Airway Competency Final
Study Guide

1. Standard equipment for intubating
2. What is the difference between direct and indirect control of the airway? Give some examples of indirect control. What is the ONE tool of direct control?
3. What type of suctioning should actually be done under sterile conditions? (think about how germy the mouth and nose are…)
5. What are other terms for “intermittent positive pressure breathing?”
6. What is a gastric tube? Where is it placed? What are some reasons to use it in the prehospital setting? When/where else might it be used (think awake, chronic vomiting or post-surgical pt with nasogastric tube to suction stomach contents continuously)
7. Will basic airway adjuncts open an airway that you cannot open manually? Or, in other words, when would you use a basic airway adjunct—what service does it offer?
8. Patterns of respiration and what they indicate: Biot, agonal, Kussmaul, Cheyne-Stokes
9. What types of inhaled agents might cause laryngeal injury? (Think HOT, TOXIC, etc)
10. Lung anatomy—lobes, dead space structures, air exchange, vasculature
11. Define: atelectasis—when might a person have atelectasis?
12. Capacities: all listed in figure below…what physiological purposes do they serve? (think: working out, cough, sneeze, sing, etc)

![Diagram of respiratory anatomy](image)

13. After placing ETT—FIRST ACTION (not usually what you’ll see in the field—think about a drunk pt who is about to puke—what’s most important action…pull the stylett? Inflate the cuff? Listen to breath sounds?)
14. What are the limitations of pulse oximetry? Think of situations which would interfere with the accuracy of the tool.
15. Why do you need to be careful to not overinflate the ETT cuff?

Remember, these are most-missed questions. You should thoroughly review:

1. Respiratory anatomy/physiology
   a. Structures
   b. Blood flow
   c. Gas exchange
   d. Mechanics of ventilation
   e. airway
2. Skills (sheets, when’s/why’s, tools)
   a. Adult ventilatory management
   b. Pedi ventilatory management
   c. Supraglottic