ONTARIO PRIMARY CARE 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. **What is the single dose of Ibuprofen for patients equal to or greater than 12 years old?**

   A. 200mg

   B. 400mg

   C. 600mg

   D. 800mg

2. **Which emergency condition is a differential diagnosis for a stroke?**

   A. Complicated Migraine

   B. Gastroenteritis

   C. Fractured Limb

   D. Cardiac Arrest

3. **What is the maximum dosing for hydrocortisone in suspected adrenal crisis?**

   A. 50mg

   B. 75mg

   C. 100mg

   D. 150mg

4. **What are the necessary conditions for administering Dextrose in hypoglycemia?**

   A. Unresponsive and hypoglycemic

   B. Altered and hypoglycemic

   C. Stable and broach

   D. Conscious and dehydrated

5. **What is the normal respiratory rate for infants aged 6-12 months?**

   A. 20-30 Breaths/Min

   B. 25-45 Breaths/Min

   C. 30-50 Breaths/Min

   D. 30-40 Breaths/Min

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6. What is the perineum?

A. The area of skin between the uterus and bladder
B. The area of skin between the vagina and the anus
C. The area of skin surrounding the vagina
D. The area composed of vaginal walls

7. What medication is commonly used to stop seizures?

A. Midazolam
B. Ativan
C. Benzodiazepine
D. All of the above

8. Which vital sign is the primary indicator of respiratory distress in children?

A. Heart rate
B. Blood pressure
C. Respiratory rate
D. Temperature

9. What is created when the foramen ovale closes?

A. A small valve
B. A septal defect
C. A fossa ovalis
D. A network of blood vessels

10. What is the acceptable length of a normal QRS complex on an ECG?

A. Less than 0.08 seconds
B. Less than 0.12 seconds
C. Less than 0.16 seconds
D. Less than 0.20 seconds

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Answers

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

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Explanations

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1. What is the single dose of Ibuprofen for patients equal to or greater than 12 years old?

A. 200mg

B. 400mg

C. 600mg

D. 800mg

The typical single dose of Ibuprofen for patients aged 12 years and older is indeed 400mg. This dosage is consistent with the recommended guidelines for over-the-counter use in adolescents and adults, as it effectively reduces pain and inflammation. When addressing conditions like mild to moderate pain or fever, the 400mg dose strikes a balance between efficacy and safety, allowing for effective symptom management while minimizing the risk of side effects associated with higher dosages. This dose can be repeated every 6 to 8 hours as needed, but it's essential to stay within the recommended maximum daily limits to avoid potential adverse effects. Understanding this dosage is crucial for medical professionals, as it ensures they provide appropriate pain management while adhering to safe pharmaceutical practices.

2. Which emergency condition is a differential diagnosis for a stroke?

A. Complicated Migraine

B. Gastroenteritis

C. Fractured Limb

D. Cardiac Arrest

A complicated migraine can present with neurological symptoms that closely mimic those of a stroke, making it a significant differential diagnosis. Symptoms such as unilateral weakness, slurred speech, and visual disturbances can occur during a severe migraine attack, particularly in the case of a complicated migraine, which may include aura or other neurological deficits. This overlap in symptoms makes it essential for healthcare professionals, including paramedics, to differentiate between a stroke and a complicated migraine during assessment. Recognizing the differences in symptom onset, duration, and accompanying features typical of migraines versus strokes is crucial for accurate diagnosis and treatment. In contrast, the other options do not typically present with neurological symptoms similar to a stroke. Gastroenteritis primarily involves gastrointestinal symptoms and does not affect neurological function in the same way. A fractured limb usually presents with pain, swelling, and deformity but does not cause the neurological deficits associated with strokes. Cardiac arrest leads to loss of consciousness and respiratory failure rather than focal neurological deficits.

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3. What is the maximum dosing for hydrocortisone in suspected adrenal crisis?

A. 50mg

B. 75mg

C. 100mg

D. 150mg

In cases of suspected adrenal crisis, the administration of hydrocortisone is crucial for managing the severe deficiency of corticosteroids in the body. The recommended maximum dosing for hydrocortisone in such emergencies is 100 mg, which is grounded in established clinical guidelines. This dosage is considered sufficient to rapidly counteract the life-threatening effects of adrenal insufficiency, restoring physiological balance and preventing further deterioration of the patient's condition. Prompt administration at this dose can effectively help in stabilizing the patient and addressing symptoms such as severe hypotension and shock that may arise from the acute lack of adrenal hormones. In contrast, lower doses may not provide the necessary therapeutic effect needed during an adrenal crisis, where rapid intervention is key to preventing complications. The choice of 100 mg ensures a robust response in emergency situations, highlighting the importance of timely intervention in critical care scenarios.

4. What are the necessary conditions for administering Dextrose in hypoglycemia?

A. Unresponsive and hypoglycemic

B. Altered and hypoglycemic

C. Stable and broach

D. Conscious and dehydrated

Administering Dextrose in cases of hypoglycemia is indicated when a patient has altered level of consciousness or mental status. This includes states such as confusion, disorientation, or diminished responsiveness, which can impact the patient's ability to safely consume oral glucose or other forms of carbohydrate. In such situations, intravenous Dextrose provides a rapid delivery of glucose to the bloodstream, ensuring that the patient receives effective treatment for their hypoglycemic condition. While an unresponsive patient may seem like a suitable candidate for Dextrose administration, they may be at risk of aspiration if given oral glucose. Dextrose is used in instances where a patient has altered consciousness, making it a more general and flexible criterion compared to strict unresponsiveness, which might limit treatment options. A conscious and dehydrated patient may not be significantly impaired in consciousness and may still be capable of ingesting oral sources of glucose if they are not deemed unsafe. Lastly, "stable and broach" appears unclear and does not align with the clinical conditions necessary for Dextrose administration in these situations. In summary, altered and hypoglycemic is the most fitting condition for administering Dextrose, as it allows for intervention when the patient may not be able to maintain adequate glucose levels independently

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5. What is the normal respiratory rate for infants aged 6-12 months?

A. 20-30 Breaths/Min

B. 25-45 Breaths/Min

C. 30-50 Breaths/Min

D. 30-40 Breaths/Min

The normal respiratory rate for infants aged 6-12 months typically ranges from 25 to 45 breaths per minute. This range reflects the higher metabolic activity and oxygen demand of infants compared to older children and adults. As infants grow, their respiratory rates gradually decrease towards those of older children and adults, which is why understanding the normal range for this age group is crucial for assessing respiratory health. Monitoring an infant's respiratory rate is an essential part of evaluating their condition, particularly in emergency situations where changes in their breathing might indicate distress or underlying health issues. Recognizing that the normal range falls within 25 to 45 breaths per minute ensures healthcare providers are equipped to identify abnormalities that may require intervention. Understanding this range enables healthcare professionals to provide age-appropriate care and reassurance to parents regarding their child's health.

6. What is the perineum?

A. The area of skin between the uterus and bladder

B. The area of skin between the vagina and the anus

C. The area of skin surrounding the vagina

D. The area composed of vaginal walls

The perineum is defined as the region between the vagina and the anus in females. This area plays a critical role in both anatomy and several physiological functions, including childbirth, as it stretches to allow for the passage of the baby. The significance of the perineum also extends to maintaining pelvic organ support and function. Understanding the anatomical location of the perineum is essential for various medical practices, especially for healthcare providers in fields like emergency care, obstetrics, and gynecology. Increasing knowledge about the perineum aids in assessing and managing conditions related to childbirth, pelvic health, and potential perineal trauma. The other descriptions refer to different anatomical regions. The area between the uterus and bladder involves parts of the reproductive system, while the area surrounding the vagina pertains to tissues that encircle the vaginal opening, and the vaginal walls themselves are internal structures rather than external regions like the perineum. Thus, recognizing the specific definition and boundaries of the perineum enriches one's understanding of human anatomy and its implications in healthcare.

7. What medication is commonly used to stop seizures?

A. Midazolam

B. Ativan

C. Benzodiazepine

D. All of the above

The use of medications to stop seizures is critical in emergency medical situations. Midazolam, Ativan (lorazepam), and benzodiazepines in general are all effective options for seizure management. Midazolam is a rapid-acting benzodiazepine commonly used for its anticonvulsant properties in acute seizures. Ativan, also a benzodiazepine, is frequently administered in a hospital or pre-hospital setting for the same purpose. Benzodiazepines are a class of drugs that have sedative, anxiolytic, muscle relaxant, and anticonvulsant properties. They act on the central nervous system to enhance the effect of the neurotransmitter gamma-aminobutyric acid (GABA), which helps to stabilize neuronal activity and can bring seizures to a halt. When the question includes "All of the above," it acknowledges that each of these options—Midazolam, Ativan, and benzodiazepines in general—plays a role in managing seizures, whether individually or collectively, making this choice comprehensive and correct.

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8. Which vital sign is the primary indicator of respiratory distress in children?

A. Heart rate

B. Blood pressure

C. Respiratory rate

D. Temperature

The primary indicator of respiratory distress in children is the respiratory rate. An increased respiratory rate, or tachypnea, is often one of the first signs that a child is experiencing difficulty in breathing or is in respiratory distress. This can occur due to various conditions, such as asthma, pneumonia, or other respiratory infections, indicating that the body is trying to compensate for inadequate oxygenation or respiratory function. Monitoring respiratory rate gives healthcare providers critical information about a child's respiratory status. In contrast, other vital signs, such as heart rate, blood pressure, and temperature, while important, do not provide as direct an indication of respiratory function. For example, a child's heart rate may increase due to fever, excitement, or underlying conditions unrelated to respiratory issues. Blood pressure changes often indicate systemic issues rather than specific respiratory problems, and temperature could reflect infection rather than immediate respiratory distress. Therefore, respiratory rate is a more direct and sensitive indicator of how well a child is breathing.

9. What is created when the foramen ovale closes?

A. A small valve

B. A septal defect

C. A fossa ovalis

D. A network of blood vessels

When the foramen ovale closes, it results in the formation of a fossa ovalis. This is a small depression in the interatrial septum of the heart, which is the wall that separates the left and right atria. During fetal development, the foramen ovale serves as an important pathway, allowing blood to bypass the non-functioning fetal lungs and flow directly from the right atrium to the left atrium. After birth, when the baby's lungs become functional and the pressure in the left atrium increases, the foramen ovale typically closes. Over time, the tissue of the heart where this opening was located becomes scar tissue, leading to the development of the fossa ovalis. The presence of this depression indicates that the opening has successfully closed, and it typically does not have any functional significance in adults. Understanding this anatomical change is essential for grasping how the circulatory system transitions from fetal to postnatal life.

10. What is the acceptable length of a normal QRS complex on an ECG?

A. Less than 0.08 seconds

B. Less than 0.12 seconds

C. Less than 0.16 seconds

D. Less than 0.20 seconds

The acceptable length of a normal QRS complex on an electrocardiogram (ECG) is defined as less than 0.12 seconds. This duration indicates how quickly the ventricles of the heart are depolarizing. A QRS complex that is within this range suggests normal conduction through the ventricles, reflecting healthy electrical activity. If the QRS duration exceeds this limit, it may signal issues such as bundle branch block or ventricular hypertrophy, which can reveal underlying cardiac conditions. The measurement of QRS duration is essential for assessing the efficiency and rhythm of the heart's electrical system. Therefore, understanding and applying this standard is crucial for interpreting ECG results accurately and providing appropriate patient care.

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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:

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

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