26-1 EMS PROTOCOL PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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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.

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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!

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Questions

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1. Nitroglycerin should be withheld if SBP is below which threshold?

A. Below 60 mmHg

B. Below 80 mmHg

C. Below 90 mmHg

D. Below 100 mmHg

2. What is the first step in the EMS Primary Assessment?

A. Ensure scene safety and perform a rapid assessment of airway, breathing, and circulation to identify life threats.

B. Check for a pulse and blood pressure before anything else.

C. Obtain patient name and medical history from bystanders.

D. Apply oxygen therapy immediately to all trauma patients.

3. In ROSC, how should push-dose epinephrine be prepared?

A. Eject 1 mL NS from a 10 mL pre-load flush syringe, draw up 1 mL Epinephrine 1:10,000 and mix gently

B. Eject 2 mL NS, draw up 2 mL Epinephrine 1:10,000, and mix gently

C. Eject 1 mL NS, draw up 1 mL Epinephrine 1:1000 and mix vigorously

D. Eject 1 mL NS, draw up 0.5 mL Epinephrine 1:10,000 and mix gently

4. What is the primary purpose of manual in-line stabilization during airway management with suspected cervical spine injury?

A. To improve oxygen saturation

B. To stabilize the jaw

C. To aid chest compressions

D. To minimize movement of the cervical spine during airway manipulation

5. What is the intramuscular midazolam dose for adult seizures?

A. 5 mg IM

B. 10 mg IM

C. 5 mg IV/IO

D. 2 mg IM

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6. In EMS analgesia, what is the typical protocol for moderate to severe pain?

A. Non-opioid analgesics as first-line, with opioids reserved for more severe pain under medical control.

B. Opioids as first-line for moderate pain.

C. Always use the highest possible opioid dose first.

D. Only non-pharmacologic measures.

7. BRUE stands for Brief Resolved Unexplained Event and applies to which age group?

A. Infants under 1 year

B. Children 1-2 years

C. Teens 12-18 years

D. Adults

8. If a conscious patient has a partial airway obstruction and cannot breathe or speak, what is the recommended initial action?

A. Wait and provide oxygen only

B. Start chest compressions

C. Encourage coughing and ignore

D. Perform abdominal thrust and call for help

9. What is the initial dose of Epinephrine for pediatric pulseless arrest?

A. 0.1 mg/kg

B. 0.001 mg/kg

C. 0.01 mg/kg

D. 1 mg/kg

10. Which of the following is NOT one of the four sepsis criteria?

A. Temperature > 100.4°F

B. Heart rate < 90

C. Respiratory rate > 20

D. Blood pressure 120/80

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Answers

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

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Explanations

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1. Nitroglycerin should be withheld if SBP is below which threshold?

A. Below 60 mmHg

B. Below 80 mmHg

C. Below 90 mmHg

D. Below 100 mmHg

This question tests knowing the blood pressure level at which nitroglycerin should be withheld to avoid dangerous drops in perfusion. Nitroglycerin dilates veins and reduces preload, which lowers blood pressure and cardiac output. If the systolic blood pressure is already below 90 mmHg, giving nitroglycerin can cause a significant or rapid drop in BP, risking inadequate perfusion to the heart and brain and potentially leading to fainting, shock, or worsened myocardial ischemia. For that reason, nitroglycerin is withheld when SBP is under 90 mmHg. In contrast, higher thresholds (like 100 mmHg) would expose patients to unnecessary hypotension, and very low cutoffs (like below 60 or 80) could overly restrict therapy in someone who could safely tolerate it, so 90 mmHg is the balance point used in guidelines.

2. What is the first step in the EMS Primary Assessment?

A. Ensure scene safety and perform a rapid assessment of airway, breathing, and circulation to identify life threats.

B. Check for a pulse and blood pressure before anything else.

C. Obtain patient name and medical history from bystanders.

D. Apply oxygen therapy immediately to all trauma patients.

Scene safety is the essential first step. Before approaching, you must ensure the environment won't put you or the patient at further risk, so you can work safely and effectively. Once it's safe, perform a rapid airway, breathing, and circulation check to identify life threats that need immediate intervention. This quick sweep focuses on what can endanger life in the moment: is the airway clear or blocked, is breathing adequate, and is there effective circulation or significant bleeding? If airway issues are found, secure the airway or clear obstructions; if breathing is insufficient, provide ventilatory support; if circulation is compromised, control bleeding and begin CPR if there's no pulse. This approach prioritizes actions that keep the patient alive in the first minutes. Other steps, like checking for a pulse and blood pressure before addressing safety, or gathering the patient's name and history, belong to later parts of assessment, and administering oxygen to every trauma patient isn't appropriate without first identifying a need.

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3. In ROSC, how should push-dose epinephrine be prepared?

A. Eject 1 mL NS from a 10 mL pre-load flush syringe, draw up 1 mL Epinephrine 1:10,000 and mix gently

B. Eject 2 mL NS, draw up 2 mL Epinephrine 1:10,000, and mix gently

C. Eject 1 mL NS, draw up 1 mL Epinephrine 1:1000 and mix vigorously

D. Eject 1 mL NS, draw up 0.5 mL Epinephrine 1:10,000 and mix gently

The test is checking how to prepare a safe, effective push-dose epinephrine dose for ROSC by creating a dilute solution that delivers a precise microdose. The goal is to have a 10 mL syringe containing epinephrine 1:10,000 diluted with normal saline so that each milliliter of the mixture provides about 10 micrograms of epinephrine. The standard way to achieve this is to take a 10 mL flush syringe, eject 1 mL of saline to make space, then withdraw 1 mL of epinephrine 1:10,000 into the syringe and mix gently. This results in 10 mL of solution with a total of 0.1 mg epinephrine (0.1 mg / 10 mL = 10 mcg/mL). A 1 mL bolus then delivers 10 micrograms, which is the typical push-dose dose used to augment perfusion during ROSC. Why the other approaches aren't appropriate: using a higher-concentration stock (such as 1:1000) would yield a much stronger dose per milliliter, increasing the risk of tachyarrhythmias and hypertension. Diluting with too much or too little saline changes the final concentration and the amount delivered in a standard bolus, making dosing inconsistent. Mixing vigorously isn't necessary and can introduce foaming or air; gentle mixing ensures a uniform solution without those issues.

4. What is the primary purpose of manual in-line stabilization during airway management with suspected cervical spine injury?

A. To improve oxygen saturation

B. To stabilize the jaw

C. To aid chest compressions

D. To minimize movement of the cervical spine during airway manipulation

In suspected cervical spine injury, preventing movement of the neck during airway procedures is essential. Manual in-line stabilization holds the head and neck in a neutral position, so you can secure the airway without causing flexion, extension, or rotation. This directly reduces the risk of worsening spinal injuries while you establish ventilation or intubation. While good oxygenation is important, MILS's primary role is protecting the cervical spine during airway manipulation. It isn't about stabilizing the jaw or directly aiding chest compressions, though these maneuvers are performed with the neck movement carefully controlled. Practically, one rescuer maintains inline stabilization while another performs airway management, using immobilization as part of the overall approach to protect the spine.

5. What is the intramuscular midazolam dose for adult seizures?

A. 5 mg IM

B. 10 mg IM

C. 5 mg IV/IO

D. 2 mg IM

Midazolam is used in the field to rapidly stop seizures, and when giving it by injection into a muscle, the dose for adults is 10 mg. This amount provides enough medication to achieve seizure control quickly in situations where getting IV access can be time-consuming. A smaller amount, like 5 mg IM, is often not sufficient to terminate a prolonged seizure in many adults, and 2 mg IM would be even less effective. The option that lists a 5 mg dose for IV/IO is not applicable to the intramuscular route.

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6. In EMS analgesia, what is the typical protocol for moderate to severe pain?

A. Non-opioid analgesics as first-line, with opioids reserved for more severe pain under medical control.

B. Opioids as first-line for moderate pain.

C. Always use the highest possible opioid dose first.

D. Only non-pharmacologic measures.

The main idea here is to use a safe, stepwise approach to analgesia. Start with non-opioid analgesics as the first option for moderate pain because they can provide meaningful relief with a lower risk of serious side effects. If pain remains moderate to severe after non-opioids, introduce an opioid, but only under medical control and with careful titration to effect and ongoing monitoring (airway, breathing, circulation). This approach balances effective pain relief with patient safety, avoiding oversedation or respiratory depression that can happen with a high upfront opioid dose. Non-pharmacologic measures can help, but they aren't enough on their own for moderate to severe pain.

7. BRUE stands for Brief Resolved Unexplained Event and applies to which age group?

A. Infants under 1 year

B. Children 1-2 years

C. Teens 12-18 years

D. Adults

BRUE stands for Brief Resolved Unexplained Event, and it specifically describes events in infants younger than 1 year. These events are sudden and brief, resolve on their own, and remain unexplained after initial history and exam. BRUE was introduced to replace the older term ALTE and to avoid over-testing in healthy infants. So the applicable age group is infants under 1 year.

8. If a conscious patient has a partial airway obstruction and cannot breathe or speak, what is the recommended initial action?

A. Wait and provide oxygen only

B. Start chest compressions

C. Encourage coughing and ignore

D. Perform abdominal thrust and call for help

When a conscious person cannot speak or breathe, the airway is effectively blocked and oxygen can't get to the lungs. The immediate goal is to force the blockage out, not to wait for oxygen or to perform unrelated actions. Abdominal thrusts (the Heimlich maneuver) create a strong inside-out pressure that helps expel the foreign object from the trachea. At the same time, you should call for help or have someone else do it so EMS is alerted quickly; time is critical because the obstruction can worsen rapidly. Starting chest compressions isn't appropriate here because the person is conscious and there is still a heartbeat and breathing effort; chest compressions are reserved for when the person becomes unresponsive or in cardiac arrest. Encouraging coughing fits when the person cannot breathe or speak isn't effective, since the airway is blocked and they can't generate enough airflow to cough it out. If the obstruction is relieved and breathing resumes, continue to monitor and provide care as needed, and seek medical evaluation. If the person becomes unresponsive at any point, begin CPR and call for help.

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9. What is the initial dose of Epinephrine for pediatric pulseless arrest?

A. 0.1 mg/kg

B. 0.001 mg/kg

C. 0.01 mg/kg

D. 1 mg/kg

When a child has a pulseless collapse, epinephrine is given to boost blood flow to the heart and brain during CPR by narrowing small vessels and increasing diastolic pressure. The standard initial dose is 0.01 mg/kg IV/IO, repeated every 3–5 minutes; this corresponds to 0.1 mL/kg of a 1:10,000 epinephrine solution (since 1 mL of 1:10,000 contains 0.1 mg). Dosing higher, like 0.1 mg/kg or 1 mg/kg, is far too much for pediatrics and can cause harm, while 0.001 mg/kg would be too small to achieve the desired perfusion.

10. Which of the following is NOT one of the four sepsis criteria?

A. Temperature > 100.4°F

B. Heart rate < 90

C. Respiratory rate > 20

D. Blood pressure 120/80

Sepsis screening uses a set of systemic inflammatory response signs, not just any vital sign. The four criteria commonly used are fever (temperature above 38°C or 100.4°F), tachycardia (heart rate over 90), tachypnea (respiratory rate over 20), and an abnormal white blood cell count. Blood pressure value by itself isn't part of these four. So a normal BP like 120/80 doesn't meet any SIRS criterion, making it not one of the sepsis criteria. The fever and rapid breathing shown in the other options do align with the criteria, while the bradycardia option also doesn't meet the tachycardia threshold. The key idea is that blood pressure isn't included in the defining four.

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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://261emsprotocol.examzify.com

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

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