

ONTARIO PARAMEDIC PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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.

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!

Questions

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- 1. What is not recommended in cases of renal colic?**
 - A. Ibuprofen
 - B. Ketorolac
 - C. Co-administration of multiple NSAIDs
 - D. Acetaminophen
- 2. What are the conditions of performing CPR?**
 - A. Altered Level of Awareness, performed in 2-minute intervals
 - B. Equal to or over 30 days
 - C. Equal to or over 18 years
 - D. Anaphylaxis suspected
- 3. True or False: Ibuprofen and Acetaminophen should be co-administered?**
 - A. True
 - B. False
- 4. What medication should be administered to a patient suspected of having a myocardial infarction?**
 - A. Ibuprofen
 - B. Aspirin
 - C. Acetaminophen
 - D. Clopidogrel
- 5. What system is utilized for documenting the assessment and transfer of patient care?**
 - A. Patient Assessment Sheet
 - B. Patient Care Report (PCR)
 - C. Medical Transfer Form
 - D. Emergency Response Log
- 6. In pre-hospital care, which situation justifies implying consent?**
 - A. When the patient is confused
 - B. When the situation is not life-threatening
 - C. When the patient is a minor
 - D. When the patient cannot respond due to a medical emergency

7. What is the dosage of salbutamol recommended for anyone over 25kg?

- A. 4 puffs (400mcg)/dose for a max of two doses prn 5-15mins
- B. 6 puffs (600mcg)/dose for a max of two doses prn 5-15mins
- C. 8 puffs (800mcg)/dose for a max of three doses prn 5-15mins
- D. 10 puffs (1000mcg)/dose for a max of two doses prn 5-15mins

8. Which method is effective for assessing fluid loss in a trauma patient?

- A. Checking body temperature
- B. Monitoring capillary refill time
- C. Observation of skin color
- D. Measuring respiratory rate

9. Which of the following would be a priority for a paramedic at the scene of a multi-casualty incident?

- A. Providing detailed patient transport forms
- B. Sourcing additional personnel for support
- C. Inquiring about the patients' pre-existing conditions
- D. Establishing who requires immediate medical attention

10. What is a key focus in treating a hypothermic cardiac arrest?

- A. Active cooling methods
- B. Passive re-warming and gentle handling
- C. CPR with extended intervals
- D. Immediate defibrillation

Answers

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

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Explanations

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1. What is not recommended in cases of renal colic?

- A. Ibuprofen
- B. Ketorolac
- C. Co-administration of multiple NSAIDs**
- D. Acetaminophen

Co-administration of multiple NSAIDs is not recommended in cases of renal colic because it can increase the risk of kidney damage and other serious side effects. While both ibuprofen and ketorolac may be prescribed for pain relief, they are both NSAIDs and should not be taken together. Acetaminophen, on the other hand, is not an NSAID and may be a safer option for pain relief in cases of renal colic.

2. What are the conditions of performing CPR?

- A. Altered Level of Awareness, performed in 2-minute intervals**
- B. Equal to or over 30 days
- C. Equal to or over 18 years
- D. Anaphylaxis suspected

Performing CPR requires specific conditions to be met. These conditions include an altered level of awareness in the patient, meaning they are unconscious or unresponsive, as well as performing CPR in 2-minute intervals. The other options listed do not pertain to the conditions of performing CPR. Option B refers to the age of the patient, option C refers to the age of the person performing CPR, and option D refers to a specific medical condition. None of these conditions are necessary or related to performing CPR. Therefore, the correct option is A.

3. True or False: Ibuprofen and Acetaminophen should be co-administered?

- A. True**
- B. False

Co-administration of ibuprofen and acetaminophen can be beneficial in certain situations, such as in the management of pain or fever. These medications work through different mechanisms—acetaminophen primarily reduces fever and relieves mild to moderate pain, while ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) that reduces inflammation, pain, and fever. By administering both medications together, you can achieve an additive analgesic effect, providing better pain relief than either medication alone. It's important to note, however, that when combining these medications, the dosing guidelines should be carefully followed to avoid potential adverse effects, particularly concerning the total daily dosage. Always consider patient-specific factors, such as their overall health, medical history, and potential for adverse reactions, when deciding on co-administration.

4. What medication should be administered to a patient suspected of having a myocardial infarction?

- A. Ibuprofen
- B. Aspirin**
- C. Acetaminophen
- D. Clopidogrel

Aspirin is the recommended medication for a patient suspected of having a myocardial infarction (MI) because it plays a critical role in reducing mortality and morbidity associated with cardiac events. Aspirin acts as an antiplatelet agent, which helps to inhibit platelet aggregation. This action is crucial during an MI, as it helps to prevent further blood clot formation, potentially limiting the extent of heart muscle damage and improving the chances of survival. Early administration of aspirin can aid in restoring blood flow to the heart by preventing clots from growing. This medication is beneficial when taken as soon as symptoms of an MI present, as it can help to minimize damage to the heart muscle by ensuring that blood can still flow through narrowed or blocked arteries. In contrast, the other options do not serve the same purpose or may not provide the necessary therapeutic effects in this emergency context. Ibuprofen and acetaminophen are primarily analgesics and do not have the antiplatelet effects needed during a myocardial infarction. Clopidogrel, while also an antiplatelet medication, is usually given in conjunction with aspirin or when a patient cannot tolerate aspirin, making aspirin the first-line choice in this situation.

5. What system is utilized for documenting the assessment and transfer of patient care?

- A. Patient Assessment Sheet
- B. Patient Care Report (PCR)**
- C. Medical Transfer Form
- D. Emergency Response Log

The Patient Care Report (PCR) is the standard document used for effectively documenting the assessment and transfer of patient care in the prehospital setting. This report serves a dual purpose: it outlines the details of the patient's condition and the care provided during transport, as well as serving as a legal document that provides a written account that can be reviewed for quality assurance and training purposes. A PCR is designed to capture comprehensive information about the patient's medical history, vital signs, interventions performed, patient response to those interventions, and specific details about the transport process. This structured format ensures that all relevant clinical information is communicated clearly to receiving healthcare providers, facilitating continuity of care as the patient transitions from EMS to the hospital setting. While other options like the Patient Assessment Sheet might contain information about the initial assessment, and Medical Transfer Form or Emergency Response Log may serve specific functions in documentation processes, none of them are as comprehensive or standardized as the Patient Care Report in detailing the complete scope of care for a patient during an emergency medical situation.

6. In pre-hospital care, which situation justifies implying consent?

- A. When the patient is confused
- B. When the situation is not life-threatening
- C. When the patient is a minor
- D. When the patient cannot respond due to a medical emergency**

Implied consent in pre-hospital care occurs when a patient is unable to communicate their wishes or provide explicit consent due to an emergency situation. In cases where a patient is in a medical emergency and cannot respond—such as being unconscious or incapacitated—the assumption is made that they would want lifesaving treatment if they were able to consent. This principle is especially vital in emergencies where delays in treatment could jeopardize the patient's health or survival. In contrast, situations where the patient is confused may not always warrant implied consent, as there may still be a degree of understanding or capacity for decision-making. Similarly, non-life-threatening situations allow for the potential to seek informed consent from patients, who may be lucid enough to make their own choices. When dealing with minors, parental or guardian consent is typically required, along with consideration of the minor's ability to comprehend the situation. Hence, the context of medical emergencies provides a clear justification for relying on implied consent.

7. What is the dosage of salbutamol recommended for anyone over 25kg?

- A. 4 puffs (400mcg)/dose for a max of two doses prn 5-15mins
- B. 6 puffs (600mcg)/dose for a max of two doses prn 5-15mins
- C. 8 puffs (800mcg)/dose for a max of three doses prn 5-15mins**
- D. 10 puffs (1000mcg)/dose for a max of two doses prn 5-15mins

The recommended dosage for anyone over 25kg is 8 puffs (800mcg) per dose. Option A and B may be too low of a dosage for someone over 25kg, as it only recommends a maximum of two doses. Option D may lead to an overdose, as it suggests a maximum of two doses at a much higher dosage. Option C is the correct answer as it provides a higher dosage for someone over 25kg and recommends a maximum of three doses.

8. Which method is effective for assessing fluid loss in a trauma patient?

- A. Checking body temperature
- B. Monitoring capillary refill time**
- C. Observation of skin color
- D. Measuring respiratory rate

Monitoring capillary refill time is an effective method for assessing fluid loss in a trauma patient because it provides insight into peripheral perfusion and circulation status. In cases of significant fluid loss, such as from bleeding or dehydration, the blood volume decreases, which can compromise blood flow to the extremities. In a healthy individual, when capillary refill is normal (less than two seconds), it indicates that blood is being adequately circulated to the peripheries. However, as fluid loss increases and perfusion diminishes, capillary refill time can be prolonged, suggesting inadequate circulation. This assessment can be quickly and easily performed by pressing on a fingernail or area of skin to observe how fast color returns once pressure is released. While checking body temperature, observing skin color, and measuring respiratory rate can provide additional information about a patient's condition and potential shock, they are not as directly indicative of fluid loss as capillary refill time. Body temperature may fluctuate due to various factors and is not specific to fluid loss. Skin color changes can occur for many reasons, including environmental factors or underlying health conditions, and respiratory rate changes are often a response to a variety of physiological stimuli, not solely fluid imbalance. Therefore, capillary refill time stands out as a more direct and

9. Which of the following would be a priority for a paramedic at the scene of a multi-casualty incident?

- A. Providing detailed patient transport forms
- B. Sourcing additional personnel for support
- C. Inquiring about the patients' pre-existing conditions
- D. Establishing who requires immediate medical attention**

In a multi-casualty incident, the primary focus for a paramedic is to quickly assess the situation and establish which patients require immediate medical attention. This process, often referred to as triage, is crucial because it enables the paramedic to prioritize treatment and transport for those who are in the most urgent need of care. Establishing immediate medical needs allows for effective allocation of resources, ensuring that critically injured patients receive prompt treatment and that more stable individuals are managed in a manner that does not compromise overall care. This decisiveness is vital in high-pressure situations, as it can significantly impact patient outcomes. Other considerations may be important, such as sourcing additional personnel or asking about patients' medical history, but they come into play after immediate needs have been addressed. Detailed transport forms, while necessary for patient records, are secondary to ensuring that those who require urgent intervention are attended to first.

10. What is a key focus in treating a hypothermic cardiac arrest?

- A. Active cooling methods
- B. Passive re-warming and gentle handling**
- C. CPR with extended intervals
- D. Immediate defibrillation

A Active cooling methods are not the key focus in treating a hypothermic cardiac arrest. While active cooling may be used in certain situations, such as when the core body temperature is above 30 degrees Celsius, it is not the main focus and can actually cause harm if done too aggressively. The key focus is to gradually re-warm the patient and handle them gently to avoid further damage to the heart or other organs. C: CPR with extended intervals is not the key focus in treating a hypothermic cardiac arrest. While CPR is still important in these cases, the recommended intervals between chest compressions and rescue breathing are longer compared to a non-hypothermic cardiac arrest. This is because the body's metabolism is slowed down in hypothermia, so less oxygen is needed to sustain the tissues. D: Immediate defibrillation is not the key focus in treating a hypothermic cardiac arrest. Unlike in a non-hypothermic cardiac arrest where defibrillation is the first step, in a hypothermic cardiac arrest, defibrillation may not be necessary or effective until the body temperature has been raised to at least 30 degrees Celsius. Overall, passive re-warming and gentle handling is the key focus in treating a

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://ontarioparamedic.examzify.com>

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

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