

JBL AIRWAY PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://jblairway.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

- 1. To ensure effective ventilation with a bag-mask device, what is required?**
 - A. Counting breaths aloud while ventilating.
 - B. Using a protective mask over the patient's nose.
 - C. Proper head positioning and seal.
 - D. Ventilation every 6 seconds.
- 2. Which of the following is a common action to perform when a patient is in respiratory distress?**
 - A. Leave the patient alone for reassurance
 - B. Encourage deep breathing exercises
 - C. Monitor and assist ventilations
 - D. Restrict fluid intake
- 3. What indicates that an endotracheal (ET) tube has been advanced too far into the trachea?**
 - A. Absent breath sounds over the left chest
 - B. A gurgling sound over the epigastric region
 - C. Crackles over the lower lobe of the left lung
 - D. Weak breath sounds over the right lung apex
- 4. Which medical condition could result in a reduction in the surface area for gas exchange?**
 - A. Atelectasis.
 - B. Asthma.
 - C. Allergic reactions.
 - D. Pneumothorax.
- 5. Which of the following indicates signs of inadequate breathing?**
 - A. A 41-year-old woman with shallow respirations of 14 breaths/min.
 - B. A 60-year-old man with clear and equal breath sounds bilaterally.
 - C. A 30-year-old man with respirations of 12 breaths/min with adequate depth.
 - D. A 50-year-old woman with respirations of 12 breaths/min and pink, dry skin.

- 6. What is the purpose of a rapid sequence induction?**
- A. To prolong induction time for safety
 - B. To minimize the risk of aspiration during anesthesia induction
 - C. To allow for thorough pre-anesthesia assessments
 - D. To improve patient comfort during procedures
- 7. Which patient condition would most likely require airway management?**
- A. A sprained ankle
 - B. Severe trauma
 - C. A mild headache
 - D. Seasonal allergies
- 8. What component of pulmonary function refers to air remaining in the lungs after maximum exhalation?**
- A. Functional residual capacity
 - B. Residual volume
 - C. Total lung capacity
 - D. Inspiratory capacity
- 9. During assessment, what finding could suggest significant airway compromise?**
- A. Retention of secretions in the airway
 - B. Consistent wheezing upon exhalation
 - C. Inability to verbalize complete sentences
 - D. Prolonged respiratory rate
- 10. Which condition is indicated by a barrel-shaped chest and pursed-lip breathing?**
- A. Pneumonia
 - B. Asthma
 - C. Emphysema
 - D. Bronchitis

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. To ensure effective ventilation with a bag-mask device, what is required?

- A. Counting breaths aloud while ventilating.
- B. Using a protective mask over the patient's nose.
- C. Proper head positioning and seal.**
- D. Ventilation every 6 seconds.

Using proper head positioning and creating an effective seal are crucial for ensuring effective ventilation with a bag-mask device. When the head is positioned appropriately, such as in the "sniffing" position, it helps to align the airway and open it more effectively, which facilitates the passage of air into the lungs. Additionally, achieving a good seal between the mask and the patient's face is essential; this prevents air from escaping around the mask and ensures that the delivered breaths enter the patient's lungs instead of escaping into the environment. An ineffective seal can lead to inadequate ventilation, reducing the effectiveness of the intervention in emergency situations. Other options, such as counting breaths aloud while ventilating, using a protective mask, or timing the ventilation every 6 seconds, do not address the fundamental requirements of creating proper positioning and a seal, which are vital for successful bag-mask ventilation.

2. Which of the following is a common action to perform when a patient is in respiratory distress?

- A. Leave the patient alone for reassurance
- B. Encourage deep breathing exercises
- C. Monitor and assist ventilations**
- D. Restrict fluid intake

In situations of respiratory distress, monitoring and assisting ventilations is a critical action to take. When a patient is experiencing difficulty breathing, it is essential to ensure that they are receiving adequate ventilation to maintain oxygenation and prevent further complications. This may involve providing supplemental oxygen or physically assisting the patient with their breathing, depending on the severity of their condition. In contrast, leaving a patient alone can increase their anxiety and may worsen their respiratory status. Encouraging deep breathing might not be practical or effective, as the patient is already having difficulty; they may be unable to take deep breaths effectively. Regarding fluid restriction, this is typically not relevant in immediate respiratory distress and may not address the root of the problem effectively. Therefore, focusing on monitoring and assisting with ventilations directly addresses the immediate needs of a patient in respiratory distress.

3. What indicates that an endotracheal (ET) tube has been advanced too far into the trachea?

- A. Absent breath sounds over the left chest**
- B. A gurgling sound over the epigastric region
- C. Crackles over the lower lobe of the left lung
- D. Weak breath sounds over the right lung apex

When an endotracheal (ET) tube is advanced too far into the trachea, it can lead to unintended placement, such as entering the right mainstem bronchus. This misplacement often results in absent breath sounds over the left chest because the left lung is not receiving air due to the obstruction. The right mainstem bronchus is more vertically aligned with the trachea, making it easier for the tube to enter this passageway if advanced excessively, thereby neglecting the left lung entirely. In contrast, the other options point to different issues. A gurgling sound over the epigastric region typically suggests that the ET tube may have entered the esophagus, leading to air entering the stomach. Crackles over the lower lobe of the left lung may indicate fluid or secretions in the lung rather than confirming improper tube placement. Weak breath sounds over the right lung apex could suggest poor ventilation of the right lung due to a variety of causes, but it does not specifically indicate that the tube has advanced too far into the trachea.

4. Which medical condition could result in a reduction in the surface area for gas exchange?

- A. Atelectasis.**
- B. Asthma.
- C. Allergic reactions.
- D. Pneumothorax.

Atelectasis occurs when a portion of the lung collapses or fails to inflate properly, which can lead to a significant reduction in the surface area available for gas exchange. This condition results in segments of the lung being unable to participate in the exchange of oxygen and carbon dioxide, making it less effective for the body to meet its respiratory needs. In contrast, asthma is primarily characterized by bronchoconstriction and inflammation, which can restrict airflow but does not directly decrease the lung's surface area. Allergic reactions can lead to symptoms like swelling of the airways, creating similar breathlessness but again not specifically shrinking surface area. Pneumothorax involves air entering the pleural space, potentially causing lung collapse, but it is the specific mechanism of atelectasis that highlights a direct impact on the functional surface area of the lungs.

5. Which of the following indicates signs of inadequate breathing?

- A. A 41-year-old woman with shallow respirations of 14 breaths/min.**
- B. A 60-year-old man with clear and equal breath sounds bilaterally.
- C. A 30-year-old man with respirations of 12 breaths/min with adequate depth.
- D. A 50-year-old woman with respirations of 12 breaths/min and pink, dry skin.

Inadequate breathing is characterized by insufficient ventilation to meet the body's oxygen demands. The first option describes a scenario where a 41-year-old woman has shallow respirations at a rate of 14 breaths per minute. Shallow respirations indicate that the breaths taken are not deep enough to facilitate adequate gas exchange in the lungs, which can lead to a decrease in oxygen levels and an increase in carbon dioxide levels in the bloodstream. The number of breaths alone does not fully indicate the adequacy of breathing; the quality and depth of those breaths are crucial factors. In this case, although the rate falls within a relatively normal range, the shallow quality means that the woman's ventilatory efforts may not be sufficient for her metabolic needs, thus signifying inadequate breathing. This understanding is essential in clinical practice, where assessing the effectiveness of respiration involves not just counting breaths but also evaluating how well the breaths are being taken to ensure proper oxygenation and carbon dioxide elimination.

6. What is the purpose of a rapid sequence induction?

- A. To prolong induction time for safety
- B. To minimize the risk of aspiration during anesthesia induction**
- C. To allow for thorough pre-anesthesia assessments
- D. To improve patient comfort during procedures

The purpose of rapid sequence induction is to minimize the risk of aspiration during the induction of anesthesia. This technique is particularly important for patients who may have a full stomach or conditions that increase the likelihood of regurgitation and aspiration of gastric contents into the lungs. In rapid sequence induction, medications are administered quickly to achieve anesthesia without the delay that could allow for the potentially dangerous aspiration of stomach contents. This method often involves the use of anesthetic agents that induce unconsciousness rapidly and the immediate placement of an airway device to protect the airway and reduce the chance of aspiration. By efficiently managing the induction phase, clinicians enhance patient safety, particularly in emergency situations or with patients at higher risk. Other options, such as prolonging induction or focusing on thorough assessments, are not aligned with the objective of rapid sequence induction, as this technique is specifically designed for a swift and secure transition to anesthesia, prioritizing airway protection over prolonged evaluation or comfort.

7. Which patient condition would most likely require airway management?

- A. A sprained ankle
- B. Severe trauma**
- C. A mild headache
- D. Seasonal allergies

The condition that would most likely require airway management is severe trauma. This type of injury can lead to significant complications, including potential airway obstruction due to swelling, bleeding, or emphasis on the need for immediate intervention. In a trauma scenario, especially if the head, neck, or face is involved, the risk of compromising the airway is heightened, necessitating proactive measures to ensure proper ventilation and oxygenation. In contrast, a sprained ankle, mild headache, or seasonal allergies typically do not present immediate threats to the airway. These conditions generally involve non-life-threatening symptoms that can be managed without the need for invasive airway procedures. Recognizing the critical nature of severe trauma is essential, as timely airway management can be life-saving in such cases.

8. What component of pulmonary function refers to air remaining in the lungs after maximum exhalation?

- A. Functional residual capacity
- B. Residual volume**
- C. Total lung capacity
- D. Inspiratory capacity

Residual volume refers to the amount of air that remains in the lungs after a person has exhaled as much air as possible. This air cannot be voluntarily expelled and is critical for keeping the alveoli open, which facilitates gas exchange. It plays an important role in preventing lung collapse and maintaining a reservoir of oxygen-rich air to support continual gas exchange during subsequent inhalations. Understanding residual volume is crucial for assessing lung function, particularly in conditions that affect lung capacity and function, such as obstructive and restrictive lung diseases. Other concepts related to lung volume and capacity, such as total lung capacity, functional residual capacity, and inspiratory capacity, encompass different aspects of lung function, but they do not specifically isolate the volume of air that remains after maximum exhalation like residual volume does.

9. During assessment, what finding could suggest significant airway compromise?

- A. Retention of secretions in the airway
- B. Consistent wheezing upon exhalation
- C. Inability to verbalize complete sentences**
- D. Prolonged respiratory rate

The indication that a person is unable to verbalize complete sentences is a significant marker of airway compromise. This suggests that the individual is likely experiencing difficulty in breathing, which can prevent them from speaking normally due to insufficient airflow. When a person can only speak in short phrases or is unable to speak at all, it often indicates that they may not be getting enough oxygen or that the airway is constricted or obstructed, thus making it a critical concern for medical professionals. In comparison, while retention of secretions, wheezing, and prolonged respiratory rate may all be related to airway issues, they don't directly indicate the severity of compromise like the inability to communicate effectively does. The inability to complete sentences reflects an immediate and serious impairment in respiratory function that warrants urgent attention.

10. Which condition is indicated by a barrel-shaped chest and pursed-lip breathing?

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

A barrel-shaped chest and pursed-lip breathing are classic characteristics often associated with emphysema, which is a type of chronic obstructive pulmonary disease (COPD). In emphysema, the air sacs in the lungs (alveoli) are damaged and lose their elasticity, leading to air being trapped in the lungs and making it difficult to exhale. This can cause the chest to take on a barrel shape due to over-inflation. Pursed-lip breathing is a technique commonly used by individuals with this condition to help control their breathing. By inhaling through the nose and exhaling slowly through pursed lips, patients can improve airflow and reduce the feelings of breathlessness. This combination of symptoms is less typical for pneumonia, asthma, or bronchitis. While these conditions may involve breathing difficulties, they do not characteristically present with the specific physical appearance of a barrel chest or the use of pursed-lip breathing as a common coping mechanism.

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://jblairway.examzify.com>

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

SAMPLE