

# Ambulance Victoria CPGS Practice Test Sample Study Guide



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**SAMPLE**

## **Questions**

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- 1. What should be assessed prior to administering nitrates in ACS?**
  - A. Current medications**
  - B. Patient's age**
  - C. Blood pressure**
  - D. Patient's weight**
- 2. In which circumstance does an ACD refusing care not exist?**
  - A. When a child is involved**
  - B. When the patient is conscious**
  - C. When the patient has attempted suicide**
  - D. When there is a risk of infection**
- 3. In the event of penetrating trauma and PEA arrest, what is prioritized over standard management if it can be done within 20 minutes?**
  - A. Transportation to a hospital**
  - B. Emergency thoracotomy**
  - C. Intubation procedures**
  - D. Administration of IV fluids**
- 4. Which of the following criteria implies that a patient's capacity to attend hospital must be assessed?**
  - A. Patient has a severe ongoing illness**
  - B. Patient appears distressed but speaks clearly**
  - C. Patient must demonstrate understanding of the situation**
  - D. Patient shows signs of significant pain**
- 5. Which condition is characterized by wheezing and difficulty breathing?**
  - A. Allergy**
  - B. Bronchitis**
  - C. Asthma**
  - D. Pneumonia**

- 6. True or False: The mental status assessment primarily focuses on evaluating a patient's behavior.**
- A. True**
  - B. False**
  - C. Only in acute settings**
  - D. Does not include emotional state**
- 7. When should a BVM (Bag-Valve-Mask) be utilized?**
- A. When a patient is fully conscious**
  - B. When the patient shows signs of an allergic reaction**
  - C. When a patient is unable to breathe adequately on their own**
  - D. When a patient has a pulse**
- 8. Why is monitoring blood glucose levels crucial in altered consciousness cases?**
- A. To assess for dehydration**
  - B. To rule out hypoglycemia or diabetes-related emergencies**
  - C. To check for electrolyte imbalance**
  - D. To determine the need for oxygen therapy**
- 9. What is the definition of 'actual' time critical status?**
- A. Patient is stable and requires monitoring**
  - B. Patient shows signs of significant distress**
  - C. Patient is in physiological distress at the time of vital sign assessment**
  - D. Patient is unconscious but stable**
- 10. What is an example of yellow flag criteria that suggests a patient should seek care?**
- A. Stable in a general condition**
  - B. Infection not responding to treatment**
  - C. Minimal pain at a constant level**
  - D. Appearance of related symptoms within two weeks**

## **Answers**

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

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## **Explanations**

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**1. What should be assessed prior to administering nitrates in ACS?**

- A. Current medications**
- B. Patient's age**
- C. Blood pressure**
- D. Patient's weight**

Assessing blood pressure prior to administering nitrates in cases of acute coronary syndrome (ACS) is crucial because nitrates can cause vasodilation, leading to a decrease in blood pressure. If a patient has low blood pressure or is hypotensive, administering nitrates could exacerbate this condition, potentially leading to adverse effects, such as syncope or further cardiovascular instability. Therefore, measuring blood pressure ensures that the benefits of administering nitrates outweigh the risks. While evaluating current medications may provide useful information about potential drug interactions and contraindications, and considering patient age and weight can help tailor care, they do not directly address the immediate hemodynamic effects that nitrates can have. Monitoring blood pressure is the most critical step, as it directly impacts the safety of initiating nitrate therapy in a patient experiencing ACS.

**2. In which circumstance does an ACD refusing care not exist?**

- A. When a child is involved**
- B. When the patient is conscious**
- C. When the patient has attempted suicide**
- D. When there is a risk of infection**

An Advance Care Directive (ACD) refusing care is a legal document that outlines a person's preferences regarding medical treatment in situations where they may be unable to communicate those wishes themselves. The concept of an ACD refusing care does not exist in cases where a patient has attempted suicide because this action raises specific ethical and legal considerations regarding the individual's capacity to make informed decisions about their care. In situations where a person has attempted suicide, their mental state and ability to make sound judgments might be critically compromised, leading healthcare professionals to prioritize their immediate safety and medical needs over previously expressed directives. The primary focus in such cases is on assessing and addressing any acute physical harm and ensuring that the individual receives appropriate psychiatric evaluation and support. Thus, pursuing care becomes essential to prevent further risk to the patient's health or life. Other circumstances listed may still honor a valid ACD, such as the involvement of a child, the patient being conscious, or the presence of a risk of infection, where a patient's prior wishes in an ACD can be respected.

**3. In the event of penetrating trauma and PEA arrest, what is prioritized over standard management if it can be done within 20 minutes?**

**A. Transportation to a hospital**

**B. Emergency thoracotomy**

**C. Intubation procedures**

**D. Administration of IV fluids**

In cases of penetrating trauma accompanied by pulseless electrical activity (PEA) arrest, the focus shifts towards immediate life-saving interventions that can potentially reverse the cardiac arrest. An emergency thoracotomy is prioritized in this scenario because it allows for direct access to the thoracic cavity, enabling the provider to identify and address any life-threatening conditions such as cardiac tamponade or massive hemorrhage, which are common in penetrating trauma cases. The rationale behind performing an emergency thoracotomy within 20 minutes is based on the understanding that timely intervention can significantly increase the chances of return of spontaneous circulation (ROSC) and survival. The procedure can help to decompress the chest, control bleeding, and even temporarily support cardiac function, enabling further resuscitation efforts. Other management options, such as transportation to a hospital, intubation procedures, and administration of IV fluids, while important components of emergency care, do not provide the immediate surgical intervention needed in the context of severe trauma with PEA arrest. Transporting a patient or administering fluids may delay essential surgical intervention and may not directly address the critical life-threatening issues that emergency thoracotomy targets. Similarly, intubation, although crucial for airway management, does not directly deal with the underlying causes of PEA arrest.

**4. Which of the following criteria implies that a patient's capacity to attend hospital must be assessed?**

**A. Patient has a severe ongoing illness**

**B. Patient appears distressed but speaks clearly**

**C. Patient must demonstrate understanding of the situation**

**D. Patient shows signs of significant pain**

The criterion that a patient's capacity to attend hospital must be assessed is based on the need for the patient to demonstrate an understanding of their situation. Capacity involves the ability to comprehend relevant information, weigh the consequences of decisions, and communicate a choice. When a patient is faced with the possibility of attending the hospital, it is essential that they not only understand their current medical condition and the need for further treatment but also the implications of their choices. This understanding is crucial because it helps ensure that the patient is making informed decisions about their healthcare. If a patient cannot demonstrate this understanding, they may not have the capacity to consent to treatment or transportation, thereby necessitating an assessment to safeguard their health and well-being. The other options, while indicative of the patient's health status, do not directly relate to an assessment of the patient's capacity. Severe ongoing illness may indicate the need for treatment but doesn't inherently assess the patient's understanding. Distress and clear communication might suggest readiness for care but do not confirm comprehension. Significant pain can affect a patient's ability to make decisions, but again does not necessarily indicate their level of understanding about the necessity of attending the hospital.

**5. Which condition is characterized by wheezing and difficulty breathing?**

- A. Allergy**
- B. Bronchitis**
- C. Asthma**
- D. Pneumonia**

Asthma is characterized by wheezing and difficulty breathing due to the inflammation and narrowing of the airways. In an asthma attack, triggers such as allergens, exercise, or stress can lead to bronchoconstriction, causing the characteristic wheezing sound during breathing. This condition often presents with episodes of shortness of breath and requires the use of bronchodilators or anti-inflammatory medications to manage the symptoms and prevent exacerbations. Allergy can cause wheezing in some cases; however, it does not inherently lead to the chronic airway obstruction that defines asthma. Bronchitis may involve wheezing as well, but it is typically more associated with a persistent cough and mucus production rather than the distinct episodic wheezing and breathlessness found in asthma. Pneumonia generally presents with symptoms like fever, cough, and chest pain since it involves infection in the lungs and is not exclusively characterized by wheezing.

**6. True or False: The mental status assessment primarily focuses on evaluating a patient's behavior.**

- A. True**
- B. False**
- C. Only in acute settings**
- D. Does not include emotional state**

The statement affirming that the mental status assessment primarily focuses on evaluating a patient's behavior is true. This assessment is a critical component in evaluating an individual's cognitive functioning and overall mental health. It helps healthcare professionals determine the patient's level of consciousness, orientation, and ability to interact appropriately with their environment. Behavior is a key component of this assessment because it encompasses various aspects, such as the patient's attitude, responses, and demeanor during the evaluation. While emotional state and cognitive functions are also important facets of mental status, the observable behaviors provide crucial insights into mental processes. For instance, how a patient relates to questions, whether they respond appropriately, and any notable changes in their physical demeanor can all indicate potential issues or help clinicians diagnose specific conditions. Thus, while the assessment is comprehensive and includes multiple components, the focus on behavior is foundational in understanding the overall mental status.

## 7. When should a BVM (Bag-Valve-Mask) be utilized?

- A. When a patient is fully conscious
- B. When the patient shows signs of an allergic reaction
- C. When a patient is unable to breathe adequately on their own**
- D. When a patient has a pulse

A Bag-Valve-Mask (BVM) should be utilized when a patient is unable to breathe adequately on their own. This device is designed to provide positive pressure ventilation to a patient who is unable to maintain sufficient respiratory function due to various medical emergencies, such as respiratory failure or arrest. When a patient cannot take adequate breaths voluntarily, using a BVM can help ensure that air is delivered to the lungs, thereby maintaining oxygenation and preventing hypoxia. Using a BVM is a critical intervention for patients who exhibit signs of inadequate breathing, such as shallow breaths, decreased respiratory rate, or altered levels of consciousness. It allows emergency medical personnel to effectively support the patient's breathing until more definitive treatment or advanced airway management can be provided. In scenarios involving a fully conscious patient, signs of an allergic reaction, or a patient who has a pulse but is breathing poorly, the indicated use of a BVM would not apply. A conscious patient typically maintains their own ability to breathe adequately, while an allergic reaction may require different interventions like administering antihistamines or epinephrine, depending on severity. Thus, effective use of the BVM is critical when a patient's respiratory status is compromised.

## 8. Why is monitoring blood glucose levels crucial in altered consciousness cases?

- A. To assess for dehydration
- B. To rule out hypoglycemia or diabetes-related emergencies**
- C. To check for electrolyte imbalance
- D. To determine the need for oxygen therapy

Monitoring blood glucose levels is crucial in cases of altered consciousness primarily to rule out hypoglycemia or diabetes-related emergencies. Altered levels of consciousness can be caused by a range of conditions, but hypoglycemia, a condition characterized by abnormally low blood sugar levels, is particularly critical to identify and address quickly. When a patient presents with altered consciousness, one of the first steps is to assess their blood glucose levels because hypoglycemic episodes can lead to confusion, lethargy, or even loss of consciousness. If not treated promptly, hypoglycemia can have serious or even fatal consequences. In contrast, hyperglycemia may indicate poorly managed diabetes, which can also lead to altered consciousness, although it typically presents with different symptoms and signs. Therefore, by checking blood glucose levels, healthcare providers can effectively identify and manage these emergencies. This swift assessment allows for timely intervention, such as administering glucose, which can rapidly improve the patient's condition if hypoglycemia is the underlying cause. While other factors like dehydration, electrolyte imbalances, and the need for oxygen therapy are important in the overall assessment and management of the patient, they are not directly related to the immediate need to address altered consciousness as a potential consequence of blood sugar levels.

**9. What is the definition of 'actual' time critical status?**

- A. Patient is stable and requires monitoring
- B. Patient shows signs of significant distress
- C. Patient is in physiological distress at the time of vital sign assessment**
- D. Patient is unconscious but stable

The definition of 'actual' time critical status refers to a situation where a patient is in physiological distress at the moment of vital sign assessment. This means that the patient is presenting with abnormalities in their vital signs, which could indicate a serious, potentially life-threatening condition that necessitates immediate medical intervention. Recognizing a patient as time critical is essential for prioritizing their treatment in the context of emergency medical services, ensuring that they receive prompt and appropriate care. In the context of this definition, physiological distress can include signs such as altered mental status, significant cardiovascular instability, or indications of respiratory failure, among others. Identifying these signs accurately allows responders to escalate their response and transport the patient to a healthcare facility more quickly.

**10. What is an example of yellow flag criteria that suggests a patient should seek care?**

- A. Stable in a general condition
- B. Infection not responding to treatment**
- C. Minimal pain at a constant level
- D. Appearance of related symptoms within two weeks

The identification of infection not responding to treatment as a yellow flag criterion is crucial because it indicates a potential deterioration in the patient's condition that warrants further medical evaluation. Yellow flags in this context serve as warning signs that can signify the need for closer monitoring or a change in management strategy. When an infection persists despite appropriate treatments, it raises concerns about the possibility of complications, a more aggressive infection, or an underlying issue that has not been appropriately addressed. In contrast to this choice, stable general conditions and minimal pain at a constant level suggest a patient is not experiencing an alarming decline in health, potentially making those situations less urgent in terms of needing immediate care. The appearance of related symptoms within two weeks can be concerning but does not necessarily imply that the patient's condition has worsened or is failing to improve, which the presence of a treatment-resistant infection clearly does. Therefore, the indication that an infection is not responding to treatment directly highlights the need for further clinical assessment and intervention.