

FISDAP PARAMEDIC AIRWAY AND BREATHING V2 PRACTICE EXAM (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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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. Which disease is most likely to impair alveolar oxygen diffusion?**
 - A. Asthma
 - B. Pneumonia
 - C. Emphysema
 - D. Chronic bronchitis

- 2. What is the main goal of using a CPAP device?**
 - A. To maintain airway patency
 - B. To improve oxygenation and reduce the work of breathing
 - C. To assist in bag-valve-mask ventilation
 - D. To provide mechanical ventilation

- 3. If the endotracheal tube marking is at 26 cm at the teeth, what complication might be present?**
 - A. Left Mainstem intubation
 - B. Right Mainstem intubation
 - C. Esophageal intubation
 - D. Proper placement

- 4. What condition is suggested if expiration is four times longer than inspiration in a patient with respiratory distress?**
 - A. Bronchospasm
 - B. Pneumothorax
 - C. Asthma attack
 - D. Chronic obstructive pulmonary disease

- 5. A 47-year old male complains of chest discomfort and difficulty breathing, with a history of fever, chills, and a productive cough for 3 days. What is the most likely diagnosis?**
 - A. Viral Pneumonia
 - B. Bacterial Pneumonia
 - C. Asthma Exacerbation
 - D. Chronic Obstructive Pulmonary Disease

- 6. An intubated 18 year old male is in respiratory arrest. At what range should you maintain his EtCO₂?**
- A. 20-30 mmHg
 - B. 35-45 mmHg
 - C. 50-60 mmHg
 - D. 45-55 mmHg
- 7. Which structure in the brain is primarily responsible for controlling ventilation?**
- A. Cerebrum
 - B. Medulla
 - C. Pons
 - D. Cerebellum
- 8. What device is recommended for a patient with a tracheostomy in respiratory distress?**
- A. Oxygen mask
 - B. Tracheostomy mask or bag
 - C. Non-rebreather mask
 - D. Venturi mask
- 9. 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
- 10. What does cyanosis indicate in a patient?**
- A. Dehydration
 - B. Inadequate oxygenation of tissues
 - C. Infection
 - D. Excessive oxygenation

Answers

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

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Explanations

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1. Which disease is most likely to impair alveolar oxygen diffusion?

- A. Asthma
- B. Pneumonia
- C. Emphysema**
- D. Chronic bronchitis

Emphysema significantly impairs alveolar oxygen diffusion due to the destruction of the alveolar walls, which leads to a decreased surface area available for gas exchange. In emphysema, the elastic tissue that supports the alveoli is damaged, resulting in enlarged air spaces and loss of the alveolar-capillary interface where oxygen and carbon dioxide exchange occurs. This deterioration primarily affects the efficiency of oxygen transfer into the bloodstream, leading to lower oxygen levels in the body despite adequate ventilation. The other conditions listed do impact the respiratory system but in different ways. Asthma leads to bronchospasm and airway inflammation, which can constrict airflow, affecting ventilation but not directly impairing the alveoli's structure. Pneumonia involves inflammation and consolidation in the alveoli, which can hinder gas exchange but does not destroy the alveolar structure as emphysema does. Chronic bronchitis primarily affects the airways, causing mucus overproduction and obstructive changes, which primarily affect airflow rather than directly impairing alveolar diffusion capability. Thus, emphysema is the condition most closely associated with damage to the alveolar structure and a consequent reduction in the ability of oxygen to diffuse effectively into the blood.

2. What is the main goal of using a CPAP device?

- A. To maintain airway patency
- B. To improve oxygenation and reduce the work of breathing**
- C. To assist in bag-valve-mask ventilation
- D. To provide mechanical ventilation

The primary goal of using a CPAP (Continuous Positive Airway Pressure) device is to improve oxygenation and reduce the work of breathing. CPAP works by providing a continuous pressure that keeps the airways open, which enhances alveolar recruitment and prevents airway collapse during expiration. This helps increase the functional residual capacity (FRC) of the lungs, improving overall lung mechanics and oxygen exchange, particularly in patients with conditions such as pneumonia, heart failure, or obstructive sleep apnea. When patients are experiencing difficulty breathing or are hypoxic, CPAP helps to augment oxygenation by maintaining positive pressure in the airways throughout the breathing cycle. This increases the amount of oxygen available for gas exchange in the alveoli and lowers the work of breathing by preventing airway resistance and allowing for easier inhalation. While maintaining airway patency is important, it is not the primary function of CPAP. Instead, CPAP is primarily focused on enhancing oxygenation and making breathing less strenuous for the patient. Similarly, assisting in bag-valve-mask ventilation and providing mechanical ventilation serve different purposes and are not the main focus of CPAP therapy.

3. If the endotracheal tube marking is at 26 cm at the teeth, what complication might be present?

- A. Left Mainstem intubation
- B. Right Mainstem intubation**
- C. Esophageal intubation
- D. Proper placement

When the endotracheal tube marking is at 26 cm at the teeth, this can indicate a potential complication of right mainstem intubation. In a typical adult, the trachea is about 12 to 14 cm from the lips to the carina (the point where the trachea bifurcates into the left and right main bronchi). If the tube is inserted too far, it can easily enter the right mainstem bronchus, which is shorter and wider than the left. The right mainstem is typically oriented more directly in line with the trachea, making it more prone to being intubated if the tube is advanced too deep. This misplacement can lead to inadequate ventilation of the left lung and can cause problems such as hypoxia or decreased oxygenation, as the left lung may not receive air. Conversely, the left mainstem intubation would typically result in the tube being positioned less far down the trachea than the right mainstem. If the tube were properly placed, one would expect the markings to indicate a more standard position, typically around 21 to 23 cm at the teeth for adult males. Therefore, a reading of 26 cm may suggest that the tube has

4. What condition is suggested if expiration is four times longer than inspiration in a patient with respiratory distress?

- A. Bronchospasm**
- B. Pneumothorax
- C. Asthma attack
- D. Chronic obstructive pulmonary disease

When expiration is significantly prolonged relative to inspiration, it typically indicates a form of airway obstruction where air is trapped in the lungs, making it difficult to expire fully. In the case of bronchospasm, the airways constrict, reducing their diameter and leading to increased resistance when air flows out. This situation can create a scenario where expiration takes much longer than inspiration due to the narrowed airways. Bronchospasm is often associated with conditions such as asthma, allergic reactions, or chronic obstructive pulmonary disease; however, it is the specific acute airway narrowing that leads to the marked disparity where expiration becomes four times longer than inspiration. This ratio is medically significant and points toward bronchial obstruction and associated impairments in airflow dynamics. In contrast, although asthma and chronic obstructive pulmonary disease also feature prolonged expiration due to their own mechanisms, the specific description provided—where expiration is disproportionately longer than inspiration—leans more towards bronchospasm. This would be the more immediate concern in an acute setting, where the focus is on the active contraction of the bronchial smooth muscle leading to the increased expiratory phase.

5. A 47-year old male complains of chest discomfort and difficulty breathing, with a history of fever, chills, and a productive cough for 3 days. What is the most likely diagnosis?

- A. Viral Pneumonia
- B. Bacterial Pneumonia**
- C. Asthma Exacerbation
- D. Chronic Obstructive Pulmonary Disease

In this scenario, the combination of chest discomfort, difficulty breathing, fever, chills, and a productive cough strongly suggests a respiratory infection. The symptoms have been present for a relatively short duration of 3 days, which aligns with acute conditions. Bacterial pneumonia typically presents with a sudden onset of fever, cough, and difficulty breathing, often accompanied by productive cough where the sputum may be yellow, green, or rusty. Given the patient's history of recent fever and chills, these are indicative of a systemic infection often caused by bacteria affecting the lungs. Bacterial pneumonia would also align with the acute nature of symptoms, particularly since the cough is productive—a distinguishing feature often seen with bacterial pathogens. While viral pneumonia is a possibility, it often presents with milder symptoms and might not involve the same level of severity or the presence of chills and significant chest discomfort that the patient is experiencing. Asthma exacerbations and Chronic Obstructive Pulmonary Disease (COPD) usually have a different presentation and are often associated with a history of wheezing or previous airway issues rather than the acute febrile illness described. The key indicators of fever, chills, and the productive cough strongly point towards bacterial pneumonia as the most likely diagnosis in this case.

6. An intubated 18 year old male is in respiratory arrest. At what range should you maintain his EtCO₂?

- A. 20-30 mmHg
- B. 35-45 mmHg**
- C. 50-60 mmHg
- D. 45-55 mmHg

Maintaining the end-tidal carbon dioxide (EtCO₂) level in the range of 35-45 mmHg is crucial for an intubated patient in respiratory arrest. This range is considered the normal physiological level for EtCO₂, indicating adequate ventilation and perfusion. An EtCO₂ level within this range suggests that carbon dioxide is being effectively expelled from the body, which is vital for maintaining acid-base balance and preventing respiratory acidosis or alkalosis. In a scenario of respiratory arrest, it is important to assess the effectiveness of ventilation. If the EtCO₂ is too low (indicating hyperventilation or ineffective ventilation), it can lead to a decrease in available carbon dioxide, impairing the patient's ability to maintain homeostasis. Conversely, an excessively high EtCO₂ level can indicate hypoventilation, signaling the need for improved ventilation to prevent complications from increased levels of carbon dioxide. Therefore, the target range of 35-45 mmHg ensures that you are providing adequate assistance to the patient's respiration, allowing you to monitor their condition effectively as treatment progresses.

7. Which structure in the brain is primarily responsible for controlling ventilation?

- A. Cerebrum
- B. Medulla**
- C. Pons
- D. Cerebellum

The structure in the brain primarily responsible for controlling ventilation is the medulla. This region of the brainstem plays a crucial role in regulating the rhythm and depth of breathing by sending signals to the muscles involved in respiration, such as the diaphragm and intercostal muscles. The medulla contains specialized centers, such as the dorsal respiratory group and the ventral respiratory group, which manage the automatic processes of inhalation and exhalation. In addition to its primary role, the medulla also responds to various factors like carbon dioxide and oxygen levels in the blood, helping to adjust ventilation in response to metabolic needs. While other areas of the brain, like the pons, contribute to the modulation of breathing patterns, the fundamental control of ventilation resides in the medulla, making it the key player in the respiratory control system.

8. What device is recommended for a patient with a tracheostomy in respiratory distress?

- A. Oxygen mask
- B. Tracheostomy mask or bag**
- C. Non-rebreather mask
- D. Venturi mask

A tracheostomy mask or bag is specifically designed to accommodate the unique anatomy and needs of a patient who has undergone tracheostomy. This type of device is intended for use with a tracheostomy stoma, allowing for effective delivery of oxygen while minimizing the risk of irritation to the trachea. Patients with tracheostomy tubes often require supplemental oxygen, especially during respiratory distress, and a tracheostomy mask or bag provides a direct and more comfortable method to deliver this oxygen. Compared to other oxygen devices, it ensures a proper fit over the stoma, which is crucial for maintaining airway patency and ensuring effective gas exchange. Furthermore, using a mask or device designed for tracheostomy patients helps to manage any secretions that may be present and can prevent further airway obstruction, a common concern in such cases. This is particularly important as typical masks, like non-rebreather masks or standard oxygen masks, are not suitable for patients with tracheostomy, as they may obstruct the airway or fail to deliver oxygen effectively. In summary, the tracheostomy mask or bag is specially designed to meet the respiratory needs of patients with tracheostomies, making it the optimal choice in situations

9. 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.

10. What does cyanosis indicate in a patient?

- A. Dehydration
- B. Inadequate oxygenation of tissues**
- C. Infection
- D. Excessive oxygenation

Cyanosis is a physical sign characterized by a bluish or purplish discoloration of the skin and mucous membranes, most commonly observed in the fingertips, toes, and around the mouth. This condition primarily indicates insufficient oxygenation of the tissues. When there is an inadequate supply of oxygen in the bloodstream, hemoglobin is not carrying enough oxygen to the body's tissues, leading to the dominance of deoxygenated hemoglobin which exhibits a bluish tint. In clinical practice, cyanosis can serve as a critical indicator of respiratory distress or circulatory issues, alerting healthcare providers to the possibility that a patient is not receiving enough oxygen to maintain proper cellular function. Although other conditions, such as dehydration and infection, can influence a patient's overall clinical status, they do not directly correlate with the presence of cyanosis. Excessive oxygenation, on the other hand, would typically lead to a normal oxygenation of tissues rather than cyanosis. Therefore, recognizing cyanosis as a signal for inadequate tissue oxygenation is vital for timely intervention and management in emergency and critical care situations.

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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