

61. Your partner asks for a Yankauer suction tip to help clear the patient's upper airway. Which of the following should you provide?

- a. A hard but flexible catheter with a whistle tip
- *b. A hard plastic device angled to suction the upper airway
- c. A large straw attached to the suction device
- d. A soft, flexible catheter without a whistle tip

62. In ideal circumstances, suctioning of an adult patient should not exceed _____ seconds.

- a. 2
- b. 5
- *c. 15
- d. 20

63. Suctioning (application of negative pressure) should be activated upon:

- a. Both insertion and extraction
- b. Either insertion or extraction (it makes no difference)
- *c. Extraction of the suction catheter
- d. Insertion of the suction catheter

64. A patient has copious secretions in the nares. Which is the best device to use in this situation?

- a. A hard, rigid catheter
- b. A soft catheter with a stylet
- *c. A soft, flexible catheter
- d. A Yankauer suction tip

65. Which of the following best describes the purpose of the whistle tip catheter?

- a. Allows gastric lavage while suctioning the airway
- b. Allows positive pressure ventilation while suctioning
- *c. Allows suctioning of the lower airway
- d. Permits endotracheal intubation during suctioning

66. You are about to suction a patient's airway because of copious secretions. Which of the following should be completed before suctioning?

- *a. Provide supplemental oxygen before suctioning.
- b. Provide supplemental oxygen with a bag-mask device before suctioning.
- c. Remove secretions with gauze before suctioning.
- d. Suction with hard catheter first.

67. A patient requires suctioning because of emesis in the oropharynx. Which of the following best describes the correct method of suctioning?

- a. Apply suction when inserting and removing the catheter.
- b. Keep the catheter in place until all secretions are cleared.
- c. Suction the airway for no more than 30 seconds.
- *d. Suction the airway only while removing the catheter.

68. A catheter that is flexible and designed to suction smaller portions of the airway or through an endotracheal tube is known as a _____ catheter.

- a. Pharyngeal
- b. Tonsil-tip
- *c. Whistle-tip
- d. Yankauer

69. Which of the following is a complication of suctioning?

- a. Hypertension
- b. Hypoglycemia
- *c. Hypoxia
- d. Tachycardia

70. The purpose of the oropharyngeal airway is to:

- *a. Keep the tongue from blocking the airway.
- b. Lift the palate to further open the airway.
- c. Open the nasopharynx to allow airflow.
- d. Push the epiglottis away from the larynx.

71. The nasopharyngeal airway has also been called the nasal trumpet because of its flared end. When properly sized and positioned, the trumpet:

- *a. Is located next to the outer edge of the nostril
- b. Is visible in the back of the mouth
- c. Rests against the uvula in the nasopharynx
- d. Vibrates gently in the upper airway

72. After inserting an oropharyngeal airway, you notice that the patient is not ventilating as easily. Which of the following may be the cause of this finding?

- a. The bag-mask device is malfunctioning.
- *b. The oropharyngeal airway is too small and is causing the tongue to obstruct the airway.
- c. The patient has an intact gag reflex.
- d. The posterior airway was traumatized, and edema has formed.

73. You are inserting a nasopharyngeal airway and are meeting resistance during the insertion. Which of the following should be your next step?

- a. Increase the insertion pressure until the airway is seated.
- b. Remove the airway, and use an oropharyngeal airway.
- *c. Remove the airway, relubricate it, and insert the airway in the other nostril.
- d. Tape the airway in place, and insert a second airway into the other nostril.

74. The nasopharyngeal airway should be measured:

- a. From the corner of the mouth to the earlobe
- b. From the tip of the nose to the chin
- c. From the tip of the nose to the corner of the mouth
- *d. From the tip of the nose to the tragus of the ear

75. While inserting a nasal airway, the beveled tip should be directed toward the:

- a. Floor of the nose
- b. Lateral cartilage of the nose
- *c. Septum of the nose
- d. Top of the nose

76. Oropharyngeal airways are designed to:

- a. Allow for better visualization during endotracheal intubation
- *b. Prevent the tongue from obstructing the airway
- c. Provide a guide for suction catheters
- d. Push the tongue into the oropharynx

77. Which of the following is an advantage of the oral airway?

- a. A good head position is no longer needed during ventilation.
- b. Adequate mask seal is no longer necessary during ventilation.
- c. The lower airway is protected from aspiration during ventilation.
- *d. The tongue will not obstruct the airway during ventilation.

78. When using a bag-mask device or mask to provide mouth-to-mask ventilation, the mask should be made of transparent material to permit:

- a. Easy access to remove secretions or other airway obstructions
- b. Escape of excess air during positive pressure breathing
- *c. Quick recognition of secretions or discoloration of the lips
- d. Release of gastric distention in the event of hyperventilation

79. During ventilation of a patient with a bag-mask device, you notice a large air leak near the nose. Which of the following may be the cause of the problem?

- *a. The mask might be too small for the patient's face.
- b. The oxygen might be too high.
- c. The patient might be breathing spontaneously.
- d. There might be secretions present in the airway.

80. Which of the following is a complication of mouth-to-mouth ventilation?

- *a. Exposure to a communicable disease carried by the patient
- b. Gastric collapse because of the inadequate pressure
- c. Hypoventilation of the paramedic performing the procedure
- d. Oversaturating the patient with excessive oxygen

81. When delivering mouth-to-mask ventilations with supplemental oxygen:

- a. Deliver each breath for longer than 10 seconds.
- b. It is not necessary for the patient's chest rise to be visible.
- *c. Provide a minimum flow rate of 10 to 12 L/min.
- d. Slow the ventilatory rate to 1 breath every 8 seconds.

82. You are ventilating the lungs of an adult patient. Which of the following is an appropriate indicator of adequate ventilation?

- *a. A gentle chest rise
- b. A rapid chest rise
- c. No chest rise
- d. Stomach distention

83. The most reliable indication that adequate tidal volumes are being delivered during artificial ventilation is:

- *a. Adequate chest rise is observed
- b. The oxygen saturation improves
- c. The patient's color improves
- d. The stomach inflates slightly

84. Automatic transport ventilators are typically contraindicated in patients who:

- a. Are breathing spontaneously
- b. Are under 12 years of age
- c. Are unresponsive
- *d. Have an airway obstruction

85. The greatest difficulty in using a bag-mask device to deliver ventilations is:

- *a. Adequate mask seal
- b. Adequate ventilation rate
- c. Consistent bag inflation
- d. Proper oxygen flow

86. A bag-mask device with a reservoir and an adequate oxygen source (at least 15 L/min) delivers an oxygen concentration of:

- a. 21%
- b. 40% to 60%
- c. 80%
- *d. 90% to 100%

87. You are on scene with an adult who requires bag-mask ventilation. Which of the following should be done to prevent excessive air from entering the stomach?

- a. Place the palm of the hand over the epigastrium and press firmly.
- b. Push the cricoid cartilage upward and backward in the airway.
- c. Use the palm of the hand over the cricoid membrane to press downward.
- *d. Use the thumb and index fingers to depress the cricoid cartilage downward.

88. To apply cricoid pressure, place firm pressure against the:

- *a. Cricoid cartilage
- b. Cricothyroid membrane
- c. Hyoid bone
- d. Thyroid cartilage

89. Which of the following would be an indication for the use of an automatic transport ventilator?

- *a. A nonbreathing patient being transported for an extended time
- b. A nonbreathing patient being transported over a very short distance
- c. A patient who is hyperventilating and in need of ventilatory control
- d. An unresponsive breathing patient being transported to a close facility

90. What is a major advantage in using an automatic transport ventilator?

- a. Automatic adjustments reduce the need to monitor the device.
- b. CPR is more effective when using the ventilator.
- *c. Paramedics are able to attend to other essential tasks.
- d. Only one paramedic is required to ventilate the patient's lungs.

91. Which of the following best defines tracheostomy?

- a. A needle opening into the cricoid cartilage
- *b. A surgical opening between the tracheal rings
- c. A surgical opening into the carina
- d. A surgical opening through the vocal cords

92. A stoma is best described as:

- *a. A surgical opening into the trachea that bypasses the upper airway
- b. A temporary opening in the neck to overcome a blocked airway
- c. A valve on the suction catheter to permit or prevent suctioning
- d. An opening into the right lung to decompress the chest

93. Which of the following best describes the advantage of a nasogastric tube over a orogastric tube?

- *a. Nasogastric tubes are better tolerated by the patient.
- b. Nasogastric tubes are useful in patients with facial trauma.
- c. Nasogastric tubes are cause less gastric irritation.
- d. Nasogastric tubes are require no lubrication to insert.

94. Nasogastric or orogastric tube placement can be confirmed by:

- *a. Auscultating over the epigastrium while injecting 30 to 50 mL of air
- b. Lack of resistance noted upon insertion
- c. Noting resistance to aspiration
- d. Palpating the epigastrium during insertion

95. A patient with significant facial trauma has copious vomiting. The patient is intubated. Which of the following is the most appropriate?

- a. A nasogastric tube
- b. A suction catheter
- c. A Yankauer suction tip
- *d. An orogastric tube

96. On scene with a pediatric patient that requires assisted ventilations, which of the following is correct?

- a. An adult-sized bag-mask is preferable for a small child.
- *b. Because of airway diameters, proper positing of the head is critical.
- c. Children have a more pronounced nasal bridge, making a mask seal easier.
- d. One person can effectively create a mask seal when ventilating a child.

97. Which of the following is an effective technique for obtaining an effective mask seal?

- a. Applying petroleum jelly around the mouth and nose
- b. Covering the child's eyes with the face mask
- c. Inserting a nasogastric airway before ventilating
- *d. Using a two-person bag-mask technique

98. A bag-mask device for infants and children should:

- a. Be equipped with a fish-mouth-operated outlet valve
- b. Be used with an oxygen flow rate of 6 to 8 L/min
- *c. Have a minimum volume of 450 mL
- d. Have a pop-off valve to prevent overinflation of the lungs

99. The laryngeal mask airway:

- *a. Is easier to insert than an endotracheal tube
- b. Is ideal for conscious patients
- c. Is well tolerated by a patient with an intact gag reflex
- d. Provides absolute protection against aspiration

100. A disadvantage of the laryngeal mask airway is that:

- a. It can be used on any sized mouth
- *b. Not all patients can be adequately ventilated with an LMA
- c. The LMA must be removed before intubation
- d. The spine must be manipulated for insertion of an LMA

101. To correctly position a patient's head for Combitube insertion, you should:

- a. Extend the head
- b. Flex the neck
- *c. Place the head in the neutral position
- d. Place the patient in the sniffing position

102. Which of the following is an advantage of endotracheal intubation as compared to other airway devices?

- a. Avoids delivering high-flow oxygen to the patient
- b. Avoids problems with air filtration in the upper airway
- *c. Permits deep tracheal suctioning to remove secretions
- d. Permits gastric lavage through the endotracheal tube

103. The endotracheal tube size refers to the _____ in millimeters.

- a. External diameter
- *b. Internal diameter
- c. Length
- d. Length of tube that will pass beyond the vocal cords

104. The distal cuff of the ET tube should hold _____ mL of air.

- *a. 6 to 10
- b. 10 to 20
- c. 15 to 25
- d. 20 to 30

105. Which of the following best describes the risk of infection to the paramedic when performing endotracheal intubation?

- a. In spite of personal protective equipment, exposure is highly likely.
- b. The paramedic is at a lower risk of infection because of isolating the airway.
- c. The risk of infection is similar to all other risks during patient contact.
- *d. There is a higher risk of infection because of close proximity with the airway.

106. Direct laryngoscopy is associated with complications including:

- a. Main stem bronchus intubation
- *b. Oral trauma and breaking of teeth
- c. Perforation of the maxillary sinus
- d. Rupture of the tonsillar membrane

107. When using a straight blade to intubate an adult patient, the tip of the blade should be placed:

- a. Above the epiglottis
- *b. Directly on the epiglottis
- c. In the vallecula
- d. Past the epiglottis at the vocal cords

108. When intubating an adult patient with a curved blade, the tip of the blade should be placed:

- *a. In the vallecula, at the base of the tongue
- b. In the vallecula, at the opening of the vocal cords
- c. To the right of the epiglottis
- d. Under the epiglottis

109. The laryngoscope should be held in the _____ hand and inserted on the _____ side of the mouth.

- a. Left, left
- *b. Left, right
- c. Right, left
- d. Right, right

110. The acronym BURP describes how to:

- a. Confirm tube placement following intubation visualization during intubation
- b. Correct a right mainstem intubation
- *c. Maneuver the larynx for vocal cord visualization
- d. Prepare equipment for intubation

111. Which of the following is the most appropriate location for a Miller blade to be placed during intubation with direct laryngoscopy?

- a. Into the carina
- b. Into the vallecula
- c. Through the vocal cords
- *d. Under the epiglottis

112. After intubation you determine a right mainstem intubation. The next appropriate action to take is to:

- a. Continue to ventilate the patient
- *b. Deflate the cuff and withdraw the tube 1 to 2 cm
- c. Inflate the cuff with an additional 3 to 5 mL of air
- d. Remove the tube

113. If an endotracheal tube has been correctly placed, an esophageal detector device will:

- a. Change color
- b. Give a normal CO₂ readout
- *c. Reinflate easily
- d. Remain collapsed

114. Once the endotracheal tube position has been confirmed, which of the following is the next most appropriate step?

- a. Assess capnography and arterial blood gases every 5 minutes.
- b. Insert the tube further into the airway as a precaution.
- c. Manually hold the tube in place during ventilation.
- *d. Secure the tube with tape or a commercial tube holder.

115. A child is in severe respiratory distress. Which of the following needs to be accomplished before intubation?

- a. Avoid intubation if at all possible.
- b. Place the child's head in slight flexion.
- c. Place the child in Trendelenburg.
- *d. Provide sufficient preoxygenation.

116. A 5-year-old patient is in respiratory failure from RSV. Which of the following best describes the choice of blade for this patient?

- a. A curved blade can better retract the epiglottis
- b. The laryngoscope should not be used in children
- c. The optimum blade size should be at least a 3
- *d. The optimum blade to use is the straight blade

117. Which of the following statements is correct regarding the endotracheal tube used in pediatric patients under the age of 8 years?

- a. The endotracheal tube cuff should be inflated fully with 10 mL of air.
- b. The cuff of the tube should be inflated with 5 mL of air.
- *c. The endotracheal tube should not need an inflatable cuff.
- d. Use a small, cuffed tube, but do not inflate the cuff.

118. You are treating a 9-year-old child in need of intubation. Which of the following best describes the appropriate tube size?

- a. 5.0 to 5.5 mm internal diameter
- *b. 6.0 to 6.5 mm internal diameter
- c. 7.0 to 7.5 mm internal diameter
- d. 8.0 to 8.5 mm internal diameter

119. The approximation of the correct depth of insertion in centimeters for a 10-year-old child when placing an endotracheal tube is:

- a. 10 cm
- b. 12 cm
- *c. 17 cm
- d. 22 cm

120. Which of the following is an advantage of nasotracheal intubation over orotracheal intubation?

- a. It is better in patients with long, thin necks and no abnormalities.
- b. It is more appropriate in patients with severe nasal injuries.
- *c. It can be used effectively in breathing patients who require intubation.
- d. It can be used in trauma patients with a Glasgow Coma Scale score of 10.

121. Phenylephrine spray is used during nasotracheal intubation to:

- a. Anesthetize the nasal passages
- *b. Constrict the blood vessels
- c. Lubricate the nasal passages
- d. Sedate the patient before the procedure

122. During a digital intubation attempt, which of the following needs to be done before digit insertion?

- *a. A bite block should be placed to avoid injury to the rescuer
- b. Intravenous access should be established
- c. Nasotracheal intubation
- d. Placement of an endotracheal tube

123. Which position should the endotracheal tube be in for digital intubation?

- *a. Curved in a more exaggerated J shape
- b. In a straight position to facilitate insertion
- c. Larger than the tube ordinarily used
- d. Well lubricated with a numbing solution

124. Which of the following is a complication of rapid sequence intubation?

- *a. Death from anoxia
- b. Hypertension
- c. Hypokalemia
- d. Tachycardia

125. Which of the following best describes the role of atropine in rapid sequence intubation?

- a. Decreases the heart rate
- b. Dilates the pupils
- *c. Dries airway secretions
- d. Increases the blood pressure

126. Depolarizing agents:

- a. Block the uptake of acetylcholine at the neuromuscular junction
- b. Block the uptake of norepinephrine at the neuromuscular junction
- *c. Substitute themselves for acetylcholine at the neuromuscular junction
- d. Substitute themselves for norepinephrine at the neuromuscular junction

127. To blunt any potential rise in intracranial pressure during an intubation attempt, consider administration of:

- a. Atropine
- b. Fentanyl
- *c. Lidocaine
- d. Vecuronium

128. You are preparing to intubate a patient with rapid sequence intubation. Which of the following would be the first medication?

- a. Diphenhydramine
- *b. Midazolam
- c. Pancuronium
- d. Vecuronium

129. You have just performed a needle cricothyrotomy. What is the next step?

- a. Attach the needle to a special bag-mask device.
- b. Connect a very small endotracheal tube.
- c. Use a bag-mask device adapter.
- *d. Use a jet ventilator device.

130. A patient is being ventilated with a needle in the cricothyroid space. Which of the following should be monitored?

- a. The cardiac monitor for hypocarbia
- b. The catheter for evidence of shear
- c. The chest rise for signs of hyperventilation
- *d. The neck for hematoma formation

131. An advantage of liquid oxygen (LOX) over gaseous oxygen is that:

- *a. A larger volume of LOX can be stored in a smaller space
- b. LOX is much cheaper than gaseous oxygen
- c. The oxygen content in LOX is much higher
- d. There are no special requirements for LOX storage and cylinder transfer

132. The purpose of a regulator attached to the oxygen cylinder is to:

- *a. Decrease the escape pressure from the tank.
- b. Increase the escape pressure from the tank.
- c. Mix room air to dilute the oxygen.
- d. Provide a set flow rate of oxygen to the patient.

133. The maximum acceptable flow rate for a nasal cannula is _____ L/min.

- a. 4
- *b. 6
- c. 8
- d. 10

134. A nasal cannula delivers _____ % oxygen at a flow rate of 6 L/min in optimal conditions.

- a. 35
- *b. 44
- c. 58
- d. 66

135. Oxygen concentrations of _____ can be delivered using a simple face mask at a flow rate of 10 L/min.

- a. 20% to 40%
- *b. 40% to 60 %
- c. 80% to 90%
- d. 100%

136. An advantage of a Venturi mask is that:

- *a. It can be used to deliver a precise concentration of oxygen
- b. High concentrations of oxygen can be delivered
- c. It is color coded for easy recognition in dimly lit environments
- d. It uses less oxygen but delivers a higher concentration

137. Which of the following best defines the purpose of humidified oxygen?

- *a. Bubble oxygen to add moisture to the gas
- b. Dry moist oxygen to prevent airway irritation
- c. Inject moisture into the oxygen cylinder
- d. Moisten oxygen the inside the face mask

138. A 45-year-old man chokes on a piece of steak during dinner and is coughing forcefully. What should you do?

- a. Attempt a finger sweep.
- b. Give abdominal thrusts.
- *c. Monitor the patient.
- d. Perform back blows.

139. You arrive on scene to a patient who is unresponsive and not breathing spontaneously. In this patient, which of the following is the most common cause of airway obstruction?

- a. Airway bleeding
- b. Foreign bodies
- c. Laryngeal edema
- *d. The tongue

140. For a complete airway obstruction in a conscious adult, which of the following is the first appropriate action?

- a. Contact the medical director for permission to perform a cricothyroidotomy.
- b. Immediately prepare to use a high-power suction device to clear the airway.
- c. Intubate the patient in order to push the obstruction out of the way.
- *d. Perform abdominal thrusts to help the patient clear the obstruction.