airway noise**
- B. Cooking sounds during ventilation**
- C. Air leakage during bagging**
- D. Frequent movement of the tube**

The need for a cuff inflation check in an intubated patient is closely associated with air leakage during bagging. When a cuff is properly inflated, it creates a seal in the trachea that prevents air from escaping around the tube. If there is air leakage, it suggests that the cuff may not be sufficiently inflated or could be malfunctioning, potentially leading to inadequate ventilation and oxygenation of the patient. In the context of ventilation, if the cuff is not sealing properly—evidenced by air escaping during manual ventilation with a bag—this can impede effective positive pressure ventilation and increase the risk of complications such as aspiration or inadequate oxygen delivery. Thus, checking the cuff inflation is critical when such leakage is noted, to ensure the airway is secure and properly ventilated. Other factors, such as the absence of airway noise or sounds typical of breathing, might indicate other issues, but they do not specifically highlight problems with the cuff's integrity. Similarly, cooking sounds during ventilation could suggest issues unrelated to cuff inflation. Frequent movement of the tube may imply dislodgement but does not directly correlate with the need for a cuff inflation check. The presence of air leakage during bagging is the most definitive indicator that the cuff needs to be evaluated and possibly inflated

2. What is a common indication for using a laryngeal mask airway (LMA)?

- A. For patients requiring deep sedation**
- B. For patients with significant facial trauma**
- C. For patients needing immediate surgical airway access**
- D. For patients in cardiac arrest**

A laryngeal mask airway (LMA) is commonly indicated for patients requiring deep sedation because it provides a way to secure the airway while allowing for spontaneous ventilation. The design of the LMA creates a seal around the larynx, facilitating ventilation without the need for intubation, which can be more invasive and time-consuming, especially in a controlled environment like during procedures requiring sedation. In cases of deep sedation, the risk of airway obstruction increases due to loss of muscle tone and protective airway reflexes. The LMA can effectively maintain an open airway and allow for adequate ventilation in these patients. It is a valuable tool in both emergency and surgical settings where the airway must be secured quickly with a lower risk of injury compared to endotracheal intubation. While there are other considerations for airway management in different clinical scenarios such as facial trauma, the need for immediate surgical airway access, or during cardiac arrest situations, the LMA is specifically designed for use in scenarios where an airway can be secured without requiring the more invasive techniques associated with those types of patients.

3. Why is rapid sequence intubation performed?

- A. To reduce airway obstruction risk
- B. To minimize aspiration risk during intubation**
- C. To facilitate quicker ventilation
- D. To avoid the use of sedatives

Rapid sequence intubation (RSI) is primarily performed to minimize the risk of aspiration during the intubation process. This technique involves the use of sedatives and paralytics to create optimal conditions for intubation while simultaneously protecting the airway. When a patient is unconscious or has a diminished level of consciousness, they are at a higher risk for aspiration of gastric contents into the lungs. By utilizing sedatives to induce unconsciousness and paralytics to facilitate intubation without patient movement, RSI helps to reduce the presence of potentially harmful substances in the airway, thereby safeguarding the patient's respiratory tract. This approach is crucial, especially in emergency situations where the risk of aspiration is significant due to altered mental status, inadequate protective reflexes, or the inability to ensure an adequate airway. Reducing this risk allows for safer management of the airway and is a key component in securing the airway quickly and effectively in critical care scenarios.

4. A 71-year-old male with a tracheostomy is cyanotic and has audible gurgling sounds. What should you do next?

- A. Administer bronchodilator
- B. Perform mouth-to-mouth rescue breaths
- C. Suction the lumen with a soft tip catheter**
- D. Insert a new tracheostomy tube

In this scenario, the patient's cyanosis and audible gurgling suggest that there is an obstruction in the airway, likely caused by secretions or other debris blocking airflow through the tracheostomy. The immediate priority in such cases is to ensure the patient can breathe adequately. Suctioning is an essential intervention that helps clear the airways, allowing better airflow and improving oxygenation. Using a soft tip catheter to suction the lumen is appropriate because it enables the removal of secretions safely and effectively. This action can alleviate both the gurgling sounds and the cyanosis, which indicates hypoxia due to possible airway obstruction. While other options may have their place in different clinical situations, they are not the most suitable immediate response in this case. Administering a bronchodilator would not address the obstruction directly and could delay the necessary steps to clear the airway. Performing mouth-to-mouth rescue breaths is not appropriate for a patient with a tracheostomy, as the airway management technique differs significantly. Inserting a new tracheostomy tube may be necessary if suctioning does not resolve the issue, but it is a more invasive step that should follow immediate clearance of the airway with suctioning. Therefore, suctioning the lumen with a

5. What is the appropriate action for a conscious patient experiencing complete airway obstruction?

- A. Perform abdominal thrusts immediately**
- B. Encourage them to continue coughing**
- C. Administer oxygen**
- D. Call for emergency assistance**

In the case of a conscious patient experiencing complete airway obstruction, the most appropriate action is to encourage them to continue coughing. Coughing is the body's natural response to clear an obstruction in the airway, and if the patient is able to cough effectively, they may be able to dislodge the object causing the blockage. This is especially crucial in cases where the obstruction is not complete, as strong coughs can generate sufficient pressure to expel the obstruction. While performing abdominal thrusts is a common maneuver in cases of severe obstruction, it is typically reserved for patients who are unable to cough, speak, or breathe. Encouraging coughing allows the patient to utilize their own body's mechanisms before escalating to more invasive measures like abdominal thrusts. Administering oxygen is not a correct immediate action since the patient cannot breathe adequately due to the obstruction, and oxygen would not resolve the problem in this scenario. Calling for emergency assistance is important, but the priority should be on addressing the obstruction effectively if the patient is conscious and able to cough.

6. During bag-valve-mask ventilation, what should be observed for effective ventilation?

- A. Heart rate variability**
- B. Chest rise and fall**
- C. Oxygen saturation levels**
- D. Skin temperature**

During bag-valve-mask ventilation, observing the chest rise and fall is a critical indicator of effective ventilation. This observation confirms that air is being properly delivered into the lungs, indicating that the airway is patent and the bag is being effectively squeezed. The chest should rise symmetrically with each ventilation, reflecting that air is moving into the lungs rather than only partially inflating the stomach or being delivered incorrectly due to a seal failure around the mask. While factors like heart rate variability, oxygen saturation levels, and skin temperature can provide useful information about a patient's overall status and can be affected by oxygenation and ventilation, they do not give immediate and direct feedback about the effectiveness of each individual bag-valve-mask ventilation. Observing the chest rise and fall is the most direct and practical method to assess if ventilation is occurring as intended.

7. While providing ventilations to a patient, you are unable to see chest rise. What should you do?

- A. Reposition the patient's head**
- B. Increase ventilation pressure**
- C. Wait for a few seconds**
- D. Insert an advanced airway**

When providing ventilations to a patient and not observing chest rise, repositioning the patient's head is often the most appropriate initial action. This technique is critical because improper positioning can result in airway obstruction, especially if the patient's head is tilted in a way that closes off the airway, such as with excessive neck extension or flexion. By repositioning the head, usually by performing the proper "sniffing" position or chin lift/jaw thrust, you can help ensure that the airway is open and that positive pressure from ventilations is effectively delivered into the lungs. This method is typically performed before considering other interventions, as it can often resolve the issue of inadequate ventilation due to positional factors. Ensuring a patent airway is foundational to successful ventilation. Other actions, such as increasing ventilation pressure, may only serve to exacerbate the problem without addressing the underlying cause, and waiting could jeopardize the patient's condition by delaying necessary care. Meanwhile, inserting an advanced airway might be reserved for more severe situations where basic airway management fails after repositioning has been attempted. Therefore, the head repositioning approach aligns with the initial steps of airway management in emergency scenarios.

8. Which airway technique may be used in emergency situations to assess airway patency?

- A. Nasal cannula placement**
- B. Jaw-thrust maneuver**
- C. Cricoid pressure**
- D. Pharyngeal airway insertion**

The jaw-thrust maneuver is a key technique used to assess and ensure airway patency, especially in emergency situations. This technique is particularly effective in patients who may have a compromised airway due to conditions like trauma or altered level of consciousness. The jaw-thrust maneuver involves the manual manipulation of the jaw to lift it forward, which helps to displace the tongue away from the back of the throat. This action opens the airway and allows for better visualization and assessment of the airway's condition. In an emergency setting, maintaining a patent airway is critical for effective ventilation and oxygenation, making this maneuver an essential skill for paramedics and other emergency responders. It is also advantageous because it can be performed without causing further injury to the cervical spine, making it safer in cases of suspected cervical spine injury. Other options such as nasal cannula placement, cricoid pressure, and pharyngeal airway insertion do not primarily focus on the immediate assessment of airway patency in the same way. While these techniques have their own important uses in airway management, they do not provide the same direct assessment of the airway that the jaw-thrust maneuver does.

9. What does poor capnography readings indicate post-intubation?

- A. Successful tube placement**
- B. Hypoventilation or airway complications**
- C. Patient anesthesia**
- D. Increased airway resistance**

Poor capnography readings following intubation typically suggest hypoventilation or complications related to the airway. When a patient has been successfully intubated, you would expect to see consistent and appropriate levels of carbon dioxide (CO₂) detected in the exhaled breath. If the readings are low or show significant abnormalities, it may indicate that the patient is not ventilating effectively, which can happen due to inadequate respiratory efforts or an issue with the placement of the tube, such as it being in the esophagus rather than the trachea. Hypoventilation leads to a buildup of CO₂ in the body, causing low readings on a capnometer, while airway complications like a kinked tube or a blocked airway can similarly undermine ventilation, further contributing to poor readings. Monitoring capnography is crucial post-intubation to ensure effective ventilation and proper tube placement, as it has a direct impact on the patient's respiratory status and overall oxygenation.

10. A 55 year old male with emphysema is only able to speak in short broken sentences. As you are assisting him, he suddenly stops breathing. What is your immediate action?

- A. Continue monitoring vital signs**
- B. Begin positive pressure ventilations**
- C. Administer CPR**
- D. Call for advanced support**

In the scenario described, the immediate action to take when a patient suddenly stops breathing is to begin positive pressure ventilations. This is crucial because the patient, who has emphysema and was already experiencing difficulty in breathing indicated by speaking in short broken sentences, is now in a state of respiratory failure. Positive pressure ventilations provide the necessary oxygen to the lungs when the patient is unable to breathe on their own. In patients with emphysema, their pulmonary structure is compromised, making it difficult for them to maintain adequate ventilation, and this can quickly lead to hypoxia or respiratory arrest. By initiating positive pressure ventilations immediately, you help restore oxygenation to vital organs, which is critical for the patient's survival. Monitoring vital signs, administering CPR, or calling for advanced support are all essential components of patient management in emergency situations, but none are as immediately effective as providing positive pressure ventilations when a patient is apneic. This response directly addresses the most urgent need: to ensure that the patient receives adequate ventilation and oxygenation.

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!

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