PARAMEDIC READINESS EXAM 5 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. **A 21-year-old female is having a seizure. The patient's boyfriend reports that prior to arrival, she had two seizures without regaining consciousness. Vital signs are 160/92, P 120, R 0, blood glucose 72 mg/dL. What should you suspect?**

   A. Status epilepticus

   B. Seizure with postictal state

   C. Intracerebral hemorrhage

   D. Hypoglycemic coma

2. **Autonomic hyperreflexia syndrome is seen in patients who have suffered from which of the following?**

   A. Head trauma

   B. Stroke

   C. Spinal injury

   D. Asthma

3. **A patient who has been crushed under heavy debris for several hours is at high risk for which life-threatening electrolyte disturbance?**

   A. Hyponatremia

   B. Hypomagnesemia

   C. Hyperkalemia

   D. Hypercalcemia

4. **A 36-year-old male stab wound to the abdomen presents with no radial pulses. After resuscitation, which change should you expect?**

   A. BP reaches 120 systolic

   B. BP reaches 90 systolic

   C. Heart rate decreases to 50

   D. Oxygen saturation increases to 100%

5. **A 32-year-old male was hit in the head with a baseball. He is unresponsive to verbal stimuli but withdraws to pain. Why should you treat him?**

   A. Implied consent

   B. Voluntary consent

   C. Refuse care

   D. Do-not-resuscitate

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6. Which diagnosis best fits a patient who presents with sudden shortness of breath, chest pain, and tripod positioning after exertion?

A. Status asthmaticus

B. Anaphylaxis

C. Pneumothorax

D. COPD exacerbation

7. Which step best represents prehospital management for a suspected venomous bite with neurologic symptoms?

A. Immediate transport without treatment

B. Thoroughly wash and immobilize the wound, start an IV, and transport for antivenin

C. Apply ice pack and await symptom resolution

D. Administer antibiotics only

8. Shortly after intubating a 4-year-old, SpO2 declines and ventilation is difficult; breath sounds are equal but distant. What should you suspect?

A. Pneumothorax

B. Esophageal intubation

C. Bronchospasm

D. Endotracheal tube obstruction

9. Which medication reverses opioid receptor agonism in overdose?

A. Naloxone

B. Epinephrine

C. Glucose

D. Oxygen

10. A 40-year-old male with a hearing impairment has a daughter who knows limited American Sign Language. While attempting to establish IV access he pushed your hand away. What should you do?

A. Proceed with IV access without consent

B. Carefully document your inability to obtain informed consent

C. Seek consent from a relative

D. Reattempt IV access after explaining procedure

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Answers

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

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Explanations

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1. A 21-year-old female is having a seizure. The patient's boyfriend reports that prior to arrival, she had two seizures without regaining consciousness. Vital signs are 160/92, P 120, R 0, blood glucose 72 mg/dL. What should you suspect?

A. Status epilepticus

B. Seizure with postictal state

C. Intracerebral hemorrhage

D. Hypoglycemic coma

Two seizures with no return to baseline consciousness between them is a situation called status epilepticus, a medical emergency. This indicates ongoing seizure activity rather than a single episode that ends with a postictal state. The absence of breathing (R 0) adds urgency, signaling airway and ventilation needs on top of stopping the seizure. A normal glucose (72 mg/dL) makes hypoglycemic coma unlikely as the cause. So the presentation most fits status epilepticus rather than a seizure with postictal recovery, intracerebral hemorrhage, or hypoglycemia. Treat promptly by securing the airway and ventilation, establishing IV access, giving a benzodiazepine per protocol, and preparing for rapid transport.

2. Autonomic hyperreflexia syndrome is seen in patients who have suffered from which of the following?

A. Head trauma

B. Stroke

C. Spinal injury

D. Asthma

Autonomic hyperreflexia happens when a spinal cord injury disrupts normal brain control over the nerves below the injury. Because the brain can't regulate the reflexes below the injury, a noxious stimulus—such as a full bladder or rectal blockage—can trigger a powerful, unmodulated sympathetic surge. That can cause a sudden, dangerous rise in blood pressure, with symptoms like a pounding headache, sweating and flushing above the level of injury, and sometimes nasal congestion or blurred vision. This syndrome is classically seen after spinal injuries, especially above the T6 level, where the disrupted communication leaves the sympathetic response unopposed. It's not typically associated with head trauma, stroke, or asthma, which do not create this disconnection. Management focuses on removing the trigger and lowering blood pressure: check for and drain a distended bladder, assess for stool impaction, loosen tight clothing, and have the patient sit up to reduce BP, with medications if the hypertension persists.

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3. A patient who has been crushed under heavy debris for several hours is at high risk for which life-threatening electrolyte disturbance?

A. Hyponatremia

B. Hypomagnesemia

C. Hyperkalemia

D. Hypercalcemia

Prolonged crush injury causes muscle cell damage (rhabdomyolysis), and large amounts of potassium spill from injured cells into the bloodstream. Potassium is predominantly intracellular, so when cells rupture, a rapid rise in extracellular potassium follows. Combined with potential kidney injury and reduced perfusion, potassium clearance drops, letting levels climb. This hyperkalemia disrupts cardiac conduction and can lead to life threatening arrhythmias, making it the most dangerous electrolyte disturbance in this scenario. The risk increases even after the crush is relieved, as ongoing cell breakdown can continue releasing potassium. Hyponatremia and hypomagnesemia aren't the hallmark threats in crush injuries, and hypercalcemia isn't typically expected in this setting.

4. A 36-year-old male stab wound to the abdomen presents with no radial pulses. After resuscitation, which change should you expect?

A. BP reaches 120 systolic

B. BP reaches 90 systolic

C. Heart rate decreases to 50

D. Oxygen saturation increases to 100%

In hemorrhagic shock from abdominal trauma, bringing volume back into the circulation improves preload, stroke volume, and cardiac output, so perfusion improves and blood pressure rises toward a low-normal range. After resuscitation you'd expect systolic blood pressure to approximate about 90 mmHg as the body regains some circulatory support, rather than reaching a normal 120 or staying dangerously low. A sudden drop in heart rate to 50 would be atypical after resuscitation in this context, since the shock response tends to keep the heart rate elevated. Oxygen saturation reaching 100% isn't the primary change you're looking for in this scenario, as it depends more on breathing support and gas exchange than on restoring volume.

5. A 32-year-old male was hit in the head with a baseball. He is unresponsive to verbal stimuli but withdraws to pain. Why should you treat him?

A. Implied consent

B. Voluntary consent

C. Refuse care

D. Do-not-resuscitate

In emergencies, when a patient cannot give consent, you treat under implied consent. This head injury has left him unresponsive to verbal commands and only responsive to pain, meaning he cannot understand or communicate his wishes. Waiting for permission could allow a life-threatening condition to worsen, so you provide necessary care to protect life. Voluntary consent isn't possible here, and a do-not-resuscitate order or refusal would require a known directive, which isn't indicated. Implied consent allows you to proceed with life-saving treatment until the patient can regain capacity or a legally authorized decision-maker is available.

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6. Which diagnosis best fits a patient who presents with sudden shortness of breath, chest pain, and tripod positioning after exertion?

A. Status asthmaticus

B. Anaphylaxis

C. Pneumothorax

D. COPD exacerbation

Sudden shortness of breath with chest pain and the patient assuming a tripod position points to a pneumothorax. When air leaks into the space between the lung and chest wall (often from rupture of a subpleural bleb), the lung can collapse and cause sharp, pleuritic chest pain along with rapid breathing. The tripod stance is a distinction of respiratory distress—using accessory muscles to help pull air in and ease breathing. This fits best because the presentation emphasizes acute onset and focal chest symptoms without the systemic signs you'd expect with anaphylaxis, such as widespread hives or swelling, or with COPD exacerbation, which usually develops in someone with a known history and shows changes like increased sputum and chronic breathlessness rather than a sudden unilateral chest symptom cluster. An asthma attack would typically feature wheezing and diffuse airway obstruction rather than a sudden unilateral chest pain and localized exam findings. In practice, you'd assess for decreased breath sounds on the affected side and a hyperresonant chest, and you'd treat with supportive oxygen and monitor closely; if there are signs of tension (hypotension, JVD, tracheal shift), prepare for urgent decompression.

7. Which step best represents prehospital management for a suspected venomous bite with neurologic symptoms?

A. Immediate transport without treatment

B. Thoroughly wash and immobilize the wound, start an IV, and transport for antivenin

C. Apply ice pack and await symptom resolution

D. Administer antibiotics only

When a venomous bite is suspected and neurologic symptoms are present, the priority in prehospital care is to slow venom spread, keep the patient stable, and get definitive treatment quickly. Thoroughly washing the wound reduces contamination and helps remove any venom at the surface, while immobilizing the affected limb slows lymphatic flow that carries venom toward the rest of the body. Establishing an IV provides a ready route for fluids or medications if symptoms progress and for rapid antivenin administration once at the hospital. Transport to a facility equipped to administer antivenin is essential because definitive care is performed there, not in the field. Other approaches miss key steps: simply transporting without wound care and IV access delays treatment and the potential to slow venom spread; applying ice and waiting does not address venom spread or neurotoxic effects and can cause tissue damage; and antibiotics alone do not treat the venomous effects and do not address the immediate risk from envenomation.

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8. Shortly after intubating a 4-year-old, SpO2 declines and ventilation is difficult; breath sounds are equal but distant. What should you suspect?

A. Pneumothorax

B. Esophageal intubation

C. Bronchospasm

D. Endotracheal tube obstruction

When ventilation becomes difficult and SpO2 drops soon after intubation, with breath sounds that are present but distant, the airway is likely patent enough to deliver some air but the flow through the tube is being blocked. That points to endotracheal tube obstruction rather than a misplacement or a problem outside the airway. A mucus plug, blood clot, or kink inside the tube, or cuff compression can impede airflow even though you can still hear some breath sounds from both lungs. To confirm, attempt to suction through the tube and pass a suction catheter to assess patency; if you cannot pass a catheter or there's minimal airflow despite suction, remove and reinsert the tube.

9. Which medication reverses opioid receptor agonism in overdose?

A. Naloxone

B. Epinephrine

C. Glucose

D. Oxygen

Reversing opioid overdose relies on a drug that can displace opioids from the receptors they're binding to. Naloxone acts as a competitive antagonist at mu receptors (also interacts with kappa and delta to a lesser extent), so it binds the receptors with higher affinity and frees them from the opioid. This rapid displacement stops the opioid-induced CNS and respiratory depression, producing quick improvement in consciousness and breathing. Its effects come on quickly after IV dosing, but because many opioids last longer than naloxone, symptoms can return, so patients need to be monitored and may need additional doses. Other options don't counteract opioid receptor activity: epinephrine can support blood pressure and heart rate but doesn't block opioid receptors; glucose treats hypoglycemia; oxygen helps with hypoxia but doesn't reverse receptor binding.

10. A 40-year-old male with a hearing impairment has a daughter who knows limited American Sign Language. While attempting to establish IV access he pushed your hand away. What should you do?

A. Proceed with IV access without consent

B. Carefully document your inability to obtain informed consent

C. Seek consent from a relative

D. Reattempt IV access after explaining procedure

Respect patient autonomy and ensure informed consent by effective communication. In this case the adult patient with a hearing impairment pushed your hand away, signaling a refusal or lack of understanding. You should not proceed without clear consent. Because communication is a barrier, you must adapt your approach and reattempt after explaining the procedure using accessible methods (for example, a sign-language interpreter, written notes, or simple, confirmable explanations). Only proceed with IV access once the patient understands and agrees. A relative's consent isn't appropriate unless the patient cannot communicate or has delegated decision-making, and simply documenting an inability to obtain consent isn't the right move when you can improve understanding and obtain consent.

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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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