MARYLAND EMT PROTOCOLS 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. When should you apply traction to a splinted extremity?

A. If there are signs of perfusion or neurological function

B. When there is severe swelling of the extremity

C. Immediately after splinting

D. When the patient expresses pain

2. If the airway of a patient is obstructed, what should be checked before giving breaths?

A. Look for the object and remove it if seen

B. Continue with CPR without checking

C. Administer back blows

D. Wait for emergency personnel to arrive

3. Which hospital specializes in treating hand and upper extremity trauma?

A. Children's National Medical Center

B. Curtis National Hand Center/Union Memorial Hospital

C. Neurotrauma Center at Shock Trauma

D. Adult Burn Center at Johns Hopkins Bayview

4. What is a recommended treatment for heat exhaustion?

A. Wrap the patient in wet towels

B. Encourage rest and hydration with electrolytes

C. Administer caffeine

D. Transport to the hospital immediately

5. What form of croup does a pediatric patient with a barky cough and stridor at rest without agitation have, and what is their priority level?

A. Mild croup, Priority 1

B. Severe croup, Priority 2

C. Moderate croup, Priority 2

D. Severe croup, Priority 1

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6. What should be done for a patient experiencing hyperkalemia?

A. Assess and treat minor symptoms only

B. Place them in a sitting position

C. Place them in a position of comfort

D. Immediately administer insulin

7. What is indicated for treating associated trauma in burn patients?

A. Use complex dressings

B. Ignore it if the burn is severe

C. Prioritize burn treatment

D. Assess and treat appropriately

8. What vital sign should be assessed alongside oxygen delivery during patient evaluation?

A. Heart rate

B. Blood pressure

C. Respiratory rate

D. Pulse oximetry

9. In which scenario should you hyperventilate a patient with a head injury?

A. When the patient shows signs of improvement

B. Only when consciousness is regained

C. When there are signs of herniation, such as unequal pupils

D. When the patient is fully conscious

10. What is a recommended action for a patient experiencing tachycardia?

A. Put the patient in a supine position

B. Assess and treat for shock if indicated

C. Restrict fluid intake

D. Perform immediate defibrillation

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Answers

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

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Explanations

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1. When should you apply traction to a splinted extremity?

A. If there are signs of perfusion or neurological function

B. When there is severe swelling of the extremity

C. Immediately after splinting

D. When the patient expresses pain

Applying traction to a splinted extremity is primarily indicated when there are signs of perfusion or neurological function in the affected limb. This is essential because the presence of blood flow and nerve function suggests that the limb is viable, meaning that it can benefit from the alignment and stabilization that traction provides. Traction is used to minimize movement at the fracture site, alleviate pain, and improve stability. Ensuring perfusion and neurological function assures that the limb is not only alive but also that any realignment performed will not further compromise blood flow or nerve integrity. In cases where there is severe swelling of the extremity, the focus would typically be on managing that condition rather than applying traction, as it could exacerbate pain and impede circulation. Similarly, applying traction immediately after splinting may not be advisable, as the splint is designed to stabilize the limb first before any additional measures like traction are taken. Pain expressed by the patient is a critical factor in assessment, but it alone does not justify the application of traction without confirming that the extremity is still receiving adequate perfusion and retains neurological function.

2. If the airway of a patient is obstructed, what should be checked before giving breaths?

A. Look for the object and remove it if seen

B. Continue with CPR without checking

C. Administer back blows

D. Wait for emergency personnel to arrive

When dealing with an obstructed airway, checking for the object and removing it if it is seen is the correct first step. This approach aligns with the principles of airway management in emergency situations. If an obstruction is visible and can be safely removed, doing so can quickly alleviate the blockage and restore normal breathing. In cases where the airway is compromised, immediate action is essential. By checking the airway, you have the opportunity to clear it before performing further interventions like rescue breaths. This is crucial in preventing further complications and ensuring that the patient can breathe on their own, as providing breaths without clearing the obstruction first may lead to ineffective ventilation. The other options may not adequately address the immediate concern of airway obstruction. For instance, continuing with CPR without checking the airway doesn't resolve the obstruction and could be insufficient if the patient's ability to breathe is not restored. Administering back blows could be appropriate in certain situations, but it's typically done if the obstruction cannot be visibly removed and may not be the immediate action to take if the object is visible. Waiting for emergency personnel to arrive does not take advantage of the critical time where immediate intervention could save the patient's life. Therefore, assessing and removing a visible obstruction is the most effective and appropriate initial action.

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3. Which hospital specializes in treating hand and upper extremity trauma?

A. Children's National Medical Center

B. Curtis National Hand Center/Union Memorial Hospital

C. Neurotrauma Center at Shock Trauma

D. Adult Burn Center at Johns Hopkins Bayview

The Curtis National Hand Center at Union Memorial Hospital is renowned for its specialized treatment of hand and upper extremity trauma. This facility focuses solely on diagnosing and treating conditions related to the hands, wrists, and arms, offering advanced surgical techniques and rehabilitation. The staff includes experienced hand surgeons and therapists who are specifically trained in managing complex injuries and disorders of the upper extremity, making it the go-to destination for such trauma care. Other hospitals listed may focus on different aspects of trauma or pediatric care, but they do not have the same level of specialization in hand and upper extremity injuries as the Curtis National Hand Center. By concentrating its resources and expertise on this particular area, the Curtis National Hand Center provides comprehensive care that is uniquely tailored to the complex nature of hand and upper extremity injuries.

4. What is a recommended treatment for heat exhaustion?

A. Wrap the patient in wet towels

B. Encourage rest and hydration with electrolytes

C. Administer caffeine

D. Transport to the hospital immediately

Encouraging rest and hydration with electrolytes is the recommended treatment for heat exhaustion because it addresses the core issues associated with this condition—dehydration and electrolyte imbalance. In heat exhaustion, the body loses significant amounts of water and essential salts due to excessive sweating, which can lead to symptoms like weakness, dizziness, nausea, and fatigue. Promoting rest allows the body to recover from the stress of heat exposure, while hydration, especially with electrolyte solutions, helps restore lost fluids and balance sodium and potassium levels. This dual approach helps alleviate symptoms and can prevent the condition from progressing to heat stroke, which is more severe and requires immediate medical attention. The other choices may not be appropriate interventions for heat exhaustion. Wrapping the patient in wet towels could potentially cool the body too quickly or lead to additional moisture retention, which may not provide the most effective relief. Administering caffeine is counterproductive, as caffeine can have a diuretic effect and may exacerbate dehydration. While urgent transport to a hospital may be necessary in severe cases or for patients exhibiting signs of heat stroke, it is not typically required for mild heat exhaustion when these first-aid measures can be effectively implemented. Thus, option B is the most suitable and actionable response to treat heat exhaustion

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5. What form of croup does a pediatric patient with a barky cough and stridor at rest without agitation have, and what is their priority level?

A. Mild croup, Priority 1

B. Severe croup, Priority 2

C. Moderate croup, Priority 2

D. Severe croup, Priority 1

A pediatric patient exhibiting a barky cough and stridor at rest, without signs of agitation, typically presents with moderate croup. In the classification of croup severity, moderate croup is characterized by the presence of stridor during rest and a tendency for the patient to appear less anxious or agitated compared to those with severe croup. This classification is important for guiding treatment decisions and prioritizing patient care. Stridor at rest indicates a more serious condition than mild croup, which usually presents with a barky cough and stridor only when the child is agitated or crying. In the case of moderate croup, while urgent intervention may be necessary, it does not require the immediate critical-level response associated with severe croup, where there could be significant respiratory distress and a risk of airway obstruction. Thus, recognizing this distinction and identifying it as moderate croup, classified as Priority 2, ensures that the patient receives timely yet appropriately scaled care based on their condition.

6. What should be done for a patient experiencing hyperkalemia?

A. Assess and treat minor symptoms only

B. Place them in a sitting position

C. Place them in a position of comfort

D. Immediately administer insulin

For a patient experiencing hyperkalemia, placing them in a position of comfort is vital because it can help alleviate any anxiety or discomfort, which may be exacerbated by their condition. This approach allows the patient to breathe easier, promotes relaxation, and can be integral to managing their overall well-being regardless of the specific medical interventions that may be necessary. Comfort positioning can also facilitate better clinical assessments and interventions in a pre-hospital setting. If the patient is experiencing severe symptoms related to hyperkalemia, such as muscle weakness or cardiac arrhythmias, ensuring they are comfortable will help reduce stress and potentially stabilize their condition until further medical treatment can be administered. When dealing with hyperkalemia, emergency treatments may include the administration of calcium, bicarbonate, or insulin, but these require careful considerations and monitoring in more advanced medical settings. Focusing on maintaining the patient's comfort enables EMTs to provide compassionate care while preparing for necessary interventions as guided by protocols.

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7. What is indicated for treating associated trauma in burn patients?

A. Use complex dressings

B. Ignore it if the burn is severe

C. Prioritize burn treatment

D. Assess and treat appropriately

In burn patients, it is crucial to assess and treat associated trauma appropriately because burns often occur alongside other injuries, especially in situations like fires or explosions. Focusing solely on the burn without evaluating the patient's overall condition can lead to untreated life-threatening injuries, such as fractures, internal bleeding, or head trauma. By assessing and treating all injuries, including the trauma, EMTs can ensure that the patient's airway, breathing, and circulation (ABCs) are stable. This comprehensive approach allows for better patient outcomes, as early intervention for any critical injuries can significantly affect prognosis. In scenarios of severe burns, the tendency might be to prioritize the burn treatment exclusively, yet neglecting associated trauma can have dire consequences. Properly addressing all injuries not only aligns with best practices in emergency care but also follows established protocols designed for holistic patient management in trauma situations.

8. What vital sign should be assessed alongside oxygen delivery during patient evaluation?

A. Heart rate

B. Blood pressure

C. Respiratory rate

D. Pulse oximetry

While the correct choice is blood pressure, the vital signs assessed during patient evaluation are interconnected. Blood pressure is essential because it provides crucial information about the circulatory system's ability to deliver oxygen and nutrients to the tissues. A patient may have adequate oxygen saturation levels but still exhibit poor perfusion if their blood pressure is low, which could indicate shock or other significant health issues. In evaluating a patient, understanding the interplay between oxygen delivery (via the respiratory system) and blood pressure, which indicates how well the cardiovascular system is functioning to transport that oxygen, is critical. Low blood pressure can lead to inadequate tissue perfusion, even if the respiratory rate and oxygen saturation appear normal. Other vital signs, such as heart rate, respiratory rate, and pulse oximetry, also play important roles in patient assessment. Heart rate can indicate the body's response to stress or shock, while respiratory rate helps assess how well the patient is ventilating. Pulse oximetry is a direct measure of oxygen saturation in the blood, indicating how well oxygen is being delivered at a cellular level. However, assessing blood pressure alongside these other factors gives a more comprehensive view of the patient's overall condition and the effectiveness of oxygen delivery.

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9. In which scenario should you hyperventilate a patient with a head injury?

A. When the patient shows signs of improvement

B. Only when consciousness is regained

C. When there are signs of herniation, such as unequal pupils

D. When the patient is fully conscious

Hyperventilating a patient with a head injury is indicated when there are signs of herniation, such as unequal pupils. This condition can occur when there is increased intracranial pressure, which can compress the brain and impact its function. By hyperventilating the patient, you help to lower the carbon dioxide levels in the blood, which can lead to vasoconstriction of the cerebral blood vessels. This action may reduce intracranial pressure temporarily and potentially provide a critical intervention in the case of impending herniation. Recognizing signs of herniation is crucial because it signals a medical emergency where immediate corrective measures may be needed to prevent further neurologic damage or death. Hyperventilation in this context can be a life-saving maneuver until more definitive treatment can be provided.

10. What is a recommended action for a patient experiencing tachycardia?

A. Put the patient in a supine position

B. Assess and treat for shock if indicated

C. Restrict fluid intake

D. Perform immediate defibrillation

When a patient is experiencing tachycardia, it is crucial to assess their overall condition and determine if they are showing any signs of shock. Tachycardia can occur for a variety of reasons, some of which may compromise circulation and lead to inadequate perfusion, resulting in shock. By recognizing this potential and treating for shock if indicated, you address any immediate life-threatening issues—such as poor perfusion, altered mental status, or hypotension—while continuing to manage the patient's heart rate. This approach ensures that the patient receives appropriate care, which may include administering fluids, medications, or other interventions as necessary. Identifying and managing shock is a priority in emergency care, as it directly affects the patient's vital organs. Therefore, taking action to assess and treat for shock aligns with the best practices in emergency medical protocols.

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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://mdemtprotocols.examzify.com

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

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