NEW YORK CITY REMAC PARAMEDIC CREDENTIALING 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. **Under what circumstance does HIPAA allow disclosure without patient consent?**

   A. Research purposes

   B. Billing

   C. Public health concerns

   D. Information sharing with family members

2. **For a 9-year-old patient experiencing anaphylaxis after peanut exposure, what is the appropriate dose of epinephrine 1:1,000 IM?**

   A. 0.1 mg

   B. 0.15 mg

   C. 0.3 mg

   D. 0.5 mg

3. **What is the best treatment for a 6-month-old with bronchiolitis and an SpO of 89%?**

   A. Administer racemic epinephrine

   B. Use albuterol

   C. Provide high-flow NC humidified O

   D. Initiate steroids immediately

4. **What is the repeat dosing protocol for adult status epilepticus after the first administration of midazolam 5 mg IM?**

   A. Repeat 2.5 mg once in 5 min

   B. Repeat 5 mg once in 5 min

   C. Repeat 10 mg once in 10 min

   D. Repeat 5 mg once in 10 min

5. **What is the primary pathophysiology associated with a diabetic presenting with polyuria and Kussmaul respirations?**

   A. Hypoglycemia

   B. Diabetic ketoacidosis

   C. Hyperglycemic hyperosmolar state

   D. Insulin resistance

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6. Where should a pelvic binder be placed for a patient with pelvic instability and a BP of 80/50 mmHg?

A. Above the iliac crests

B. At the level of the greater trochanters

C. Below the pubic symphysis

D. At the level of the umbilicus

7. How should an amputated finger be transported?

A. In saline-soaked gauze, bag on ice

B. Wrapped in cloth

C. In dry sterile gauze

D. In warm water

8. What is the correct way to perform the Heimlich maneuver on a conscious adult?

A. Stand behind the patient and thrust upward just above the navel

B. Push down on the chest rapidly while facing the patient

C. Have the patient lean forward while hitting their back

D. Encourage the patient to cough forcefully

9. According to protocol, what is the maximum on-scene time for suspected stroke from door to door?

A. 20 min

B. 30 min

C. 40 min

D. 50 min

10. What percentage of the standard knowledge questions covers adult medical topics?

A. 15%

B. 35%

C. 10%

D. 25%

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Answers

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

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Explanations

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1. Under what circumstance does HIPAA allow disclosure without patient consent?

A. Research purposes

B. Billing

C. Public health concerns

D. Information sharing with family members

The situation in which HIPAA allows disclosure without patient consent is related to billing and payment operations. Under HIPAA regulations, healthcare providers are permitted to share patient information with health plans and other entities for the purposes of obtaining payment for services rendered. This is crucial for ensuring that providers can receive compensation for their services and maintain their financial viability. While other circumstances may allow for disclosures without consent, such as public health concerns, they do not directly relate to the provision of care that is linked to billing. HIPAA includes specific provisions for public health disclosures that aim to control disease outbreaks or report health hazards, but these are separate from the day-to-day billing practices that healthcare providers engage in. Consequently, the ability to share information for billing purposes reflects a fundamental aspect of healthcare operations, emphasizing the need for effective billing processes while still adhering to patient privacy regulations.

2. For a 9-year-old patient experiencing anaphylaxis after peanut exposure, what is the appropriate dose of epinephrine 1:1,000 IM?

A. 0.1 mg

B. 0.15 mg

C. 0.3 mg

D. 0.5 mg

For a 9-year-old patient experiencing anaphylaxis, the appropriate dose of epinephrine is typically based on weight. The standard dosage for anaphylaxis in pediatric patients is 0.01 mg/kg of body weight, administered intramuscularly (IM), using the 1:1,000 concentration. For a child weighing about 30 kg (which is common for a 9-year-old), the calculation for the dose would be 0.01 mg/kg x 30 kg = 0.3 mg. This aligns with the dose of 0.3 mg, making it the recommended standard for managing anaphylaxis in children of this age group and weight. Administering epinephrine promptly is critical in cases of anaphylaxis, as it can rapidly reverse severe allergic reactions, including airway swelling and hypotension. The intramuscular route is preferred because it allows for faster absorption into the bloodstream compared to subcutaneous administration. Therefore, 0.3 mg is the correct dose for a 9-year-old in this situation.

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3. What is the best treatment for a 6-month-old with bronchiolitis and an SpO of 89%?

A. Administer racemic epinephrine

B. Use albuterol

C. Provide high-flow NC humidified O

D. Initiate steroids immediately

Providing high-flow nasal cannula (NC) humidified oxygen is the most appropriate treatment for a 6-month-old with bronchiolitis and an oxygen saturation (SpO) of 89%. In infants, bronchiolitis is often caused by a viral infection, most commonly respiratory syncytial virus (RSV), and is characterized by inflammation of the small airways. When there is significant respiratory distress or low oxygen saturation, the primary goal of treatment is to ensure adequate oxygenation. Humidified oxygen helps to maintain moisture in the airways, which can aid in reducing respiratory distress by thinning secretions and facilitating easier breathing. In cases where the SpO drops below 90%, providing supplemental oxygen is critical to prevent complications such as hypoxia, especially in young children. While other options such as administering racemic epinephrine, using albuterol, or initiating steroids may have roles in the management of bronchospasm or inflammation in certain contexts, they are not the first-line treatments for bronchiolitis in infants. Specifically, bronchodilators, such as albuterol, have not consistently been shown to provide significant benefit in improving clinical outcomes for bronchiolitis in this age group. Similarly, steroids are not

4. What is the repeat dosing protocol for adult status epilepticus after the first administration of midazolam 5 mg IM?

A. Repeat 2.5 mg once in 5 min

B. Repeat 5 mg once in 5 min

C. Repeat 10 mg once in 10 min

D. Repeat 5 mg once in 10 min

The correct choice reflects the established protocols for managing adult status epilepticus after the initial administration of midazolam. Following the first dose of 5 mg IM, the protocol recommends repeating the same dose of 5 mg if seizures continue or recur after an appropriate time interval. This approach ensures that there is an adequate anesthetic effect without exceeding safe dosage limits, allowing for potential continued control of seizures. The timing and dosing are critical in managing status epilepticus effectively, emphasizing the importance of standardized dosing protocols to optimize patient outcomes while minimizing the risk of adverse events. The timing of 5 minutes is significant; it provides enough time for the medication to take effect and be assessed, ensuring the clinical team can make informed decisions about subsequent dosing. Adhering to this protocol helps maintain therapeutic levels while evaluating the patient's response to treatment, facilitating better overall management of the condition.

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5. What is the primary pathophysiology associated with a diabetic presenting with polyuria and Kussmaul respirations?

A. Hypoglycemia

B. Diabetic ketoacidosis

C. Hyperglycemic hyperosmolar state

D. Insulin resistance

The pathophysiology associated with a diabetic presenting with polyuria and Kussmaul respirations is predominantly linked to diabetic ketoacidosis (DKA). In this condition, there is a significant insulin deficiency, leading to the body utilizing fat for energy instead of glucose. This process results in the production of ketones, which are acidic. The accumulation of these ketones in the bloodstream causes metabolic acidosis. As the body tries to compensate for the acidosis, it triggers Kussmaul respirations, which are characterized by deep, rapid breathing. This respiratory pattern helps to expel carbon dioxide, thereby attempting to raise the blood pH back towards normal. Polyuria occurs due to the hyperglycemia resulting from inadequate insulin, which causes osmotic diuresis as excess glucose is excreted in the urine, pulling water with it. Understanding these mechanisms reflects why diabetic ketoacidosis is the primary concern in this scenario, distinguishing it from other conditions. Hypoglycemia involves low blood sugar levels, and insulin resistance relates to the body's inability to effectively use insulin without acute metabolic disturbances like the ones seen in DKA. Hyperglycemic hyperosmolar state, while also a complication of diabetes, typically presents differently and is not usually associated

6. Where should a pelvic binder be placed for a patient with pelvic instability and a BP of 80/50 mmHg?

A. Above the iliac crests

B. At the level of the greater trochanters

C. Below the pubic symphysis

D. At the level of the umbilicus

The correct placement of a pelvic binder for a patient with pelvic instability is at the level of the greater trochanters. This position is critical as it effectively compresses the pelvis, providing stabilization in cases of pelvic fractures or significant instability. By applying the binder at the greater trochanters, it helps in controlling hemorrhage by applying pressure to the pelvic area, thus reducing the volume of the pelvis and potentially decreasing bleeding from the surrounding vascular structures. Pelvic binders are specifically designed to decrease pelvic volume and stabilize fracture sites, which is particularly important for patients presenting with hypotension, like the one in this scenario with a blood pressure of 80/50 mmHg. Correct application is essential for maximizing the effectiveness of the binder in managing severe injuries. Placement above the iliac crests might not provide the same level of compression where it is critically needed, while placing it below the pubic symphysis or at the level of the umbilicus would not achieve the goal of stabilizing the pelvis effectively. Therefore, the placement at the level of the greater trochanters represents best practice for addressing pelvic instability and enhancing patient outcomes in emergency care settings.

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7. How should an amputated finger be transported?

A. In saline-soaked gauze, bag on ice

B. Wrapped in cloth

C. In dry sterile gauze

D. In warm water

Transporting an amputated finger correctly is crucial to maximize the chances of successful reattachment. The proper method involves keeping the severed digit cool and moist to preserve the tissue viability. Placing the amputated finger in saline-soaked gauze ensures that it remains hydrated, which helps prevent cellular damage. The addition of ice serves as a cooling agent, further inhibiting metabolic processes that could lead to tissue deterioration. However, it is important to note that the finger should never come into direct contact with ice, as this could cause frostbite or damage to the tissue. By placing the wrapped finger in a sealed bag on ice, you create an optimal environment for potential reattachment. Other methods, such as wrapping the finger in cloth, using dry sterile gauze, or placing it in warm water, do not provide the necessary moisture and cooling to keep the tissue viable effectively. These methods can lead to dehydration and rapid tissue degradation, significantly reducing the chance for successful surgical reattachment.

8. What is the correct way to perform the Heimlich maneuver on a conscious adult?

A. Stand behind the patient and thrust upward just above the navel

B. Push down on the chest rapidly while facing the patient

C. Have the patient lean forward while hitting their back

D. Encourage the patient to cough forcefully

The Heimlich maneuver, or abdominal thrusts, is the recommended technique for relieving choking in a conscious adult. Performing the maneuver correctly involves standing behind the patient and placing your arms around their waist. You then make a fist and position it just above the navel, gripping it with your other hand. Using a quick upward thrust is vital, as it creates pressure within the abdomen, which can help expel the lodged object from the airway. This technique is effective because the upward thrusts increase intra-abdominal pressure, forcing the diaphragm up and compressing the lungs, resulting in a forceful airflow that can dislodge the obstruction. It is crucial that the thrusts are directed upward and that the approach is effective to ensure the safety and proper care of the patient.

9. According to protocol, what is the maximum on-scene time for suspected stroke from door to door?

A. 20 min

B. 30 min

C. 40 min

D. 50 min

The maximum on-scene time for suspected stroke from door to door is 30 minutes, as timely intervention is crucial in stroke management. The primary goal in these situations is to minimize any delay in patient care to preserve brain function. The 30-minute timeframe is designed to ensure that patients can receive the necessary evaluation, treatment, and transport to a facility capable of providing definitive care swiftly. In the case of a suspected stroke, time is of the essence due to the potential for irreversible brain damage as a result of ischemia or hemorrhage. This tight timeline helps facilitate quicker access to treatments, such as thrombolytic therapy, which are most effective when administered as soon as possible after the onset of symptoms. Adhering to this protocol ultimately contributes to better patient outcomes and enhances the chances of a full recovery.

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10. What percentage of the standard knowledge questions covers adult medical topics?

A. 15%

B. 35%

C. 10%

D. 25%

The correct answer indicates that 35% of the standard knowledge questions focus on adult medical topics. This percentage signifies a substantial portion of the exam is dedicated to adult medical issues, reflecting their importance in paramedic practice. Understanding the complexities of adult patients, including their unique physiological responses, common medical emergencies, and relevant assessment techniques, is crucial for effective patient care. The significant allocation of questions to adult medical topics underscores the necessity for paramedics to be well-versed in managing adult patients, which may include conditions such as cardiac events, respiratory issues, and comprehensive trauma scenarios. A solid grasp of these areas ensures that paramedics can provide high-quality pre-hospital care and make informed clinical decisions in the field. Other answer choices represent lower percentages, which do not accurately capture the emphasis placed on adult medical topics in paramedic training and assessments. Recognizing the proportion of questions allocated to this area can help candidates prioritize their study focus, ensuring they are adequately prepared for real-world medical emergencies.

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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://nycremacparamediccred.examzify.com

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

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