NEW YORK STATE BASIC EMERGENCY MEDICAL TECHNICIAN (EMT-B) 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. Which statement regarding Sudden Infant Death Syndrome (SIDS) is false?

A. It is preventable with attentive parenting

B. Infants who experience a cardiac arrest should receive CPR

C. It is characterized as an unexplained and sudden infant death

D. The EMS provider should assist families in coping with grief

2. Which statement is incorrect regarding critical burns?

A. Full thickness burns involving the hands, face, or feet are considered critical burns.

B. Burns from chemical exposures should be evaluated as critical.

C. Burns occurring in patients with heart conditions should be considered critical.

D. Electrical burns usually cause insignificant damage to underlying soft tissues.

3. How is airway obstruction typically managed in a conscious infant?

A. Choking protocol only

B. Suctioning only

C. Back blows and chest thrusts

D. Manual airway repositioning

4. In triage, which of the following injuries would be given the highest priority (red)?

A. Fractured wrist

B. Severe head injury

C. Open abdominal wounds

D. Severe uncontrolled bleeding

5. In emergency care, what is an appropriate response during CPR for a patient with a suspected airway obstruction?

A. Begin rescue breathing immediately

B. Perform abdominal thrusts

C. Monitor the pulse only

D. Continue chest compressions uninterrupted

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6. What is the primary difference between angina and a heart attack?

A. Angina is a result of sudden artery blockage

B. Heart attack is caused by spastic constriction of arteries

C. Angina involves spastic constriction of the arteries

D. Heart attack results from a gradual narrowing of arteries

7. If an adult suffers partial thickness burns over the chest, abdomen, back, buttocks, and right arm, what percentage of body surface has been burned according to the rule of 9's?

A. 36%

B. 45%

C. 54%

D. 27%

8. What is the best definition of auscultation?

A. Listening

B. Feeling

C. Measuring

D. Observing

9. When CPR is necessary while transporting a patient on a stretcher, what should the EMS provider do?

A. Move the stretcher quickly

B. Continue CPR without pause

C. Move the stretcher slowly to continue effective CPR

D. Transfer the patient to a different stretcher

10. What is the correct ratio of compressions to ventilations for one-rescuer CPR on an adult without an advanced airway?

A. 15 compressions to 2 ventilations

B. 30 compressions to 2 ventilations

C. 30 compressions to 1 ventilation

D. 20 compressions to 2 ventilations

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Answers

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

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Explanations

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1. Which statement regarding Sudden Infant Death Syndrome (SIDS) is false?

A. It is preventable with attentive parenting

B. Infants who experience a cardiac arrest should receive CPR

C. It is characterized as an unexplained and sudden infant death

D. The EMS provider should assist families in coping with grief

Sudden Infant Death Syndrome (SIDS) is a tragic phenomenon characterized by the sudden and unexplained death of an infant, usually during sleep. The nature of SIDS means that it cannot be entirely prevented, as factors contributing to its occurrence are not fully understood. While attentive parenting may mitigate some risk factors associated with sleep environments—such as placing infants on their backs to sleep, ensuring a firm mattress, and avoiding soft bedding—SIDS itself remains an unpredictable occurrence. This makes the assertion about prevention misleading. In contrast, the other statements hold true within the context of SIDS. Infants who experience cardiac arrest certainly should receive CPR, as immediate resuscitation efforts are critical in any situation of cardiac arrest regardless of the underlying cause. The character of SIDS as an unexplained and sudden infant death is a foundational aspect of its definition. Furthermore, EMS providers play a crucial role in supporting families in their grief following the loss of an infant, helping them to navigate their emotions and providing necessary resources.

2. Which statement is incorrect regarding critical burns?

A. Full thickness burns involving the hands, face, or feet are considered critical burns.

B. Burns from chemical exposures should be evaluated as critical.

C. Burns occurring in patients with heart conditions should be considered critical.

D. Electrical burns usually cause insignificant damage to underlying soft tissues.

The statement regarding electrical burns causing insignificant damage to underlying soft tissues is incorrect because electrical burns can lead to severe and extensive damage that may not be immediately visible on the surface. When electricity passes through the body, it can cause profound injury to internal structures, including muscles, nerves, and blood vessels, potentially leading to complications such as compartment syndrome, cardiac arrest, or even death. Electrical burns often penetrate deep into tissues—far beyond the surface burn—and the effects can manifest over time as tissue necrosis or other serious complications. This hidden damage is due to the fact that the current travels through pathways of least resistance, which might avoid the surface but can wreak havoc on deeper tissues. In contrast, the other statements accurately reflect criteria for classifying burns as critical. Full thickness burns, for example, are indeed considered critical when they involve crucial areas like the hands, face, or feet due to their impact on functionality and appearance. Burns resulting from chemical exposures also warrant critical evaluation due to the potential for ongoing tissue damage. Likewise, burns in patients with pre-existing heart conditions are classified as critical because of the elevated risk of complications arising from both the burn injury and the patient's underlying health issues.

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3. How is airway obstruction typically managed in a conscious infant?

A. Choking protocol only

B. Suctioning only

C. Back blows and chest thrusts

D. Manual airway repositioning

In the case of a conscious infant experiencing airway obstruction, the appropriate management technique is to perform back blows and chest thrusts. This method is designed to dislodge an object that is causing the obstruction. The back blows involve delivering a series of forceful slaps between the infant's shoulder blades while they are positioned face down, which can help create enough pressure to potentially dislodge the obstruction. If this action doesn't resolve the issue, chest thrusts are applied while the infant is in a supine position, and these thrusts aid in further generating pressure in the thoracic cavity, assisting in expelling the foreign object from the airway. Utilizing both techniques together increases the effectiveness and safety of managing an obstructed airway in an infant, as they are gentle yet capable of generating the necessary force without causing additional injury, which is critical with the vulnerable infant population.

4. In triage, which of the following injuries would be given the highest priority (red)?

A. Fractured wrist

B. Severe head injury

C. Open abdominal wounds

D. Severe uncontrolled bleeding

In triage, the highest priority injuries are those that pose an immediate threat to life and require urgent medical intervention. Severe uncontrolled bleeding is categorized as a critical condition because it can lead to rapid blood loss and potentially death if not addressed immediately. The body requires a sufficient blood volume to maintain circulation and organ function, and uncontrolled bleeding significantly compromises this. In contrast, the other injuries, while serious, do not typically present the same level of immediate risk to life. A fractured wrist, for example, is painful and limiting but does not threaten life in the short term. A severe head injury and open abdominal wounds are certainly serious conditions that need attention, but they might not be as immediately life-threatening as uncontrolled bleeding, especially in a triage scenario where resources and time are limited. Thus, within the triage system, severe uncontrolled bleeding is prioritized to ensure the highest possible chance of survival for the patient.

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5. In emergency care, what is an appropriate response during CPR for a patient with a suspected airway obstruction?

A. Begin rescue breathing immediately

B. Perform abdominal thrusts

C. Monitor the pulse only

D. Continue chest compressions uninterrupted

In cases of suspected airway obstruction, performing abdominal thrusts is the appropriate response. This technique is designed to expel an object blocking the airway by applying pressure to the abdomen, forcing air from the lungs and potentially dislodging whatever is causing the obstruction. This is critical because it addresses the immediate threat to the patient's life posed by the blocked airway, which is essential for effective breathing and circulation. Beginning rescue breathing immediately would be inappropriate in this scenario because if the airway is obstructed, there is no effective way to ventilate the patient, potentially leading to further complications. Monitoring the pulse alone does not address the immediate problem of the obstruction; it overlooks the necessity of securing the airway. Continuing chest compressions uninterrupted is essential in certain scenarios, particularly when the patient is in cardiac arrest, but if an airway obstruction is suspected, the priority should be resolving that blockage first to restore normal respiratory function and oxygenation.

6. What is the primary difference between angina and a heart attack?

A. Angina is a result of sudden artery blockage

B. Heart attack is caused by spastic constriction of arteries

C. Angina involves spastic constriction of the arteries

D. Heart attack results from a gradual narrowing of arteries

The primary difference between angina and a heart attack revolves around the nature of the blood flow obstruction to the heart muscle. Angina is characterized by chest pain or discomfort that occurs when the heart muscle does not receive enough oxygen-rich blood, often due to spastic constriction or transient narrowing of the coronary arteries. This can be triggered by physical exertion or stress but typically resolves with rest or medication. In contrast, a heart attack occurs when there is a complete blockage of a coronary artery, often due to plaque rupture and the formation of a blood clot. This blockage prevents blood flow to a part of the heart muscle, leading to tissue damage if not quickly treated. Understanding this distinction is crucial as it underscores different underlying mechanisms and treatment approaches for each condition. Thus, angina involves spastic constriction of the arteries, making it the correct choice in distinguishing it from a heart attack.

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7. If an adult suffers partial thickness burns over the chest, abdomen, back, buttocks, and right arm, what percentage of body surface has been burned according to the rule of 9's?

A. 36%

B. 45%

C. 54%

D. 27%

To determine the total percentage of body surface burned using the Rule of Nines for adults, each major area of the body is assigned a specific percentage. According to the Rule of Nines: - The head and neck account for 9%. - Each arm represents 9%. - Each leg represents 18%. - The anterior trunk (chest and abdomen) accounts for 18%. - The posterior trunk (back and buttocks) also accounts for 18%. In this scenario, the burns are located on the chest, abdomen, back, buttocks, and right arm. Breaking it down: - The anterior trunk (chest and abdomen combined) is 18%. - The posterior trunk (back and buttocks combined) is also 18%. - The right arm accounts for 9%. Adding these together: 18% (anterior trunk) + 18% (posterior trunk) + 9% (right arm) = 45%. Thus, the total body surface area burned is properly calculated as 45%, making it the correct answer. This method of assessment is crucial for determining the severity of burns and guiding treatment decisions effectively.

8. What is the best definition of auscultation?

A. Listening

B. Feeling

C. Measuring

D. Observing

Auscultation is best defined as the act of listening to the sounds made by internal organs, typically using a stethoscope. It is a crucial component of a physical examination, primarily used to assess the health of a patient. By listening to the heart, lungs, and intestines, healthcare professionals can gather important information about a patient's condition, detecting abnormalities such as abnormal heart sounds, breath sounds, or bowel sounds. While other terms like "feeling" or "measuring" pertain to different senses and skills involved in patient evaluation, they do not capture the specific auditory focus of auscultation. Observing may involve visual assessment or inspection but lacks the auditory element that auscultation uniquely emphasizes. Thus, the emphasis on "listening" precisely defines the key aspect of auscultation in clinical practice.

9. When CPR is necessary while transporting a patient on a stretcher, what should the EMS provider do?

A. Move the stretcher quickly

B. Continue CPR without pause

C. Move the stretcher slowly to continue effective CPR

D. Transfer the patient to a different stretcher

When CPR is necessary while transporting a patient on a stretcher, the EMS provider should aim to maintain effective chest compressions to ensure continued circulation. Moving the stretcher slowly enables the provider to deliver high-quality compressions with adequate depth and rate, while also minimizing interruptions. This approach is critical because high-quality CPR has been shown to significantly improve survival rates in patients experiencing cardiac arrest. When EMS providers transport a patient requiring CPR, they must balance the need for effective chest compressions with the practicality of moving the stretcher. Rapid movement can compromise the quality of compressions and may lead to ineffective CPR, while transferring the patient to a different stretcher could introduce unnecessary delay. Therefore, moving the stretcher slowly allows for continuous and effective CPR, which is paramount in emergencies.

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10. What is the correct ratio of compressions to ventilations for one-rescuer CPR on an adult without an advanced airway?

A. 15 compressions to 2 ventilations

B. 30 compressions to 2 ventilations

C. 30 compressions to 1 ventilation

D. 20 compressions to 2 ventilations

The correct ratio of compressions to ventilations for one-rescuer CPR on an adult without an advanced airway is 30 compressions to 2 ventilations. This ratio is based on the current guidelines from organizations such as the American Heart Association, which recommend performing chest compressions at a rate of 100 to 120 compressions per minute, followed by delivering two breaths to provide adequate ventilation. This ratio is designed to ensure that blood flow is maintained effectively while allowing for the necessary airflow to help oxygenate the patient. The focus on a 30:2 ratio is particularly important because it allows the rescuer to maximize the number of compressions provided, which is crucial for maintaining circulation during cardiac arrest. In contrast, other ratios do not align with these guidelines. The 15:2 ratio would result in fewer compressions being performed, which could be ineffective in maintaining blood circulation. A 30:1 ratio does not provide sufficient ventilation opportunities, while a 20:2 ratio does not follow the recommended practice that emphasizes delivering more compressions per minute. Thus, the 30:2 ratio is established as the most effective method for one-rescuer CPR in adults without an advanced airway.

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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://newyorkstate-emtb.examzify.com

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

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