AMERICAN EMT ACADEMY MIDTERM PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://americanemtacademymidterm.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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. What are key signs of anaphylaxis requiring immediate epinephrine?

A. Headache and dizziness without airway involvement

B. Mild skin rash only

C. Airway swelling, wheezing, hypotension, widespread hives; onset after allergen exposure.

D. Nausea only after meals

2. What are the three components of the Glasgow Coma Scale?

A. Eye opening, verbal response, and motor response.

B. Heart rate, respiratory rate, and blood pressure.

C. Temperature, oxygen saturation, capillary refill.

D. Pain, reflex, orientation.

3. How would you describe a behavior crisis?

A. A normal reaction to stress.

B. An event that does not affect daily living.

C. A short-term disturbance that resolves quickly.

D. The point at which a person's reactions to events interfere with activities of daily living.

4. What is the typical oxygen flow rate range for a nasal cannula used by EMTs?

A. 1 to 6 L/min (commonly 2–4 L/min).

B. 8 to 12 L/min.

C. 15 to 25 L/min.

D. 0.5 to 1 L/min.

5. During CPR on a patient with an implanted AED, where should defibrillator pads not be placed?

A. Over the implanted device

B. Over the patient's back

C. Near the neck

D. Over the chest on either side of the heart

SAMPLE

6. What distinguishes distributive shock from hypovolemic shock in terms of skin signs?

A. Distributive Shock May Show Warm or Flushed Skin Early; Hypovolemic Shock Usually Shows Cool, Pale, Clammy Skin

B. Hypovolemic Shock May Show Warm Skin Early

C. Skin Signs Are Not Useful in Distinguishing Shocks

D. Both Types Always Show Cool, Pale Skin

7. In unknown plant ingestion cases, which contacts are appropriate for guidance?

A. Regional poison center for identification only

B. Medical Control for treatment

C. Both regional poison center for identification and Medical Control for treatment

D. Do nothing

8. Which statement correctly describes when to perform a head-to-toe exam versus a focused assessment?

A. Head-to-toe exam is performed during trauma assessment or when the patient is unresponsive; focused assessment is for an alert and conscious patient with a chief complaint.

B. Head-to-toe for stable chest pain; focused for trauma.

C. Head-to-toe only in hospital settings.

D. Focused assessment is never used in EMS.

9. Which antidote combination is used for organophosphate poisoning?

A. Atropine and pralidoxime chloride

B. Naloxone

C. Flumazenil

D. Activated charcoal

10. PID occurs exclusively in which population?

A. Sexually active men.

B. Sexually active women.

C. Postmenopausal women.

D. Children.

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What are key signs of anaphylaxis requiring immediate epinephrine?

A. Headache and dizziness without airway involvement

B. Mild skin rash only

C. Airway swelling, wheezing, hypotension, widespread hives; onset after allergen exposure.

D. Nausea only after meals

Anaphylaxis is a life-threatening systemic allergic reaction that must be treated immediately with epinephrine. The signs reflect involvement of several body systems that can deteriorate rapidly: the airway and lungs (airway swelling and wheezing), circulation (hypotension), and the skin (widespread hives)—all occurring after exposure to an allergen. This combination signals that mast cell mediators are causing dangerous swelling, bronchospasm, and blood pressure drop, which can quickly become life-threatening if not treated right away. Epinephrine targets these issues by constricting blood vessels to raise pressure, relaxing airway muscles to improve breathing, and limiting further mediator release. That's why the presentation with airway swelling, wheezing, hypotension, and widespread hives after allergen exposure is the strongest cue for urgent epinephrine administration. In contrast, symptoms like a simple headache, a mild isolated skin rash, or nausea after meals don't show the same multisystem involvement and aren't by themselves evidence of anaphylaxis needing immediate epinephrine. If you suspect anaphylaxis, administer epinephrine promptly, call for help, and continue monitoring and supporting the patient as you arrange transport.

2. What are the three components of the Glasgow Coma Scale?

A. Eye opening, verbal response, and motor response.

B. Heart rate, respiratory rate, and blood pressure.

C. Temperature, oxygen saturation, capillary refill.

D. Pain, reflex, orientation.

The Glasgow Coma Scale measures how conscious a person is by looking at three aspects of their responsiveness: eye opening, verbal response, and motor response. Eye opening shows how awake and arousable someone is, ranging from opening eyes spontaneously to not opening at all. Verbal response assesses language and confusion, from being fully oriented and conversing normally to making only incomprehensible sounds or none at all. Motor response evaluates movement and purpose, from following commands to localizing pain or showing no movement. When you add these three components together, you get a total score that reflects the overall level of consciousness, with higher scores indicating better function. The other options don't fit because they involve vital signs or other non-GCS elements. The scale doesn't use heart rate, respiratory rate, blood pressure, temperature, oxygen saturation, or capillary refill, and it doesn't rate pain or reflexes as separate components. Orientation is part of the verbal component, not a separate category.

SAMPLE

3. How would you describe a behavior crisis?

A. A normal reaction to stress.

B. An event that does not affect daily living.

C. A short-term disturbance that resolves quickly.

D. The point at which a person's reactions to events interfere with activities of daily living.

A behavior crisis is when emotional or behavioral reactions become so intense that they interfere with daily living. This impairment to functioning is what tells you the person is in crisis—it's beyond a normal stress response and affects their ability to care for themselves or engage in usual activities. If the event doesn't affect daily living, or the disturbance is brief and resolves quickly, it's not a crisis. In contrast, when the person cannot perform essential tasks, cannot follow safety instructions, or their behavior endangers themselves or others, you're dealing with a crisis. In EMS, recognizing this helps guide safety measures, de-escalation, and decisions about additional resources or mental health support.

4. What is the typical oxygen flow rate range for a nasal cannula used by EMTs?

A. 1 to 6 L/min (commonly 2–4 L/min).

B. 8 to 12 L/min.

C. 15 to 25 L/min.

D. 0.5 to 1 L/min.

Using a nasal cannula delivers low-flow oxygen directly to the nostrils, and the flow rate is measured in liters per minute, which helps determine roughly how much oxygen the patient is getting. For typical EMS use with a spontaneously breathing patient, the nasal cannula is set from one to six liters per minute, with common settings around two to four liters per minute. This range provides modest oxygen enrichment while keeping the patient comfortable and avoiding mucosal drying. If more oxygen is needed, a different device such as a simple face mask or non-rebreather is used to deliver higher concentrations. Very low flow, like half to one liter per minute, is generally not enough to correct hypoxemia in most EMS scenarios.

5. During CPR on a patient with an implanted AED, where should defibrillator pads not be placed?

A. Over the implanted device

B. Over the patient's back

C. Near the neck

D. Over the chest on either side of the heart

The key idea is to protect an implanted cardiac device from defibrillation energy. Defibrillator pads should not be placed over an implanted device because the electrical shock can damage the device or its leads, interfere with its function, and potentially cause burns or tissue injury. The energy needs to pass through the heart between the pads, so place them away from the device—typically on the right of the sternum and on the left chest (or another suitable site) that avoids the device pocket. In this scenario, the safest choice is to avoid placing pads over the implanted device altogether.

SAMPLE

6. What distinguishes distributive shock from hypovolemic shock in terms of skin signs?

A. Distributive Shock May Show Warm or Flushed Skin Early; Hypovolemic Shock Usually Shows Cool, Pale, Clammy Skin

B. Hypovolemic Shock May Show Warm Skin Early

C. Skin Signs Are Not Useful in Distinguishing Shocks

D. Both Types Always Show Cool, Pale Skin

Skin signs reflect how well blood is reaching the skin and how the body is regulating blood flow during shock. In distributive shock, widespread vasodilation means more blood goes to the skin early on, so it often feels warm or looks flushed. In hypovolemic shock, there is less circulating blood and the body constricts peripheral vessels to preserve core perfusion, leading to cool, pale, and clammy skin. So the key distinction is warm or flushed skin early with distributive shock versus cool, pale, and clammy skin with hypovolemic shock. A statement suggesting warm skin early in hypovolemic shock doesn't fit the typical pattern.

7. In unknown plant ingestion cases, which contacts are appropriate for guidance?

A. Regional poison center for identification only

B. Medical Control for treatment

C. Both regional poison center for identification and Medical Control for treatment

D. Do nothing

When handling unknown plant ingestions, you need both identification and guidance for treatment. Poison control centers specialize in toxicology and can help identify the plant from description or pictures and provide specific treatment recommendations, monitoring needs, decontamination steps, and indications for antidotes or hospital care. Medical control provides the physician oversight and orders needed to act in the field and coordinate care with receiving facilities, ensuring treatments follow current protocols. Relying on only one source misses crucial elements: identifying the toxin guides the appropriate management, while medical orders ensure you have authorization and a clear treatment plan. In contrast, doing nothing is unsafe.

SAMPLE

8. Which statement correctly describes when to perform a head-to-toe exam versus a focused assessment?

A. Head-to-toe exam is performed during trauma assessment or when the patient is unresponsive; focused assessment is for an alert and conscious patient with a chief complaint.

B. Head-to-toe for stable chest pain; focused for trauma.

C. Head-to-toe only in hospital settings.

D. Focused assessment is never used in EMS.

Assessing the patient status and presenting problem determines which exam you use. A head-to-toe, systematic exam is used in trauma or when the patient is unresponsive because you can't rely on history and you need to check every region for injuries. It ensures you don't miss hidden problems and works alongside the primary and rapid secondary assessments in unstable or trauma patients. For an alert, conscious patient with a specific chief complaint, a focused assessment is the better fit. You quickly evaluate the areas most likely related to that complaint, which helps you identify immediate threats and guide treatment without spending time on a full, broad survey that isn't needed right away. So, the correct approach is to use a head-to-toe exam in trauma or when the patient can't participate, and a focused assessment for an awake patient with a stated problem.

9. Which antidote combination is used for organophosphate poisoning?

A. Atropine and pralidoxime chloride

B. Naloxone

C. Flumazenil

D. Activated charcoal

Organophosphate poisoning disables acetylcholinesterase, causing a dangerous surge of acetylcholine that overstimulates muscarinic and nicotinic receptors. The most effective treatment targets both the symptoms and the underlying enzyme dysfunction: atropine and pralidoxime chloride. Atropine blocks muscarinic receptors, so it reduces life-threatening secretions, bronchospasm, bradycardia, and bronchorrhea. Pralidoxime reactivates the inhibited acetylcholinesterase, restoring the enzyme's ability to break down acetylcholine if given before aging of the enzyme occurs. Together, they address both the toxin's effects and its mechanism. While other agents like naloxone or flumazenil reverse specific overdoses (opioids or benzodiazepines) and activated charcoal is a decontaminant, they do not serve as the antidote pair for organophosphate poisoning.

10. PID occurs exclusively in which population?

A. Sexually active men.

B. Sexually active women.

C. Postmenopausal women.

D. Children.

PID is an infection of the upper female reproductive tract that results from bacteria ascending from the cervix, commonly linked to sexually transmitted infections like gonorrhea and chlamydia. Because it involves female reproductive organs, it does not occur in men. Among people with female anatomy, it is most strongly associated with sexual activity, making sexually active women the population in which this condition occurs. While rare cases can be seen in other groups, the condition is defined by involvement of the female reproductive system and its link to sexual activity, which is why sexually active women are the best answer.

SAMPLE

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://americanemtacademymidterm.examzify.com

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

SAMPLE