FIELD INTERNSHIP STUDENT DATA ACQUISITION PROJECT (FISDAP) PARAMEDIC PRACTICE EXAM (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. After successful intubation of an adult, what is the next step if no sounds are heard in the epigastric area?

A. Administer breath sounds with a resuscitator

B. Attach an ETCO2 monitoring device

C. Remove and reinsert the endotracheal tube

D. Begin bag-mask ventilation immediately

2. Which of the following statements concerning seizures is true?

A. The post-ictal phase occurs after the seizure in absence seizures

B. The post-ictal phase occurs simultaneously with the seizure

C. Absence seizures involve a post-ictal confusion

D. Seizures are always accompanied by loss of consciousness

3. What is the recommended location for assessing the pulse in an unresponsive 6-month-old child?

A. Carotid artery

B. Radial artery

C. Brachial artery

D. Femoral artery

4. Which assessment finding is most common in a patient with a ruptured spleen?

A. Mid-abdominal pain

B. Left shoulder pain

C. Right upper quadrant pain

D. Lower back pain

5. Which of the following does NOT need to be proven by the plaintiff in a malpractice case against a medic?

A. A duty to act

B. That the medic failed to act

C. The existence of harm to the patient

D. That the medic's action directly caused harm

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6. When monitoring a heart with lead II, how are the leads polarized?

A. Left arm positive, right leg negative

B. Left leg positive, right arm negative

C. Right arm positive, left leg negative

D. Left leg negative, right arm positive

7. An elderly female is found unresponsive. After initiating CPR, the cardiac monitor shows VFib. How should you treat her?

A. Continue CPR and prepare to defibrillate at 200J

B. Continue CPR, then prepare to defibrillate at 360J

C. Administer Epinephrine and check for a pulse

D. Stop CPR and assess for signs of life

8. What is the correct naloxone dose for a 6 lb 8 oz neonate experiencing respiratory depression?

A. 0.1 mg

B. 0.3 mg

C. 0.5 mg

D. 0.75 mg

9. What is the primary purpose of the triage system in emergency response?

A. To treat patients in order of arrival

B. To prioritize care based on severity

C. To categorize injuries by type

D. To gather patient history

10. What is the most important variable when calculating total kinetic energy?

A. Mass

B. Acceleration

C. Velocity

D. Distance

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Answers

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

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Explanations

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1. After successful intubation of an adult, what is the next step if no sounds are heard in the epigastric area?

A. Administer breath sounds with a resuscitator

B. Attach an ETCO2 monitoring device

C. Remove and reinsert the endotracheal tube

D. Begin bag-mask ventilation immediately

The next step after successful intubation of an adult, particularly when no sounds are detected in the epigastric area, is to attach an ETCO2 monitoring device. The absence of breath sounds in the epigastric area can indicate that the tube may not be positioned correctly in the trachea, as sounds would typically be present if the tube is correctly placed and air is successfully entering the lungs. Using an ETCO2 monitoring device is vital in this scenario because it provides a continuous measurement of carbon dioxide levels in exhaled air, confirming that the endotracheal tube is in the correct position. If the tube is in the trachea, you would expect to detect carbon dioxide upon exhalation, indicating proper ventilation. This step helps ensure patient safety and confirms effective placement before taking further action. In contrast, administering breath sounds with a resuscitator or removing and reinserting the endotracheal tube without confirming CO2 presence may not effectively address the risk of incorrect tube placement. Beginning bag-mask ventilation immediately could also be risky without confirming that the tube is correctly positioned, as it may lead to ventilation of the stomach instead of the lungs if the tube is inadvertently misplaced. Hence, confirming tube placement using

2. Which of the following statements concerning seizures is true?

A. The post-ictal phase occurs after the seizure in absence seizures

B. The post-ictal phase occurs simultaneously with the seizure

C. Absence seizures involve a post-ictal confusion

D. Seizures are always accompanied by loss of consciousness

The statement regarding the post-ictal phase is accurate because, in the context of absence seizures, there is typically no post-ictal phase as seen in other types of seizures, such as generalized tonic-clonic seizures. In absence seizures, the individual experiences a brief lapse in consciousness, characterized by unresponsiveness, and then quickly returns to baseline without the prolonged confusion or disorientation often associated with the post-ictal phase. This distinction is important for recognizing the unique features of absence seizures and understanding that while there is a recovery period following certain types of seizures, this is not the case with absence seizures, where the individual almost immediately resumes normal activity without confusion or aftereffects. The other statements do not accurately represent seizure dynamics and characteristics. For instance, the post-ictal phase does not occur simultaneously with the seizure and is not a feature of the absence seizure type. Furthermore, not all seizures result in a loss of consciousness, as some types may involve retained awareness, highlighting that seizures can vary significantly in their manifestation based on the specific type involved.

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3. What is the recommended location for assessing the pulse in an unresponsive 6-month-old child?

A. Carotid artery

B. Radial artery

C. Brachial artery

D. Femoral artery

In an unresponsive 6-month-old child, the preferred location for pulse assessment is the brachial artery. This choice is grounded in the anatomical considerations of infants. At this age, the brachial artery is relatively accessible and is an effective site for detecting a pulse. When checking for a pulse in infants, the brachial artery—located just above the elbow on the inner arm—is easier to palpate compared to the radial artery, which may be too small and difficult to assess accurately in younger children. The carotid and femoral arteries, while they could be palpitated, are not recommended for pulse assessment in infants due to the higher risk of causing injury or the complexities related to safely accessing these areas in such small patients. The brachial artery is specifically preferred for this age group and is aligned with pediatric emergency protocols for assessing circulation.

4. Which assessment finding is most common in a patient with a ruptured spleen?

A. Mid-abdominal pain

B. Left shoulder pain

C. Right upper quadrant pain

D. Lower back pain

In the context of a ruptured spleen, the most common assessment finding is left shoulder pain, also known as Kehr's sign. This phenomenon occurs due to diaphragmatic irritation from blood accumulating in the abdominal cavity, which can irritate the phrenic nerve that supplies the diaphragm. The phrenic nerve also shares pathways with nerves that innervate the shoulder region, leading to referred pain in the left shoulder. Recognizing this sign is crucial because it can guide clinicians to suspect splenic injury, particularly in trauma patients.
Mid-abdominal pain and right upper quadrant pain can occur but are not specific to spleen injuries. Lower back pain can be an associated finding but is less common and not typically indicative of ruptured spleen.
Understanding these relationships is essential for accurate assessment and timely intervention in these patients.

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5. Which of the following does NOT need to be proven by the plaintiff in a malpractice case against a medic?

A. A duty to act

B. That the medic failed to act

C. The existence of harm to the patient

D. That the medic's action directly caused harm

In a malpractice case, a plaintiff must prove that certain elements exist to establish the case against the accused party, in this case, the medic. The element that does not need to be proven is the existence of a duty to act as a standalone principle in every situation. To clarify, while the EMT or medic generally has a duty to act when they are on duty and in a position to provide care, this duty may not need to be explicitly established in every case, especially if the circumstances of the case imply a responsibility, such as being the only medical provider present at the scene. In contrast, proving the other elements—such as that the medic failed to act, that harm occurred to the patient, and that the medic's actions directly resulted in that harm—are essential components of establishing malpractice. Each of these elements helps to concretely demonstrate the medic's liability, aligning with the legal standards required in malpractice claims.

6. When monitoring a heart with lead II, how are the leads polarized?

A. Left arm positive, right leg negative

B. Left leg positive, right arm negative

C. Right arm positive, left leg negative

D. Left leg negative, right arm positive

When monitoring a heart with lead II, the correct configuration involves placing the positive electrode on the left leg and the negative electrode on the right arm. This setup allows for the most effective depiction of the electrical activity of the heart as it generates a vector directed from the right arm toward the left leg, which is where lead II is positioned. The choice of having the left leg as the positive lead enables the detection of the depolarization wavefront as it moves downward towards the left leg, reflecting the natural pathway of electrical conduction through the heart. Additionally, positioning the right arm as the negative lead helps to establish a reference point in this lead configuration, which allows for the accurate reading of heart rhythm and the analysis of electrical impulses. This orientation is ideal for capturing the overall rhythm of the heart, essential for diagnosing conditions such as arrhythmias or other cardiac abnormalities. The other configurations would not align with the standard representation of lead II, which could lead to inaccuracies in monitoring the heart's activity.

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7. An elderly female is found unresponsive. After initiating CPR, the cardiac monitor shows VFib. How should you treat her?

A. Continue CPR and prepare to defibrillate at 200J

B. Continue CPR, then prepare to defibrillate at 360J

C. Administer Epinephrine and check for a pulse

D. Stop CPR and assess for signs of life

The preferred treatment for a patient found unresponsive with ventricular fibrillation (VFib) is to continue CPR and then prepare to defibrillate at the appropriate energy level. In cases of VFib, defibrillation is a critical step to restore a normal cardiac rhythm, and the standard for defibrillation in adults generally starts at a higher energy level, often around 360 joules, especially when using a biphasic defibrillator, to maximize the chance of converting the arrhythmia effectively. Continuing CPR before defibrillation helps to maintain blood circulation and oxygen delivery to the brain and vital organs until defibrillation can be performed. The 360J setting is typically indicated for patients with VFib to ensure adequate energy is delivered for synchronization of the cardiac rhythm. Each second of CPR can improve the likelihood of a successful defibrillation, emphasizing the importance of performing high-quality compressions in the interim. This approach aligns with the advanced cardiac life support (ACLS) protocols, which emphasize the significance of early defibrillation following continued CPR efforts in cases of VFib.

8. What is the correct naloxone dose for a 6 lb 8 oz neonate experiencing respiratory depression?

A. 0.1 mg

B. 0.3 mg

C. 0.5 mg

D. 0.75 mg

For a neonate experiencing respiratory depression, the appropriate dose of naloxone is typically calculated based on their weight. In general, the dosage for naloxone in pediatric patients can be around 0.1 mg/kg. In the case of a neonate weighing 6 lb 8 oz (which converts to approximately 2.95 kg), the correct calculation would guide the administration of naloxone. Using the standard dosing guideline, 0.1 mg/kg would equate to about 0.295 mg for this patient. Since naloxone is often administered in practical doses, and to simplify dosing, 0.3 mg is a suitable rounding for clinical practice, making it an effective choice for ensuring adequate reversal of respiratory depression in this setting. This dosage ensures that the neonate receives a sufficient amount of medication to counteract the effects causing respiratory depression while remaining within safe administration limits for their weight category.

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9. What is the primary purpose of the triage system in emergency response?

A. To treat patients in order of arrival

B. To prioritize care based on severity

C. To categorize injuries by type

D. To gather patient history

The primary purpose of the triage system in emergency response is to prioritize care based on severity. This systematic approach allows medical personnel to assess the needs of patients quickly and efficiently in situations where resources may be limited, such as during a mass casualty incident. By focusing on the severity of each patient's condition, responders can ensure that those who require immediate life-saving interventions receive care first, thereby maximizing the chances of survival and improving overall outcomes in emergency situations. This prioritization is essential because it allows for an organized method of treatment when the healthcare system is under pressure, ensuring that caregivers act where they can be most effective. Other aspects, such as treatment order or categorizing injuries by type, are important but secondary to the triage principle of addressing the most critical cases first. Gathering patient history is also important, but it typically occurs after initial triage has designated a patient's priority level.

10. What is the most important variable when calculating total kinetic energy?

A. Mass

B. Acceleration

C. Velocity

D. Distance

The most important variable when calculating total kinetic energy is velocity. Kinetic energy is defined by the formula $KE = \frac{1}{2} mv^2$, where KE is kinetic energy, m is mass, and v is velocity. In this equation, velocity plays a critical role because it is squared, meaning that even small changes in velocity can lead to significant changes in kinetic energy. For example, if an object's speed doubles, its kinetic energy increases by a factor of four due to the squaring of the velocity term. This highlights the velocity's influence on the kinetic energy of an object, making it a key variable in the calculation. While mass is also important, it does not have the same magnifying effect in the calculation as velocity does. Acceleration and distance are not directly involved in the calculation of kinetic energy. Acceleration represents the rate of change of velocity, and distance does not factor into the kinetic energy equation at all. Thus, velocity remains the pivotal variable in determining the total kinetic energy of an object.

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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://fisdapparamedic.examzify.com

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

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