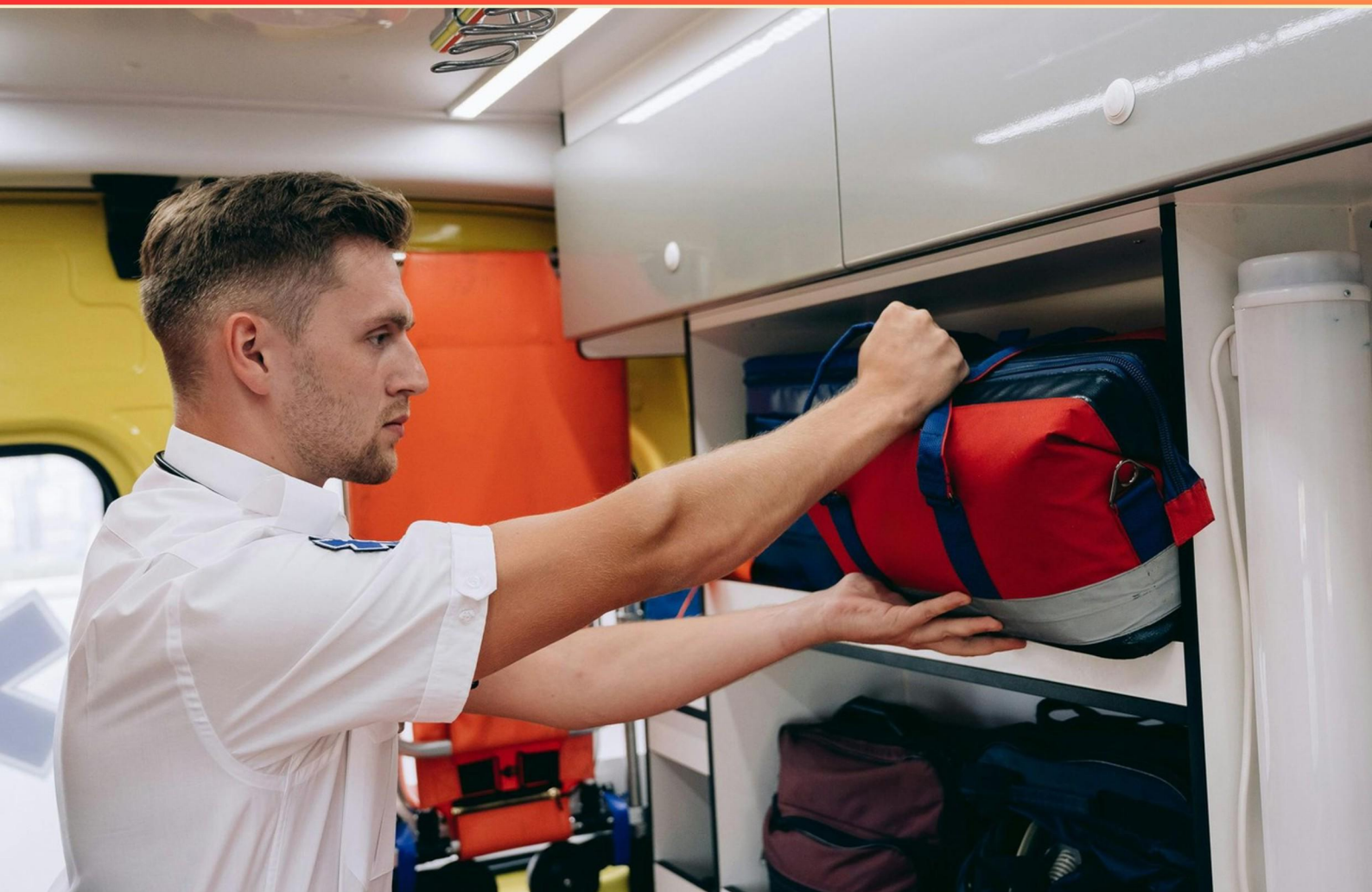


FISDAP PARAMEDIC AIRWAY AND BREATHING V2 PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. 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
- 2. What condition is characterized by the presence of crackles during auscultation?**
 - A. Congestive Heart Failure
 - B. Pneumonia
 - C. Asthma
 - D. Both A and B
- 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. In the case of severe allergic reaction leading to respiratory failure, what treatment is essential?**
 - A. Administer antihistamines
 - B. Provide inhaled corticosteroids
 - C. Give epinephrine
 - D. Initiate oxygen therapy
- 5. What is the correct approach for positioning an unconscious patient for airway management?**
 - A. Prone position
 - B. Sitting upright
 - C. Supine position
 - D. Left lateral recumbent position

- 6. What might you suspect in a thin 63-year-old male with a barrel chest and pink skin?**
- A. Chronic Bronchitis
 - B. Asthma
 - C. Emphysema
 - D. Pneumonia
- 7. What is a common sign indicating that a patient is not being adequately ventilated?**
- A. Increased heart rate
 - B. Absent or diminished breath sounds
 - C. Extreme fatigue
 - D. Cyanosis
- 8. A patient presents with sore throat, dysphagia, and stridor. What should you suspect?**
- A. Strep Throat
 - B. Epiglottitis
 - C. Bronchitis
 - D. Pharyngitis
- 9. How frequently should capnographic monitoring be performed on intubated patients?**
- A. Once a minute
 - B. Every 5 minutes
 - C. Continuously
 - D. At the end of the shift
- 10. What is the effect of hypoxia on a patient?**
- A. Increased vigilance and alertness
 - B. Decreased tissue oxygenation
 - C. Enhanced reflexes
 - D. Improved cognitive function

Answers

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

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Explanations

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1. 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.

2. What condition is characterized by the presence of crackles during auscultation?

- A. Congestive Heart Failure
- B. Pneumonia
- C. Asthma
- D. Both A and B**

The presence of crackles during auscultation is indicative of fluid in the airways or lung tissue, which can occur in several respiratory conditions. Congestive Heart Failure often leads to pulmonary congestion due to fluid accumulation in the lungs, resulting in crackles, especially when the patient is positioned supine. Similarly, Pneumonia can cause crackles due to the presence of fluid and inflammatory exudate in the alveoli. Since both Congestive Heart Failure and Pneumonia can present with crackles upon auscultation, the combination of these two conditions makes the choice of both A and B the correct answer. Understanding these conditions aids in effective assessment and treatment strategies for respiratory distress in patients.

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. In the case of severe allergic reaction leading to respiratory failure, what treatment is essential?

- A. Administer antihistamines
- B. Provide inhaled corticosteroids
- C. Give epinephrine**
- D. Initiate oxygen therapy

In the management of severe allergic reactions, particularly those that lead to respiratory failure, administering epinephrine is crucial. Epinephrine acts as a sympathomimetic agent that counteracts the effects of anaphylaxis by causing vasoconstriction, increasing heart rate, and bronchodilation. This not only helps to restore adequate circulation but also alleviates bronchospasms, thereby improving respiratory function. When a patient is experiencing anaphylaxis, the release of histamines and other mediators results in widespread vasodilation and bronchoconstriction, which can quickly lead to respiratory distress and cardiovascular compromise. Epinephrine is typically administered intramuscularly, and its rapid onset of action is vital in reversing these life-threatening symptoms. While other treatments like antihistamines, inhaled corticosteroids, and oxygen therapy may be part of an overall treatment plan, they do not provide the immediate life-saving effects that epinephrine does in acute situations. Antihistamines can help with allergic symptoms but do not address airway obstruction. Inhaled corticosteroids may take time to be effective, and oxygen therapy alone does not treat the underlying cause of anaphylaxis. Therefore, the administration of epinephrine is the essential, first-line

5. What is the correct approach for positioning an unconscious patient for airway management?

- A. Prone position
- B. Sitting upright
- C. Supine position
- D. Left lateral recumbent position**

The correct approach for positioning an unconscious patient for airway management is to place them in the left lateral recumbent position. This position is beneficial because it helps maintain a clear airway by allowing gravity to assist in keeping the tongue from obstructing the airway. Additionally, this position can reduce the risk of aspiration in the event that the patient vomits, as it facilitates drainage away from the airway. In contrast, positioning a patient prone or sitting upright may lead to complications in airway management. The prone position is generally not suitable as it can make airway access difficult and doesn't provide the necessary support for airway patency. Sitting upright, while sometimes appropriate in alert patients, can be counterproductive for an unconscious individual who lacks the muscle tone to maintain that position effectively. The supine position, while commonly used, carries a risk for airway obstruction in unconscious patients due to the relaxation of the tongue and soft tissues, which can fall back and block the airway. Therefore, the left lateral recumbent position is preferred to enhance airway protection and management.

6. What might you suspect in a thin 63-year-old male with a barrel chest and pink skin?

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

In the scenario depicted, the thin 63-year-old male exhibiting a barrel chest and pink skin is indicative of emphysema, which is a form of chronic obstructive pulmonary disease (COPD). Individuals with emphysema often develop a "barrel chest" due to hyperinflation of the lungs. This occurs as the air sacs (alveoli) become damaged and lose their elasticity, making it difficult for the individual to exhale completely. The presence of pink skin, often referred to as "pink puffer," is typically observed in emphysema patients. This coloration arises because, despite having difficulty exhaling and potentially elevated levels of carbon dioxide, these patients can still maintain adequate oxygenation levels through compensatory mechanisms. Emphysema also leads to a characteristic thin appearance; individuals often lose weight as they expend more energy trying to breathe. While chronic bronchitis is associated with a productive cough and a blue coloration of the skin due to hypoxemia, asthma tends to involve wheezing and difficulty breathing that can come and go, and pneumonia generally presents with coughing, fever, and potentially a productive cough as well. These features are less consistent with this patient's presentation. Hence, the signs observed align closely with emphysema as the

7. What is a common sign indicating that a patient is not being adequately ventilated?

- A. Increased heart rate
- B. Absent or diminished breath sounds**
- C. Extreme fatigue
- D. Cyanosis

A common sign indicating that a patient is not being adequately ventilated is the presence of absent or diminished breath sounds. This can indicate that there is either inadequate airflow into the lungs or that there may be an obstruction in the airway. When breath sounds are absent or significantly reduced, it suggests that the lungs are not receiving enough air, leading to a decreased ability to exchange gases—specifically, oxygen and carbon dioxide. Inadequate ventilation can result from various issues such as airway obstruction, lung pathology, or improper positioning of the patient. By assessing breath sounds, clinicians can gain vital information regarding the respiratory status of the patient. If breath sounds are absent on one side, it may indicate conditions like tension pneumothorax or pleural effusion; diminished breath sounds bilaterally could suggest severe asthma, respiratory failure, or other significant respiratory conditions. Other signs, such as increased heart rate, extreme fatigue, and cyanosis, are also important indicators of respiratory distress but may not be as directly tied to the adequacy of ventilation as the assessment of breath sounds. Thus, the observation of absent or diminished breath sounds is a more specific indicator in the context of ventilation adequacy.

8. A patient presents with sore throat, dysphagia, and stridor. What should you suspect?

- A. Strep Throat
- B. Epiglottitis**
- C. Bronchitis
- D. Pharyngitis

In the context of a patient presenting with a sore throat, dysphagia (difficulty swallowing), and stridor (a high-pitched wheezing sound caused by disrupted airflow), the combination of these symptoms strongly suggests epiglottitis. Epiglottitis is an inflammation of the epiglottis, often caused by infection, and can present with acute symptoms that include a severe sore throat, difficulty swallowing, drooling due to inability to swallow saliva, and stridor due to airway narrowing or obstruction. The presence of stridor indicates a potential airway compromise, which is a critical aspect of epiglottitis that distinguishes it from other potential diagnoses, such as strep throat, bronchitis, or pharyngitis. Other conditions like strep throat typically do not present with stridor and are primarily characterized by severe throat pain and fever. Bronchitis usually involves productive cough and wheezing, while pharyngitis refers to inflammation of the pharynx with similar symptoms but lacks the severe airway distress and complications that are associated with epiglottitis. Therefore, given the clinical presentation of stridor and dysphagia alongside the sore throat, an assessment of epiglottitis is warranted, necessitating immediate medical attention to prevent further complications

9. How frequently should capnographic monitoring be performed on intubated patients?

- A. Once a minute
- B. Every 5 minutes
- C. Continuously**
- D. At the end of the shift

Capnographic monitoring should be performed continuously on intubated patients. This constant monitoring allows healthcare providers to assess the patient's ventilatory status and the effectiveness of the ventilation being delivered. Continuous monitoring helps detect any changes in the patient's condition, such as hypoventilation or inadvertent extubation, in real-time, which is critical for making timely interventions. Moreover, capnography provides ongoing feedback about the patient's CO₂ levels, contributing to better management of airway and breathing challenges throughout their treatment. Other potential monitoring intervals, such as once a minute or every 5 minutes, may not provide sufficient oversight in critical situations where rapid changes can occur, while checking at the end of a shift doesn't ensure patient safety during the entire period of care. Therefore, continuous capnographic monitoring is essential for maintaining optimal respiratory function and ensuring patient safety following intubation.

10. What is the effect of hypoxia on a patient?

- A. Increased vigilance and alertness
- B. Decreased tissue oxygenation**
- C. Enhanced reflexes
- D. Improved cognitive function

Hypoxia refers to a deficiency in the amount of oxygen reaching the tissues, and its primary effect is decreased tissue oxygenation. This lack of oxygen can lead to various physiological responses and potentially serious health issues, as cells rely on adequate oxygen for aerobic metabolism and proper functioning. Inadequate oxygenation can result in cellular dysfunction, tissue damage, and systemic effects, depending on the severity and duration of the hypoxic state. In contrast, hypoxia typically does not lead to increased vigilance or alertness, nor does it enhance reflexes or improve cognitive function. Rather, prolonged hypoxia can impair mental clarity, cognitive functions, and alertness due to insufficient oxygen supply to the brain and other vital organs. Understanding the implications of hypoxia is crucial for recognizing its potential effects on patient outcomes and ensuring timely and effective management in clinical settings.

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:

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

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