26-1 EMS Protocol Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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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

1. Which statement about activated charcoal administration is correct?

A. It can be given without any order

B. It is never given in EMS

C. It is only given to pediatric patients

D. It requires a base hospital physician order

2. What are the two treatments we utilize for hypoglycemia?

A. D10: 100 ml IV/IO (10 gm) & Glucagon 0.5 mg IM

B. D10: 250 ml IV/IO (25 gm) & Glucagon 1 mg IM

C. D10: 250 ml IV/IO (25 gm) & Epinephrine 0.3 mg IM

D. D10: 500 ml IV/IO (50 gm) & Glucagon 1 mg IM

3. Warfarin, Eliquis, Pradaxa, Plavix, and Xarelto are all examples of what?

A. Blood thinners

B. Pain relievers

C. Antibiotics

D. Antihistamines

4. What is the first dose for pediatric SVT?

A. 0.2 mg/kg Rapid IVP

B. 0.1 mg/kg Rapid IVP

C. 0.3 mg/kg Rapid IVP

D. 0.05 mg/kg Rapid IVP

5. Activated charcoal should be used for known caustic ingestions.

A. True

B. False

C. Only if the patient is vomiting

D. Only for alkaline ingestions

6. What is the maximum single dose of epinephrine (1:1000) for pediatric anaphylaxis per administration?

A. 0.3 mg

B. 0.1 mg

C. 0.5 mg

D. 0.05 mg

7. For needle thoracostomy in suspected pneumothorax with absent or diminished lung sounds, the statement that both SBP < 90 mmHg and SpO2 < 94% must be present is true or false?

A. True

B. False

C. Only SBP < 90 mmHg is required

D. Only SpO2 < 94% is required

8. What is the D10 bolus volume for hypoglycemia in a pediatric patient?

A. 5 ml/kg (0.5 gm/kg) IV/IO

B. 1 ml/kg

C. 50 ml/kg

D. 25 ml/kg

9. What is our dose and route for TXA?

A. 2 g TXA IV/IO in 200 mL D5W over 15 minutes

B. 0.5 g TXA IV/IO in 50 mL NS over 5 minutes

C. 1 g TXA IV/IO in 100 mL D5W or NS over 10 minutes

D. 1 g TXA IV/IO in 100 mL D5W or NS over 30 minutes

10. Which list contains only erectile dysfunction medications?

A. Viagra (sildenafil), Cialis (tadalafil), Levitra (vardenafil), alprostadil

B. Warfarin, Eliquis, Pradaxa, Plavix, Xarelto

C. Sildenafil, Metformin, Lisinopril, Amoxicillin

D. Ibuprofen, Acetaminophen, Naproxen, Aspirin

Answers

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

Explanations

1. Which statement about activated charcoal administration is correct?

A. It can be given without any order

B. It is never given in EMS

C. It is only given to pediatric patients

D. It requires a base hospital physician order

Activated charcoal can bind many ingested toxins in the gut and reduce absorption, but it isn't appropriate in every poisoning scenario. Because it carries risks (such as vomiting and potential aspiration) and isn't effective for all substances (caustics, hydrocarbons, heavy metals, etc.), its use in EMS is typically guided by medical direction. A base hospital physician order ensures the provider has clear indications, appropriate dosing, and awareness of contraindications and risks before giving charcoal. That's why requiring a physician order is the correct statement. It's not correct to say it can be given without any order, nor that it's never used in EMS, nor that it's only given to pediatric patients.

2. What are the two treatments we utilize for hypoglycemia?

A. D10: 100 ml IV/IO (10 gm) & Glucagon 0.5 mg IM

B. D10: 250 ml IV/IO (25 gm) & Glucagon 1 mg IM

C. D10: 250 ml IV/IO (25 gm) & Epinephrine 0.3 mg IM

D. D10: 500 ml IV/IO (50 gm) & Glucagon 1 mg IM

When treating hypoglycemia in the EMS setting, the goal is to raise blood glucose quickly. The two standard approaches you use are intravenous dextrose and intramuscular glucagon. Administering D10 as a bolus (250 ml, which is 25 g of glucose) delivers glucose directly into the bloodstream for a rapid rise in blood sugar and improves mental status within minutes. If IV access isn't available, giving glucagon intramuscularly at 1 mg stimulates the liver to release stored glucose, providing a rescue mechanism with a slower onset but crucial when IV access can't be established. This combination covers both routes: fast IV glucose when access is present, and an IM rescue when it isn't. The other options either use inappropriate doses or medications (like epinephrine) not indicated for hypoglycemia, or recommend too large a dextrose dose.

3. Warfarin, Eliquis, Pradaxa, Plavix, and Xarelto are all examples of what?

A. Blood thinners

B. Pain relievers

C. Antibiotics

D. Antihistamines

These medications all reduce the blood's ability to form clots, so they're commonly called blood thinners. Warfarin works by blocking vitamin K–dependent clotting factors, which slows the overall clotting process. The direct oral anticoagulants Eliquis and Xarelto inhibit factor Xa, a key step in making thrombin and forming clots. Pradaxa directly inhibits thrombin, another essential enzyme in clot formation. Plavix is an antiplatelet that prevents platelets from sticking together, interrupting the first step of clot formation. While they all aim to prevent clots, they achieve this through different mechanisms—some affect clotting factors in the blood, others prevent platelet aggregation. The other options describe drugs with different primary uses (pain relief, infection control, allergy relief) and don't describe agents that prevent clot formation.

4. What is the first dose for pediatric SVT?

A. 0.2 mg/kg Rapid IVP

B. 0.1 mg/kg Rapid IVP

C. 0.3 mg/kg Rapid IVP

D. 0.05 mg/kg Rapid IVP

Adenosine is used to interrupt the reentrant pathway causing narrow-complex, regular SVT in a stable child by briefly blocking AV node conduction. The first dose is 0.1 mg/kg given as a rapid IV push, with a maximum of 6 mg. Because adenosine acts for only a few seconds, it's delivered quickly and followed by a rapid saline flush to ensure it reaches the heart before it wears off. If there's no conversion, you administer a second dose of 0.2 mg/kg (maximum 12 mg). For example, a 20 kg child would get 2 mg initially, then 4 mg if needed.

5. Activated charcoal should be used for known caustic ingestions.

A. True

B. False

C. Only if the patient is vomiting

D. Only for alkaline ingestions

Activated charcoal works by adsorbing many substances in the gut when given early and the patient has a protected airway. However, for known caustic ingestions, it is not routinely used in modern EMS practice. Caustics can damage the mucosa, and charcoal does not reliably bind these agents; giving charcoal can obscure endoscopic evaluation, delay definitive care, and increase the risk of aspiration if vomiting occurs. The appropriate approach is airway protection and close medical evaluation, with endoscopy as indicated. Some exam content may present different wording, but current practice generally discourages charcoal for caustic ingestions.

6. What is the maximum single dose of epinephrine (1:1000) for pediatric anaphylaxis per administration?

A. 0.3 mg

B. 0.1 mg

C. 0.5 mg

D. 0.05 mg

Dosing epinephrine for pediatric anaphylaxis is weight-based with a safety cap per dose. The standard is 0.01 mg/kg given intramuscularly, but you do not exceed 0.3 mg in a single administration. Because epinephrine 1:1000 is 1 mg per mL, 0.3 mg corresponds to 0.3 mL. So a child weighing up to about 30 kg could receive up to 0.3 mg per dose (lower doses for lighter children, e.g., 0.15 mg at 15 kg, 0.25 mg at 25 kg). If a heavier child needed more, you would still limit each dose to 0.3 mg and monitor the response, repeating if necessary per clinical judgment. The cap helps prevent excessive adrenergic effects like severe tachycardia, hypertension, and arrhythmias while still delivering a life-saving dose for airway and circulation compromise.

7. For needle thoracostomy in suspected pneumothorax with absent or diminished lung sounds, the statement that both SBP < 90 mmHg and SpO2 < 94% must be present is true or false?

A. True

B. False

C. Only SBP < 90 mmHg is required

D. Only SpO2 < 94% is required

The key idea is that needle decompression is guided by clinical signs of tension pneumothorax and patient instability, not by meeting two exact numerical thresholds. A patient with absent or diminished lung sounds and suspected tension pneumothorax should be decompressed promptly if there is signs of instability, such as low blood pressure or low oxygen saturation. It's not necessary for both SBP to be below 90 and SpO2 to be below 94% at the same time; either finding can indicate significant physiologic compromise that warrants immediate treatment. Delaying decompression to wait for both criteria could worsen outcomes, since the pressure buildup behind a tension pneumothorax can rapidly impair ventilation and circulation.

8. What is the D10 bolus volume for hypoglycemia in a pediatric patient?

A. 5 ml/kg (0.5 gm/kg) IV/IO

B. 1 ml/kg

C. 50 ml/kg

D. 25 ml/kg

When a child is hypoglycemic, the goal is to raise blood glucose quickly with a safe, weight-based dose of dextrose. Using D10, a bolus of 5 mL per kilogram delivers 0.5 g of dextrose per kilogram (because D10 has 10 g per 100 mL, so 5 mL contains 0.5 g). This provides enough glucose quickly without risking fluid overload or excessive hyperglycemia in a small child. For example, a 12 kg child would receive 60 mL of D10, delivering about 6 g of dextrose. Dosing smaller amounts per kilogram would likely be insufficient to treat the hypoglycemia, while larger volumes per kilogram could cause complications. Hence, 5 mL/kg (0.5 g/kg) IV/IO is the appropriate bolus dose.

9. What is our dose and route for TXA?

A. 2 g TXA IV/IO in 200 mL D5W over 15 minutes

B. 0.5 g TXA IV/IO in 50 mL NS over 5 minutes

C. 1 g TXA IV/IO in 100 mL D5W or NS over 10 minutes

D. 1 g TXA IV/IO in 100 mL D5W or NS over 30 minutes

TXA is given to rapidly counteract fibrinolysis in traumatic bleeding, so it should be delivered as a single, early dose that reaches effective levels quickly. The standard prehospital dosing is 1 gram given IV or IO, diluted in 100 mL of D5W or normal saline, infused over about 10 minutes. This provides a controlled, rapid infusion that achieves therapeutic blood concentrations without an excessive fluid load. Other options are not correct because they either use a higher or lower dose or extend the infusion time beyond 10 minutes, which delays achieving the needed plasma levels.

10. Which list contains only erectile dysfunction medications?

A. Viagra (sildenafil), Cialis (tadalafil), Levitra (vardenafil), alprostadil

B. Warfarin, Eliquis, Pradaxa, Plavix, Xarelto

C. Sildenafil, Metformin, Lisinopril, Amoxicillin

D. Ibuprofen, Acetaminophen, Naproxen, Aspirin

This item focuses on recognizing medications used specifically for erectile dysfunction. The best list contains only ED treatments: three oral medications—sildenafil, tadalafil, and vardenafil—which are PDE5 inhibitors that help produce an erection in response to sexual stimulation; and alprostadil, a prostaglandin E1 preparation used for ED, available as injections or urethral pellets. The other lists mix ED drugs with meds for other conditions (blood thinners and antiplatelets, antibiotics, or common pain relievers), so they're not ED-only. Therefore, the list with sildenafil, tadalafil, vardenafil, and alprostadil is the correct one.

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://261emsprotocol.examzify.com

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