EMT PEDIATRIC EMERGENCIES PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://emtpediaemergencies.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. Which of the following is NOT initially seen in children 12-18 months old?

A. Understand cause and effect

B. Identification of colors

C. Recognition of familiar faces

D. Ability to follow simple instructions

2. What type of injury was commonly seen in children and requires immediate evaluation?

A. Minor abrasions

B. Fractures

C. Contusions

D. Sprains

3. What sign indicates that a child may be experiencing respiratory distress?

A. Increased work of breathing

B. Normal heart rate

C. Bloody sputum

D. Infant crawling behavior

4. Which of the following characterizes a normal level of consciousness in a child or infant?

A. Unresponsiveness with minimal movement

B. Age-appropriate behavior and good muscle tone

C. Inability to maintain eye contact

D. Lethargy and poor muscle tone

5. In which children is the risk of dehydration the highest?

A. School-age children

B. Infants and toddlers

C. Adolescents

D. Children with chronic illnesses

SAMPLE

6. Which of the following is a common symptom of croup in children?

A. High fever

B. Stridor

C. Skin rash

D. Diarrhea

7. In pediatric emergencies, the acronym "SAMPLE" stands for what?

A. Signs, Allergies, Medications, Previous history, Last seen, Events leading up

B. Signs and symptoms, Allergies, Medications, Past medical history, Last oral intake, Events leading up

C. Symptoms, Age, Medications, Pathology, Last meal, Emergency contacts

D. Signs, Activity, Medications, Pause time, Life support

8. What must EMTs do with suspected cases of child abuse?

A. Consult with parents first

B. Conduct a personal investigation

C. Report all suspected cases of child abuse

D. Notify only the child's healthcare provider

9. What is a sign of dehydration in a pediatric patient?

A. Increased urination

B. Moist skin

C. Decreased tear production

D. Weight gain

10. When should you not use an oxygen mask on a child?

A. When child is asleep

B. In cases of severe respiratory distress where airway control is uncertain

C. When the child is playing

D. During a fever

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which of the following is NOT initially seen in children 12-18 months old?

A. Understand cause and effect

B. Identification of colors

C. Recognition of familiar faces

D. Ability to follow simple instructions

In children aged 12 to 18 months, cognitive and social development progresses rapidly, leading to various milestones. At this stage, understanding cause and effect is emerging as children start to grasp that their actions can lead to specific outcomes. They begin to explore how their interactions with the environment yield responses, such as shaking a rattle to produce sound. Recognition of familiar faces is well-developed in this age range. Babies are typically able to differentiate between familiar and unfamiliar individuals, often showing preference for caregivers and known relatives. This recognition is a critical aspect of social development and emotional attachment. The ability to follow simple instructions also becomes apparent. Children in this age group can often understand and respond to basic commands, such as "come here" or "give me," indicating developing comprehension skills and receptive language abilities. However, identification of colors is not typically mastered until later in development, generally around the age of 2 or 3. At 12 to 18 months, children are still refining their ability to categorize objects and may not yet grasp the concept of colors or be able to name them correctly. Thus, the skill of identifying colors is more advanced than what is expected of children in this age group.

2. What type of injury was commonly seen in children and requires immediate evaluation?

A. Minor abrasions

B. Fractures

C. Contusions

D. Sprains

Fractures are a type of injury that requires immediate evaluation in children due to several critical factors. Firstly, children's bones are still developing and are more susceptible to fractures, especially when they are involved in play or physical activities. Some fractures, particularly those that are displaced or involve joints, can lead to long-term complications if not addressed quickly. Additionally, fractures can be associated with other serious injuries, especially in young children who may not communicate their pain or discomfort effectively. Rapid assessment is important for accurate diagnosis and treatment, which may involve immobilization, pain management, or even surgical intervention depending on the severity and type of fracture. In contrast, minor abrasions, contusions, and sprains, while they can be painful and require care, generally do not have the same urgency for immediate evaluation. These types of injuries are often manageable with at-home care or a follow-up visit if symptoms persist, making fractures a higher priority for immediate medical attention in pediatric emergencies.

SAMPLE

3. What sign indicates that a child may be experiencing respiratory distress?

A. Increased work of breathing

B. Normal heart rate

C. Bloody sputum

D. Infant crawling behavior

Increased work of breathing is a key indicator that a child may be experiencing respiratory distress. When a child has difficulty breathing, they often exhibit noticeable signs such as nasal flaring, retractions of the chest or abdomen, grunting, and increased respiratory rate. These signs indicate that the child is using more effort and energy to breathe, which is a clear signal of respiratory compromise. In contrast, a normal heart rate is not a sign of respiratory distress; while heart rate can be elevated in a state of distress, it does not specifically indicate issues with breathing. Bloody sputum can be a sign of more severe respiratory conditions but is not an early indicator of distress itself. Similarly, infant crawling behavior is not directly related to respiratory function; infants are at various stages of development, and their movements do not provide specific insight into their respiratory status. Therefore, recognizing increased work of breathing is crucial for early identification of respiratory distress in children.

4. Which of the following characterizes a normal level of consciousness in a child or infant?

A. Unresponsiveness with minimal movement

B. Age-appropriate behavior and good muscle tone

C. Inability to maintain eye contact

D. Lethargy and poor muscle tone

A normal level of consciousness in a child or infant is characterized by age-appropriate behavior and good muscle tone. This means that the child or infant is alert and responsive to their environment, exhibiting actions and reactions that are typical for their developmental stage. Good muscle tone indicates that the child is physically engaged and capable of typical movements, which are essential indicators of a healthy neurological state. When a child has a normal level of consciousness, they will be able to interact with caregivers, respond to stimuli, and show curiosity about their surroundings. These abilities reflect the integrated functioning of their cognitive and motor systems, which are vital for healthy development and indicate that there is no underlying distress or significant medical issue at play.

5. In which children is the risk of dehydration the highest?

A. School-age children

B. Infants and toddlers

C. Adolescents

D. Children with chronic illnesses

Infants and toddlers are at the highest risk of dehydration due to several physiological and developmental factors. Their body surface area relative to their volume is higher compared to older children, making them lose fluids more rapidly through the skin. Additionally, they have a higher metabolic rate, which leads to greater fluid loss through urine and respiration. Moreover, infants and toddlers have less reserve fluid and are not always capable of communicating their thirst or recognizing the need for additional fluid intake. This age group is also more susceptible to gastrointestinal illnesses, such as diarrhea and vomiting, which can exacerbate dehydration. Their immature kidneys may not effectively conserve water, further increasing their vulnerability to fluid loss during illness or lack of adequate hydration. In contrast, school-age children and adolescents are generally more resilient with better compensatory mechanisms for fluid balance, while children with chronic illnesses can vary in risk depending on their specific conditions but do not universally exhibit the same high risk associated with young children.

SAMPLE

6. Which of the following is a common symptom of croup in children?

A. High fever

B. Stridor

C. Skin rash

D. Diarrhea

Stridor is a common symptom of croup in children and is distinguished by a high-pitched, wheezing sound that is typically heard when the child inhales. This sound is the result of narrowing in the upper airway, often due to inflammation caused by viral infection, which is characteristic of croup. In children with this condition, stridor usually indicates the presence of significant airway obstruction, often worsened by agitation or crying. While high fever can occur with various infections, it is not a specific symptom of croup and can be associated with many other conditions. Skin rash and diarrhea are also symptoms associated with different illnesses, but they are not linked to croup. Understanding the hallmark signs of croup, such as stridor, is essential for appropriately recognizing and managing this common pediatric emergency.

7. In pediatric emergencies, the acronym "SAMPLE" stands for what?

A. Signs, Allergies, Medications, Previous history, Last seen, Events leading up

B. Signs and symptoms, Allergies, Medications, Past medical history, Last oral intake, Events leading up

C. Symptoms, Age, Medications, Pathology, Last meal, Emergency contacts

D. Signs, Activity, Medications, Pause time, Life support

The acronym "SAMPLE" is a critical assessment tool used by EMTs and healthcare providers in various emergency situations, particularly with pediatric patients. In this context, "SAMPLE" stands for Signs and Symptoms, Allergies, Medications, Past medical history, Last oral intake, and Events leading up to the current situation. This framework is essential for gathering pertinent information quickly, which can aid in making timely and informed decisions about treatment and care. - "Signs and Symptoms" help identify what the child is experiencing, providing immediate insights into their condition. - "Allergies" inform the healthcare provider about any potential risks related to treatments or medications. - "Medications" detail any current medications the child is taking, which is vital to avoid adverse drug interactions. - "Past medical history" gives context about underlying health issues that could influence the current emergency. - "Last oral intake" helps assess the child's nutritional status and hydration, which is important in emergencies, especially if surgery or other interventions may be required. - "Events leading up" provides a timeline of what occurred before the emergency, helping to pinpoint causes and triggers. This comprehensive approach ensures that all relevant information is obtained systematically, making it easier to provide appropriate care and anticipate complications

SAMPLE

8. What must EMTs do with suspected cases of child abuse?

A. Consult with parents first

B. Conduct a personal investigation

C. Report all suspected cases of child abuse

D. Notify only the child's healthcare provider

EMTs are mandated reporters, which means that they have a legal and ethical obligation to report any suspicions of child abuse to the appropriate authorities. The rationale behind this requirement is to protect the welfare and safety of children, as they may not have the ability to advocate for themselves in situations of abuse. Reporting suspected cases allows trained professionals to investigate and intervene if necessary, potentially safeguarding the child from further harm. In practice, this means that if EMTs encounter indicators of abuse during their assessments or interactions with a child, they must document their observations and report them to the designated authorities, such as child protective services, rather than trying to investigate the situation themselves or consulting with parents first. Doing so helps ensure that qualified individuals are tasked with evaluating the situation appropriately and that the child's safety is prioritized.

9. What is a sign of dehydration in a pediatric patient?

A. Increased urination

B. Moist skin

C. Decreased tear production

D. Weight gain

Decreased tear production is a classic sign of dehydration in pediatric patients. In healthy children, adequate hydration levels typically maintain normal tear production, which is important for eye lubrication and overall comfort. When a child is dehydrated, their body conserves fluids, leading to reduced production of tears. This can manifest as dry eyes or a lack of tears when the child is crying, which are key indicators of dehydration. Other factors that indicate hydration status, such as increased urination or moist skin, often reflect adequate fluid intake. Weight gain typically suggests proper hydration rather than dehydration. Therefore, decreased tear production is a notable sign that can help identify a child who may be experiencing dehydration, making it essential for prompts in assessment and timely management.

10. When should you not use an oxygen mask on a child?

A. When child is asleep

B. In cases of severe respiratory distress where airway control is uncertain

C. When the child is playing

D. During a fever

Using an oxygen mask on a child is generally contraindicated in situations that place the airway at risk. In cases of severe respiratory distress where airway control is uncertain, using an oxygen mask may not provide adequate ventilation to the child. If the child's airway is not properly managed or there are concerns about the child's ability to breathe effectively, supplemental oxygen can potentially exacerbate the problem by causing further airway obstruction or distress. In such circumstances, it is crucial to assess and secure the airway first before attempting to provide oxygen via a mask. In contrast, situations like when a child is asleep, playing, or has a fever do not inherently preclude the use of an oxygen mask. While ensuring the mask fits correctly during sleep or adjusting it if the child is playing can be important, these conditions do not present the same level of airway risk as severe respiratory distress with an unsure airway situation.

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://emtpediaemergencies.examzify.com

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

SAMPLE