SOUTH DAKOTA EMS PROTOCOLS 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 condition can mimic a stroke, and warrants obtaining a blood glucose in suspected stroke calls?

A. Hypoglycemia

B. Migraine

C. Seizure

D. Dehydration

2. What is recommended for cold exposure in environmental exposure protocols?

A. Gentle warming

B. Immediate immersion in a warm bath

C. Rub vigorously

D. Apply cold packs

3. Which cooling method is recommended for heat exhaustion?

A. Cool gradually

B. Rapid cooling

C. Apply ice to the neck

D. Remove clothing gradually

4. In suspected anaphylaxis, which symptom is categorized as GI involvement?

A. Throat tightness

B. Dizziness

C. Nausea

D. Cough

5. In a newborn with a heart rate less than 60 bpm, what is the recommended chest compression rate?

A. 60/min

B. 100/min

C. 120/min

D. 140/min

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6. Shoulder dystocia occurs when what occurs during birth?

A. The baby's head has been born but one shoulder becomes stuck behind the pubic bone

B. The baby is delivered feet first

C. An umbilical cord around the neck

D. Placental abruption

7. After a routine delivery, what documentation should EMS complete and provide to the parent?

A. Record the time of delivery only.

B. Record the name of the person cutting the cord.

C. Provide the newborn with identification bands.

D. Document cord cutter details, time cut, delivery location; place identification bands on mother and newborn; complete Out of Hospital Birth Report Form (S-166A) and provide to parent.

8. Aside from BEFAST/FASTED, what is another common symptom of stroke / TIA?

A. Dizziness

B. Nausea

C. Sudden severe headache with no known cause

D. Gradual weakness over days

9. How many seconds after delivery do you clamp and cut the umbilical cord?

A. 30 seconds

B. 120 seconds

C. 60 seconds

D. 5 seconds

10. In BRUE management, which transport is indicated for a symptomatic patient?

A. BLS transport for all BRUE

B. ALS transport for asymptomatic with signs

C. BLS transport for symptomatic BRUE

D. ALS transport for symptomatic BRUE

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Answers

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

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Explanations

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1. Which condition can mimic a stroke, and warrants obtaining a blood glucose in suspected stroke calls?

A. Hypoglycemia

B. Migraine

C. Seizure

D. Dehydration

Hypoglycemia can present with stroke-like symptoms, so obtaining a blood glucose in any suspected stroke is essential. When glucose is low, the brain's function is impaired, leading to weakness, slurred speech, confusion, or other neurologic changes that can mimic a stroke. Checking fingerstick glucose right away helps identify this reversible cause and allows for rapid treatment with glucose, which can promptly restore brain function and prevent delays in appropriate stroke care. Other conditions like migraine, seizures, or dehydration can cause similar symptoms, but the immediate, standard step in suspected stroke is to measure glucose to rule out hypoglycemia as the culprit.

2. What is recommended for cold exposure in environmental exposure protocols?

A. Gentle warming

B. Immediate immersion in a warm bath

C. Rub vigorously

D. Apply cold packs

Gentle warming is the preferred approach because it rewarms the body in a controlled, safer way. Rapid or aggressive warming can push cold-stressed tissues and blood back toward the core too quickly, risking afterdrop, arrhythmias, and shock. Practical steps focus on creating a warm, dry environment and insulating the person—dry clothing, blankets, shelter—so warmth comes back gradually. Rubbing the skin vigorously or immersing in a hot bath can provoke dangerous physiologic responses, and applying cold packs defeats the goal of warming. If more advanced care is indicated, warming should still be done cautiously under medical guidance, but the guiding idea is to rewarm slowly and gently.

3. Which cooling method is recommended for heat exhaustion?

A. Cool gradually

B. Rapid cooling

C. Apply ice to the neck

D. Remove clothing gradually

Cooling gradually is recommended for heat exhaustion because lowering body temperature safely helps prevent triggering shivering or cardiovascular stress while the person is still able to respond. Move the person to a cooler, shaded area and loosen or remove excess clothing. Use gentle cooling methods like cool, damp cloths on the skin or a fan to promote evaporation, and offer small sips of water if they are alert and not nauseated. Monitor their status and be ready to escalate if symptoms worsen or signs of heat stroke appear (such as confusion, fainting, or very hot, dry skin). Rapid cooling methods, such as ice baths or immersions, are reserved for heat stroke and can be risky in heat exhaustion. Applying ice directly to the neck is too aggressive and can cause cold injury and discomfort. Removing clothing gradually helps but doesn't achieve the gradual cooling approach by itself; the emphasis should be on lowering temperature in a controlled, gentle way.

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4. In suspected anaphylaxis, which symptom is categorized as GI involvement?

A. Throat tightness

B. Dizziness

C. Nausea

D. Cough

GI involvement in anaphylaxis refers to symptoms arising from the digestive tract, such as nausea, vomiting, abdominal cramping, or diarrhea. Nausea fits this category because it reflects smooth muscle and GI tract mediators activated during an allergic reaction. The other options point to airway or circulatory issues—throat tightness signals airway edema and potential obstruction, dizziness often comes from reduced blood pressure, and cough relates to bronchospasm or irritation of the respiratory tract. So nausea is the symptom that demonstrates GI involvement.

5. In a newborn with a heart rate less than 60 bpm, what is the recommended chest compression rate?

A. 60/min

B. 100/min

C. 120/min

D. 140/min

When a newborn's heart rate stays below 60 beats per minute, up the cadence of chest compressions to about 120 compressions per minute. This fast pace is chosen to maximize perfusion to the heart and brain during resuscitation, which is crucial in neonates where circulation is extremely vulnerable. In neonatal resuscitation practice, compressions are given in a 3:1 ratio with ventilations, so you're delivering rapid compressions while continuing breaths, helping both oxygen delivery and blood flow. Use the proper neonatal technique for compression depth and hand positioning to avoid under- or over-inflating the chest while maintaining this rhythm. The other rates are too slow or not aligned with established neonatal guidance, which is why 120 per minute is the recommended standard.

6. Shoulder dystocia occurs when what occurs during birth?

A. The baby's head has been born but one shoulder becomes stuck behind the pubic bone

B. The baby is delivered feet first

C. An umbilical cord around the neck

D. Placental abruption

Shoulder dystocia is when the head has delivered but one of the shoulders becomes stuck behind the pubic bone. That exactly matches the scenario described, where the head is out and a shoulder remains wedged beneath the pubic arch. The other options describe different birth problems: delivering feet first is a breech birth, an umbilical cord around the neck is a nuchal cord issue, and placental abruption is the placenta detaching prematurely. Recognizing this specific blockage helps guide urgent, targeted maneuvers to free the shoulder and protect both mother and baby.

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7. After a routine delivery, what documentation should EMS complete and provide to the parent?

A. Record the time of delivery only.

B. Record the name of the person cutting the cord.

C. Provide the newborn with identification bands.

D. Document cord cutter details, time cut, delivery location; place identification bands on mother and newborn; complete Out of Hospital Birth Report Form (S-166A) and provide to parent.

After a routine delivery, the essential focus is on complete documentation and proper identification to ensure safety and continuity of care. The best approach is to record who cut the cord, the exact time the cord was cut, and the delivery location; place identification bands on both the mother and the newborn; complete the Out of Hospital Birth Report Form (S-166A); and give a copy of this documentation to the parent. This provides a formal, portable record for hospital staff and the family, supports correct patient matching and handoff, and ensures the parent has the official birth information. Recording only the time omits critical details, noting only who cut the cord misses when and where the birth happened, and giving identification bands alone does not supply the necessary official documentation to the parent.

8. Aside from BEFAST/FASTED, what is another common symptom of stroke / TIA?

A. Dizziness

B. Nausea

C. Sudden severe headache with no known cause

D. Gradual weakness over days

A sudden, severe headache with no known cause is a major warning sign because it often points to a hemorrhagic stroke, such as a subarachnoid hemorrhage, where bleeding in the brain causes a rapid, explosive onset. This kind of presentation is time-critical: it signals a different stroke subtype that can deteriorate quickly, so fast recognition and transport to a facility capable of imaging and neurosurgical care are essential. While dizziness or nausea can occur with many conditions and aren't as specific to stroke, and gradual weakness over days is not typical for an acute stroke, a thunderclap headache stands out as a high-risk stroke symptom that requires immediate action. In the field, treat this as a stroke, ensure airway and circulation, and get the patient to the appropriate stroke center without delay.

9. How many seconds after delivery do you clamp and cut the umbilical cord?

A. 30 seconds

B. 120 seconds

C. 60 seconds

D. 5 seconds

Delaying cord clamping for about one minute after birth is standard because it allows more blood to transfer from the placenta to the newborn, increasing blood volume and iron stores which supports better early blood flow and reduces the risk of anemia later on. In many EMS and obstetric guidelines, clamping and cutting the cord around 60 seconds after delivery is the recommended default when the newborn is stable and breathing well. Clamping much earlier, like a few seconds, misses those placental transfusion benefits. Waiting much longer, such as two minutes, isn't typically necessary in routine care and can delay other essential newborn assessments or interventions if they're needed. So, clamping and cutting at about 60 seconds reflects a balance between giving the baby placental blood and keeping care timely.

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10. In BRUE management, which transport is indicated for a symptomatic patient?

A. BLS transport for all BRUE

B. ALS transport for asymptomatic with signs

C. BLS transport for symptomatic BRUE

D. ALS transport for symptomatic BRUE

When a BRUE patient is symptomatic, advanced life support transport is indicated because ongoing symptoms point to a potential underlying process that could affect airway, breathing, or circulation. In these cases, you need the higher level of care and capabilities that ALS provides: monitoring a pediatric patient's vitals, assisting or securing the airway if needed, providing oxygen or ventilation support, establishing IV/IO access for fluids or medications, and rapid transport to a facility equipped to evaluate and treat infants with concerning symptoms. A purely basic approach would risk missing evolving illness or deterioration, so escalating to ALS ensures both stabilization and timely ED evaluation.

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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://sdemsprotocol.examzify.com

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

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