EMERGENCY MEDICAL DISPATCHER (EMD) VERSION 14 PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which conditions would direct you to Protocol 26 besides pregnancy?

A. Protocol 27

B. Protocol 21

C. Protocol 26

D. Protocol 32

2. A person with suspected heat stroke is hot, confused, and sweating heavily. What is the urgent action to instruct?

A. Wait until the person stops sweating

B. Give them water to drink only

C. Move to shade, remove excess clothing, begin rapid cooling with cool water, and call EMS

D. Apply blankets to warm them

3. If you have an unresponsive patient with suspected airway compromise and no detectable pulse, what is the priority action?

A. Check for a pulse

B. Begin CPR with chest compressions

C. Check for a medical ID bracelet

D. Wait for EMS to arrive

4. For a 1st party caller in a sinking vehicle, if the exact location isn't immediately available, should ALS be delayed?

A. No, do not delay ALS; continue with safety instructions and locate later

B. Yes, delay ALS until location is known

C. ALS should not be started at all

D. Only start ALS after a cross-street is identified

5. A caller reports that their 16-year-old brother is on fire. What is the next action?

A. Initiate a 7-E-1 response, provide Case Entry PDIs a and h, and return to questioning.

B. Initiate a 7-E-1 response, provide Case Entry PDIs a and z, and return to questioning.

C. Initiate a 7-D-2 response, provide PDIs c and f, and continue the call.

D. Initiate a 6-E-1 response, provide PDIs a and h, and return to questioning.

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6. What is first aid for a minor burn?

A. Break blisters

B. Rinse with cool running water

C. Apply ice

D. Apply butter

7. Which statement reflects a key consideration when handling a pediatric emergency?

A. Use adult doses for medications

B. Assess for fever and dehydration signs

C. The guardian is not needed

D. Ignore allergies

8. For a caller reporting severe breathing problems with wheezing, what is a priority intervention?

A. Stand up and walk around

B. Assist with prescribed inhaler if available and call EMS

C. Have the patient drink water

D. Wait for EMS to arrive without action

9. Case Entry Questioning should be completed after PDis under which circumstances?

A. For all situations before any other steps

B. When directed by hazards such as hanging, strangulation, suffocation, underwater, choking, or person on fire

C. Never after PDis

D. Only after sending rescue units

10. For a postpartum hemorrhage with placenta delivered and no baby complications, which protocol?

A. Protocol 12

B. Protocol 8

C. Protocol 21

D. Protocol 6

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Answers

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

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Explanations

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1. Which conditions would direct you to Protocol 26 besides pregnancy?

A. Protocol 27

B. Protocol 21

C. Protocol 26

D. Protocol 32

The principle being tested is that some dispatch protocols cover more than one related type of emergency, and you choose the protocol by matching the patient's presentation to the criteria—not just by the label you might expect. Protocol 26 is the obstetric/gynecologic protocol. It's triggered by pregnancy and, besides pregnancy itself, by other obstetric-related emergencies that fit the same activation criteria and require the same initial assessment and instructions. So, conditions that are obstetric in nature—those concerning labor, bleeding, or other urgent obstetric concerns that meet Protocol 26's criteria—would direct you to Protocol 26 as well. The other protocols listed are aligned with different categories of emergencies. They would be activated for their own specific presentations and would not be the correct route for obstetric-related problems described in this item.

2. A person with suspected heat stroke is hot, confused, and sweating heavily. What is the urgent action to instruct?

A. Wait until the person stops sweating

B. Give them water to drink only

C. Move to shade, remove excess clothing, begin rapid cooling with cool water, and call EMS

D. Apply blankets to warm them

When a person is suspected of heat stroke, the priority is immediate, rapid cooling and getting professional medical care. Heat stroke is life-threatening because the body's cooling system has failed and core temperature rises quickly, risking brain and organ damage. Instruct to move the person to shade or a cooler environment and remove excess clothing to help heat escape from the skin. Begin rapid cooling with cool water—using a hose, immersion if feasible, or continuously applying cool, wet cloths or a spray to the skin, especially over large areas. The goal is to bring the core temperature down as fast as possible. While cooling is underway, call EMS so advanced care can arrive to monitor and support the patient, administer fluids if needed, and manage airway and complications. Other options don't fit because waiting for sweating to stop delays essential cooling; giving water alone doesn't rapidly reduce core temperature and may be risky if confusion or vomiting occurs; and covering the person with blankets would trap heat and worsen the condition.

3. If you have an unresponsive patient with suspected airway compromise and no detectable pulse, what is the priority action?

A. Check for a pulse

B. Begin CPR with chest compressions

C. Check for a medical ID bracelet

D. Wait for EMS to arrive

When someone is unresponsive and there is no detectable pulse, the priority is to start chest compressions immediately to restore circulation. The heart isn't pumping, so perfusion to the brain and other vital organs stops quickly; delaying CPR or trying to recheck the pulse wastes precious seconds and can reduce survival chances. Airway management is important, but without blood flow, breaths won't revive the person. Begin CPR to provide circulation, call for help, and if an AED is available, turn it on and follow its prompts. If you're trained, provide breaths in the appropriate ratio after starting compressions, but do not delay compressions to verify a pulse or wait for EMS.

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4. For a 1st party caller in a sinking vehicle, if the exact location isn't immediately available, should ALS be delayed?

A. No, do not delay ALS; continue with safety instructions and locate later

B. Yes, delay ALS until location is known

C. ALS should not be started at all

D. Only start ALS after a cross-street is identified

In this life-threatening scenario, initiating Advanced Life Support as soon as possible is essential, even if the exact location isn't known yet. Time matters for a sinking vehicle, where the patient's condition can deteriorate rapidly. You should deliver immediate, lifesaving guidance and begin ALS actions while you continue to obtain location information. This means guiding the bystanders to perform necessary steps (such as CPR if needed, maintaining airway, controlling bleeding, or other ALS instructions within your scope) and instructing on safety measures (unlocking doors, rolling down windows, freeing the patient if possible) while you work to locate the scene. Delaying ALS until the exact location is identified would waste critical minutes and likely reduce the patient's chances of survival. Waiting for a cross-street or for perfect location confirmation isn't warranted when a life-saving intervention can and should be started now.

5. A caller reports that their 16-year-old brother is on fire. What is the next action?

A. Initiate a 7-E-1 response, provide Case Entry PDIs a and h, and return to questioning.

B. Initiate a 7-E-1 response, provide Case Entry PDIs a and z, and return to questioning.

C. Initiate a 7-D-2 response, provide PDIs c and f, and continue the call.

D. Initiate a 6-E-1 response, provide PDIs a and h, and return to questioning.

When a caller reports someone is on fire, the immediate goal is to get help moving fast and to capture the most important details right away. The best move is to initiate the highest-priority EMS/fire response that fits this life-threatening burn scenario. That code, 7-E-1, triggers the correct dispatch path for an urgent burn incident and starts the appropriate units moving without delay. Next, provide the Case Entry data items that are designated as essential for this situation. In this scenario, those are the data items labeled as PDIs a and z, which cover the critical pieces of information you need to guide care and response. Once you've activated the right response and logged these key data items, you return to questioning to gather additional details while responders are en route. Other options would either use a different, less appropriate dispatch level or request data items that aren't the ones designated for this scenario, or keep the caller on the line without updating the critical information as the response is being organized. That's why the chosen action best aligns with the protocol for a person-on-fire event.

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6. What is first aid for a minor burn?

A. Break blisters

B. Rinse with cool running water

C. Apply ice

D. Apply butter

Cooling with cool running water is the recommended first aid step for a minor burn because it quickly lowers skin temperature, helps stop the burning process, reduces pain, and limits tissue damage. Running cool water for about 10 to 20 minutes draws heat away from the skin, which is why this method is preferred over other approaches. Avoid using ice, as extreme cold can cause additional tissue injury. Do not break or pop blisters, since broken skin increases the risk of infection and slows healing. Also avoid applying butter or other greasy substances, which can trap heat and bacteria against the skin. After cooling, gently clean the area and cover it with a sterile nonstick dressing to protect it. If swelling occurs, remove any tight rings or jewelry nearby in case the area begins to swell. Seek medical care if the burn is larger than the palm, affects the face, hands, feet, joints, or genitals, shows signs of infection, or if pain persists or worsens.

7. Which statement reflects a key consideration when handling a pediatric emergency?

A. Use adult doses for medications

B. Assess for fever and dehydration signs

C. The guardian is not needed

D. Ignore allergies

In pediatric emergencies, quickly gauging how ill a child is and whether they're dehydrated is a central priority. Fever helps point to possible infection and guides fever management and decisions about whether to transport, while signs of dehydration reveal fluid status and help determine urgency of intervention. Children can deteriorate fast with dehydration, so noting indicators such as reduced urination, dry mucous membranes, sunken eyes or fontanelle in infants, delayed capillary refill, and rapid heart rate directly informs the need for fluids, monitoring, and potential rapid transport. Using adult medication doses is unsafe for kids because dosing must be tailored to a child's weight and age. The guardian's input is important for history and consent, and allergies must be checked and accounted for to prevent adverse reactions.

8. For a caller reporting severe breathing problems with wheezing, what is a priority intervention?

A. Stand up and walk around

B. Assist with prescribed inhaler if available and call EMS

C. Have the patient drink water

D. Wait for EMS to arrive without action

When a caller reports severe breathing problems with wheezing, the priority is to open the airways quickly. Assisting with a prescribed inhaler and ensuring EMS is on the way provides this immediate relief while also guaranteeing professional care is enroute if the condition worsens. A short-acting bronchodilator inhaler relaxes airway muscles and widens the passages, improving airflow within minutes, which can be lifesaving in an acute episode. Other actions don't help bronchospasm: standing up and walking around can increase breathing effort and worsen distress; drinking water doesn't affect the wheezing or airway constriction; and waiting for EMS to arrive without taking action delays relief and increases the risk of deterioration. If the inhaler helps, continue to monitor the patient and keep EMS informed.

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9. Case Entry Questioning should be completed after PDis under which circumstances?

A. For all situations before any other steps

B. When directed by hazards such as hanging, strangulation, suffocation, underwater, choking, or person on fire

C. Never after PDis

D. Only after sending rescue units

In hazardous situations, safety and rapid action come first. The main idea is that before you dive into detailed data gathering, you must ensure the caller and scene are being protected and that responders are en route. When risks like hanging, strangulation, suffocation, underwater submersion, choking, or a person on fire are present, you should initiate the pre-dispatch instructions and deploy or direct rescue resources first. Only after those safety steps (PDis) are in motion do you complete Case Entry Questioning to document essential information without compromising safety or delaying life-saving actions. Other options would push questioning to occur in situations where it could hinder safety or response, which is not appropriate—the hazardous scenarios specifically require this sequencing to balance safety, rapid response, and information gathering.

10. For a postpartum hemorrhage with placenta delivered and no baby complications, which protocol?

A. Protocol 12

B. Protocol 8

C. Protocol 21

D. Protocol 6

When a postpartum hemorrhage occurs after the placenta has been delivered and the newborn is not experiencing any complications, the main issue is uterine atony causing ongoing blood loss. The most effective approach is to restore and maintain uterine tone while supporting the mother. This means initiating uterotonic therapy as outlined in the protocol, performing fundal massage to stimulate contraction, securing two IV lines, starting isotonic fluids to replace lost blood volume, and monitoring vital signs and estimated blood loss. If available and within the protocol's guidance, administer additional measures such as tranexamic acid and ensure rapid transport to a facility with obstetric capability if bleeding continues or worsens. Because the baby is stable, the focus remains on the mother's hemorrhage control and stabilization. Other protocols address different obstetric scenarios, such as fetal distress or placental issues that require alternate steps. The scenario described aligns with postpartum hemorrhage management after placenta delivery with a stable neonate, making the protocol that emphasizes uterine tone restoration and maternal stabilization the best fit.

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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://emdv14.examzify.com

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

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