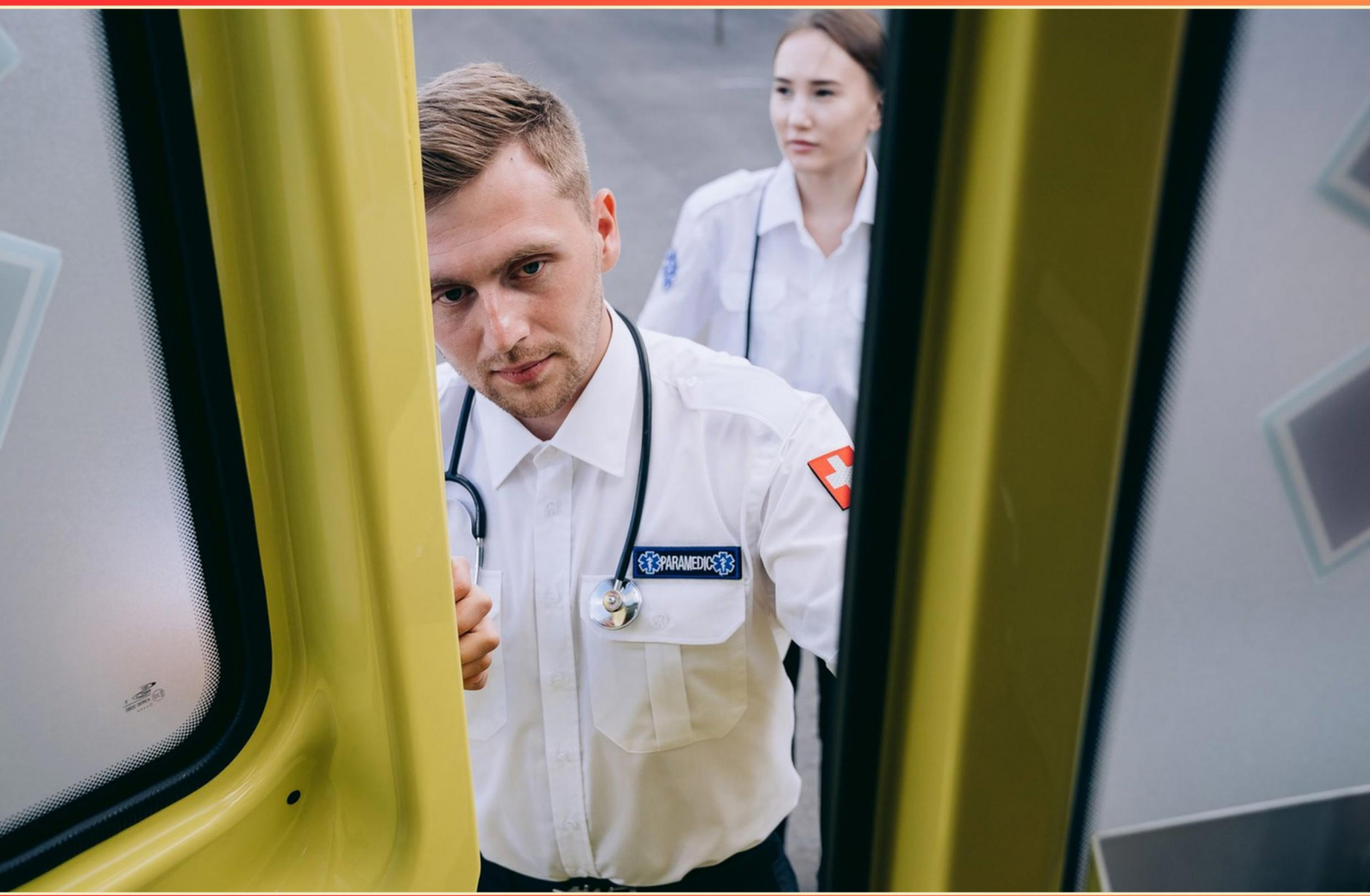
WEST COAST EMT BLOCK TWO PRACTICE EXAM (SAMPLE)

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. In what situation should you stop CPR?

A. A valid living will is produced.

B. Emergency medical personnel arrive.

C. Patient is reviving.

D. All of the above.

2. For efficient pulmonary gas exchange, what must occur regarding oxygen and carbon dioxide?

A. The percentage of inhaled carbon dioxide must exceed the percentage of inhaled oxygen

B. Low quantities of pulmonary surfactant must be present

C. Free diffusion across the alveolar-capillary membrane must occur

D. The pulmonary capillaries must be constricted

3. Gastric distention is MOST likely to occur when?

A. Delivering minimal tidal volume.

B. In patients who are intubated.

C. When the airway is completely obstructed.

D. If you ventilate a patient too quickly.

4. Which action would NOT be performed during the scene size-up?

A. Noting the position of a crashed motor vehicle.

B. Asking a neighbor to secure the patient's dog.

C. Notifying the dispatcher to send fire personnel.

D. Rapidly assessing a patient's respiratory status.

5. A patient with flu-like symptoms who wakes up at night sweating and coughs up green sputum is likely suffering from?

A. Chronic obstructive pulmonary disease (COPD).

B. Tuberculosis.

C. Pneumonia.

D. Influenza Type A.

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6. Pathophysiology is the study of the functional changes that occur when the body reacts to a particular:

A. Assessment

B. Disease

C. Protocol

D. Medication

7. What is the primary focus during the assessment of a medical patient?

A. nature of illness

B. field diagnosis

C. associated symptoms

D. medical history

8. Asthma is primarily caused by a response of which system?

A. Immune system

B. Cardiovascular system

C. Endocrine system

D. Respiratory system

9. When ventilating a patient with a stoma, if air is escaping from the mouth and nose, what should you do?

A. Ventilate with less pressure.

B. Thoroughly suction the stoma.

C. Seal the mouth and nose.

D. Thrust the jaw forward.

10. A child with symptoms of respiratory syncytial virus (RSV) is most likely suffering from what condition?

A. Pertussis

B. Epiglottitis

C. Croup

D. Bronchiolitis

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Answers

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

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Explanations

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1. In what situation should you stop CPR?

A. A valid living will is produced.

B. Emergency medical personnel arrive.

C. Patient is reviving.

D. All of the above.

Stopping CPR is a critical decision that should be made based on specific situations where further resuscitation efforts are no longer appropriate or necessary. Each of the scenarios presented provides valid grounds for ceasing CPR. When a valid living will is produced, it often outlines the patient's wishes regarding resuscitation efforts. This document typically reflects the patient's autonomy and their desire to not undergo CPR in certain circumstances, particularly in terminal situations or if they have specified do-not-resuscitate (DNR) orders. The arrival of emergency medical personnel is a decisive moment in the resuscitation process. These professionals are trained to take over the care of the patient and may need to assess the situation and continue resuscitative efforts or implement advanced procedures. Once they arrive, bystander CPR is no longer needed unless otherwise directed. If the patient begins to show signs of reviving, such as regaining consciousness, exhibiting purposeful movements, or breathing normally, this is an indication that CPR is no longer required. It is essential to monitor the patient's responses closely, as continued compressions are unnecessary and could potentially cause harm. Given these circumstances, it is clear why all these scenarios justify stopping CPR, and thus the answer is comprehensive in encompassing the appropriate situations for discontinuing res

2. For efficient pulmonary gas exchange, what must occur regarding oxygen and carbon dioxide?

A. The percentage of inhaled carbon dioxide must exceed the percentage of inhaled oxygen

B. Low quantities of pulmonary surfactant must be present

C. Free diffusion across the alveolar-capillary membrane must occur

D. The pulmonary capillaries must be constricted

Efficient pulmonary gas exchange is crucial in maintaining proper oxygen levels in the blood while removing carbon dioxide. For this process to function optimally, there must be free diffusion of gases across the alveolar-capillary membrane. This diffusion occurs due to the differences in partial pressures of oxygen and carbon dioxide between the alveoli (air sacs in the lungs) and the blood in the pulmonary capillaries. When inhaled air enters the alveoli, it has a higher concentration of oxygen compared to the oxygen in deoxygenated blood within the capillaries. Conversely, carbon dioxide levels are higher in the blood than in the alveoli. This difference in concentration allows oxygen to move from the alveoli into the blood and carbon dioxide to move from the blood into the alveoli with ease. For pulmonary gas exchange to be effective, these gas molecules must be able to diffuse freely. If barriers or issues such as thickening of the alveolar membrane were present, the efficiency of gas exchange would be compromised. Therefore, the concept of free diffusion across the alveolar-capillary membrane is fundamental to healthy lung function and effective gas exchange. Other choices do not support efficient gas exchange. For instance, a higher percentage of inhaled carbon dioxide than oxygen would hinder

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3. Gastric distention is MOST likely to occur when?

A. Delivering minimal tidal volume.

B. In patients who are intubated.

C. When the airway is completely obstructed.

D. If you ventilate a patient too quickly.

Gastric distention is most likely to occur when you ventilate a patient too quickly because this practice causes excessive air to be pushed into the stomach rather than the lungs. When ventilations are given rapidly, the pressure and volume of air introduced can overwhelm the normal anatomy and function of the esophageal sphincter, allowing air to escape into the stomach. This is particularly important to consider in emergency situations, where careful management of ventilation is crucial to prevent complications like aspiration or increased intrathoracic pressure. In contrast, delivering minimal tidal volume might not provide sufficient air to adequately ventilate the lungs, potentially leading to inadequate oxygenation without causing the air to enter the stomach. Intubated patients, while at risk for gastric distention, often have a clearer airway pathway, reducing the risk compared to situations of rapid ventilation. When the airway is completely obstructed, airflow is limited, further decreasing the likelihood of significant gastric distention as no air is being intentionally pushed into the airway or stomach. Thus, quick ventilations pose the greatest risk of gastric distention due to the influx of air that can bypass the lung's natural pathways.

4. Which action would NOT be performed during the scene size-up?

A. Noting the position of a crashed motor vehicle.

B. Asking a neighbor to secure the patient's dog.

C. Notifying the dispatcher to send fire personnel.

D. Rapidly assessing a patient's respiratory status.

During the scene size-up, the primary focus is on gaining an understanding of the overall situation to ensure safety and effective scene management. This includes assessing the environment, identifying hazards, determining the mechanism of injury or nature of the illness, and establishing the number of patients and resources required. Rapidly assessing a patient's respiratory status falls under the primary assessment phase, which occurs after the scene size-up has been completed. The purpose of the primary assessment is to quickly identify and address life-threatening conditions, such as inadequate breathing or circulation. Although assessing a patient's respiratory status is crucial in the management of a patient, it is not part of the initial scene size-up process. In contrast, noting the position of a crashed motor vehicle, asking a neighbor for assistance with a patient's dog, and notifying the dispatcher to send fire personnel are all actions that pertain to gathering information and ensuring safety during the scene size-up. These actions help in evaluating the situation and ensuring that the response is appropriate and safe for both the responders and the patient.

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5. A patient with flu-like symptoms who wakes up at night sweating and coughs up green sputum is likely suffering from?

A. Chronic obstructive pulmonary disease (COPD).

B. Tuberculosis.

C. Pneumonia.

D. Influenza Type A.

The symptoms described—flu-like signs accompanied by night sweats and green sputum—point toward an infection of the lungs. When evaluating the provided options, tuberculosis emerges as the most fitting diagnosis. Tuberculosis (TB) is characterized by a chronic cough, which can produce sputum that may be green, particularly if there is a secondary bacterial infection or if the lung tissue is compromised. Night sweats are a classic symptom of TB, reflecting the systemic impact of the infection as the body's immune response engages in battling the bacteria. Additionally, flu-like symptoms can appear as the illness progresses, making it easy to confuse it initially with other respiratory infections. In contrast, while pneumonia can also present with similar symptoms—such as cough, fever, and sputum production—night sweats are not as commonly highlighted in the typical presentation of pneumonia unless it is a more severe case or involves specific pathogens. Chronic obstructive pulmonary disease (COPD) usually does not present with these acute symptoms, particularly night sweats and green sputum. Influenza Type A might include cough and fever but is less likely to result in significant production of green sputum and does not typically cause night sweats unless complications arise. When considering the entire clinical picture, tuberculosis stands out

6. Pathophysiology is the study of the functional changes that occur when the body reacts to a particular:

A. Assessment

B. Disease

C. Protocol

D. Medication

The correct choice, which is disease, is pivotal in understanding pathophysiology because this field specifically examines the alterations in normal biological functions resulting from diseases. When the body encounters a disease, it reacts through various mechanisms that can affect its physiological processes. This can include inflammation, changes in cellular function, and systemic responses that lead to observable signs and symptoms. By studying these changes, healthcare providers can better understand how diseases impact the body's systems, enabling them to develop appropriate treatment plans and interventions. This comprehension is crucial for healthcare professionals, as it helps in diagnosing conditions, predicting outcomes, and educating patients about their health. The other options do not accurately reflect the focus of pathophysiology. For example, assessment refers to the process of evaluating a patient's condition, protocols are guidelines for handling medical situations, and medications are substances used to treat or manage health issues, but none of these specifically involve the study of functional changes due to disease. Thus, the clear connection between pathophysiology and disease makes it the correct answer in this context.

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7. What is the primary focus during the assessment of a medical patient?

A. nature of illness

B. field diagnosis

C. associated symptoms

D. medical history

The primary focus during the assessment of a medical patient is on the nature of the illness. Understanding the nature of the illness allows the EMT to gather essential information about the patient's condition, which can influence the entire assessment and treatment process. By identifying the specific medical issue, the EMT can prioritize their evaluation and intervention efforts effectively. This includes recognizing potential life-threatening conditions and making appropriate decisions about patient management and transport. Knowing the nature of the illness also helps in forming a differential diagnosis, guiding further questions and assessments to clarify the patient's situation. While aspects like medical history, associated symptoms, and field diagnosis are important, they serve as complementary components. For instance, medical history provides context, associated symptoms can guide the assessment process, and field diagnosis aids in understanding the severity and impact of the illness. However, starting with the nature of the illness ensures that the EMT is oriented correctly to address the most critical aspects of the patient's condition.

8. Asthma is primarily caused by a response of which system?

A. Immune system

B. Cardiovascular system

C. Endocrine system

D. Respiratory system

Asthma is primarily caused by a response of the immune system. In individuals with asthma, the immune system overreacts to certain triggers, such as allergens or irritants, leading to chronic inflammation in the airways. This inflammation causes the muscles around the airways to constrict and produce excess mucus, which ultimately narrows the airways and leads to difficulty in breathing. Understanding that asthma stems from an immune response is essential for recognizing how various triggers can exacerbate the condition. For instance, exposure to pollen or pet dander can provoke an immune response in susceptible individuals, leading to asthma attacks. Identifying these triggers and managing them is a crucial component of asthma treatment and control. The other systems listed do not primarily drive the pathophysiology of asthma. The cardiovascular system is responsible for blood circulation and does not play a direct role in the inflammatory processes that characterize asthma. Similarly, while the respiratory system is involved in the manifestation of asthma symptoms, it is not the root cause of the disease. The endocrine system, which regulates hormones, also does not have a direct impact on the mechanisms underlying asthma. Thus, the immune system's role is central to understanding the triggers and management of asthma.

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9. When ventilating a patient with a stoma, if air is escaping from the mouth and nose, what should you do?

A. Ventilate with less pressure.

B. Thoroughly suction the stoma.

C. Seal the mouth and nose.

D. Thrust the jaw forward.

When ventilating a patient with a stoma, if air is escaping from the mouth and nose, sealing the mouth and nose is essential to ensure effective ventilation. By sealing the orifices, you can direct the airflow specifically into the stoma, maximizing the pressure and volume delivered to the patient's lungs through the stoma. In situations where air escapes, the pathways created by the mouth and nose present a potential avenue for air to escape rather than enter the lungs, thus reducing the effectiveness of your ventilation efforts. Sealing these areas prevents air from diverting away from the intended route and allows for adequate pressure to build up for proper ventilation. Other options may provide a temporary solution, but they do not address the underlying issue of air escaping. Ventilating with less pressure could lead to insufficient oxygen delivery, suctioning the stoma might not be necessary if the stoma is clear, and thrusting the jaw forward does not apply, as the issue is with the escape of air from the upper airway rather than a blockage that requires advancing the mandible.

10. A child with symptoms of respiratory syncytial virus (RSV) is most likely suffering from what condition?

A. Pertussis

B. Epiglottitis

C. Croup

D. Bronchiolitis

Respiratory syncytial virus (RSV) is a common viral infection that primarily affects the respiratory system, particularly in young children. When a child presents with symptoms of RSV, such as wheezing, coughing, and difficulty breathing, they are typically diagnosed with bronchiolitis. This is a condition characterized by inflammation and congestion in the small airways (bronchioles) of the lungs, often triggered by RSV. Bronchiolitis usually manifests with symptoms including a runny nose, cough, and wheezing, which directly correlate with how RSV impacts the respiratory system, leading to obstruction and respiratory distress. In infants and young children, this viral infection can progress to significant respiratory complications, highlighting the importance of early recognition and appropriate management. In contrast, other conditions like pertussis (whooping cough), epiglottitis, and croup have distinct clinical features and underlying pathophysiology that do not align with the typical presentation of RSV. Pertussis is marked by severe coughing fits and a characteristic "whoop," epiglottitis presents with a sore throat and difficulty swallowing, while croup is characterized by a barking cough and stridor due to upper airway inflammation. These differences in symptoms and affected areas of the

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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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