

Ambulance Victoria CPGS Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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. If an inadequate response occurs or nitrates are contraindicated in ACS, what is the next course of action?**
 - A. Administer beta-blockers**
 - B. Administer opioids**
 - C. Continue nitrates**
 - D. Request further assistance**
- 2. What is the QRS duration in narrow complex tachycardia?**
 - A. Less than 0.10 seconds**
 - B. Less than 0.12 seconds**
 - C. Less than 0.15 seconds**
 - D. Less than 0.20 seconds**
- 3. In a scenario where two paramedics attend a case, what is Attendant 1 responsible for?**
 - A. Observing the assessment process**
 - B. Leading the assessment, history taking, and physical examination**
 - C. Collecting information about the scene**
 - D. Transporting the patient to the hospital**
- 4. What is the recommended SpO2 for patients maintaining prophylactic hypoxaemia?**
 - A. 90-95%**
 - B. 80-84%**
 - C. 85-88%**
 - D. 75-79%**
- 5. Which vital sign is considered the most critical for assessing a patient's perfusion status?**
 - A. Heart rate**
 - B. Blood pressure**
 - C. Respiratory rate**
 - D. Oxygen saturation**

- 6. What does 'A' represent in the AEIOUTIPS acronym?**
- A. Acid-base disturbance**
 - B. Alcohol/acidosis**
 - C. Anxieties**
 - D. Allergic reactions**
- 7. Which criteria indicates that an adult is time critical in a major trauma scenario?**
- A. HR between 60 and 120**
 - B. Systolic BP greater than 90mmHg**
 - C. GCS scores between 14 and 15**
 - D. RR above 30**
- 8. In a critical illness, when is oxygen administration particularly crucial?**
- A. When patient is stable**
 - B. During ambulance transport only**
 - C. In cases of cardiac arrest**
 - D. Only for patients over 60**
- 9. Which term describes a patient who is not physiologically distressed but has a significant mechanism of injury?**
- A. Emergent**
 - B. Potential**
 - C. Actual**
 - D. Stable**
- 10. What do red flags in medical assessments mandate?**
- A. Further observation**
 - B. Transport to hospital**
 - C. Home care instructions**
 - D. Referral to a specialist**

Answers

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

SAMPLE

Explanations

SAMPLE

1. If an inadequate response occurs or nitrates are contraindicated in ACS, what is the next course of action?

- A. Administer beta-blockers**
- B. Administer opioids**
- C. Continue nitrates**
- D. Request further assistance**

In the context of Acute Coronary Syndromes (ACS), when there is an inadequate response to initial treatment or when nitrates are contraindicated, administering opioids is an appropriate next step. Opioids like morphine can provide effective pain relief and help reduce anxiety, which can be particularly beneficial for patients experiencing significant chest pain due to ACS. Pain management is critical in ACS as it can help alleviate stress on the heart and potentially improve the patient's overall stability. Opioids can also lead to vasodilation, which may help improve myocardial oxygen supply and reduce demand. This dual mechanism is significant in the context of ACS where myocardial ischemia is a concern. While beta-blockers are used in the management of ACS, they may not be suitable for immediate relief if nitrates are also contraindicated, and the patient's condition may require more urgent intervention. Continuing nitrates would not be apt since the question specifically states their contraindication. Requesting further assistance may be necessary, but the focus should first be on providing pain relief and stabilizing the patient. Thus, administering opioids is the most suitable immediate course of action in this scenario.

2. What is the QRS duration in narrow complex tachycardia?

- A. Less than 0.10 seconds**
- B. Less than 0.12 seconds**
- C. Less than 0.15 seconds**
- D. Less than 0.20 seconds**

In narrow complex tachycardia, the QRS duration is typically less than 0.12 seconds. This parameter is significant because it helps differentiate between different types of tachycardias. A narrow QRS complex indicates that the electrical impulse is originating from above the ventricles, which often implies a supraventricular origin, such as in atrial fibrillation with a rapid ventricular response or paroxysmal supraventricular tachycardia (PSVT). If the QRS had been wider, particularly greater than 0.12 seconds, it might suggest a ventricular origin or other complications such as bundle branch blocks. Therefore, maintaining a QRS duration of less than 0.12 seconds is crucial for correctly identifying and managing narrow complex tachycardias.

3. In a scenario where two paramedics attend a case, what is Attendant 1 responsible for?

A. Observing the assessment process

B. Leading the assessment, history taking, and physical examination

C. Collecting information about the scene

D. Transporting the patient to the hospital

In a scenario where two paramedics attend a case, the responsibility of leading the assessment, history taking, and physical examination falls to Attendant 1. This role is crucial as it involves a systematic approach to understanding the patient's condition and gathering necessary medical information for effective treatment. By leading the assessment, Attendant 1 ensures that all critical aspects of the patient's health are addressed, which may include obtaining a detailed medical history, performing a thorough physical examination, and determining any immediate medical needs. This responsibility is fundamental, as timely and accurate assessments inform subsequent care decisions, including treatment protocols and transport needs. In a paramedic team, the lead role allows Attendant 1 to coordinate efforts with the second paramedic, who may assist with patient care, information gathering, or scene management. This collaborative approach enhances the efficiency and effectiveness of the emergency response.

4. What is the recommended SpO2 for patients maintaining prophylactic hypoxaemia?

A. 90-95%

B. 80-84%

C. 85-88%

D. 75-79%

In the context of managing patients who are requiring prophylactic hypoxaemia—essentially a controlled level of low oxygen saturation for therapeutic reasons—the recommended SpO2 range is 85-88%. This specific range is chosen because it balances the need to keep oxygen saturation low for certain medical conditions while still ensuring that the patient remains within a safe threshold to avoid potential tissue hypoxia and related complications. Maintaining an SpO2 level within this range helps to manage underlying conditions effectively without causing harm, as levels lower than this can start leading to significant physiological stress, impairment of vital organ function, and increased risk of adverse outcomes. The guidance emphasizes careful monitoring and individualized assessment, ensuring that while the patient is under treatment strategies such as oxygen therapy or ventilation management, their safety and physiological needs are prioritized. Other ranges outside this recommended level could lead either to inadequate oxygenation or unnecessary risks of hypoxic damage, thus reinforcing the importance of adherence to this specific SpO2 target for the stated patient group.

5. Which vital sign is considered the most critical for assessing a patient's perfusion status?

- A. Heart rate**
- B. Blood pressure**
- C. Respiratory rate**
- D. Oxygen saturation**

Blood pressure is the most critical vital sign for assessing a patient's perfusion status because it directly reflects the effectiveness of the heart's ability to pump blood and deliver oxygen to the tissues. Adequate blood pressure ensures that there is sufficient blood flow to vital organs, which is essential for maintaining their function. When evaluating perfusion, blood pressure provides crucial insight into the circulatory system's performance. A significantly low blood pressure reading may indicate shock or severe hypovolemia, which means that the body is not receiving adequate blood flow, potentially leading to organ dysfunction or failure. While heart rate, respiratory rate, and oxygen saturation are important vital signs that can provide additional information about a patient's overall condition, they do not directly measure perfusion in the same way that blood pressure does. Heart rate can indicate changes in circulation but is influenced by many factors; respiratory rate may indicate respiratory distress, and oxygen saturation assesses oxygen levels in the blood but does not directly reflect blood flow. Therefore, blood pressure is the key indicator for determining if a patient is adequately perfused.

6. What does 'A' represent in the AEIOUTIPS acronym?

- A. Acid-base disturbance**
- B. Alcohol/acidosis**
- C. Anxieties**
- D. Allergic reactions**

In the AEIOUTIPS acronym, 'A' represents Alcohol/acidosis. This acronym is a mnemonic used to help healthcare professionals remember the potential causes of altered mental status in a patient. When assessing a patient, it is crucial to consider substances such as alcohol, which can lead to intoxication, withdrawal, or other forms of altered mental status. Acidosis, a condition where there is an excess of acid in the body, can also contribute to neurological changes. By combining both alcohol-related issues and metabolic disturbances, this component of the acronym highlights the importance of addressing these factors during evaluation and management. While the other options address different concerns, they do not encompass the specific relevance of alcohol and its effects on mental status as effectively as the chosen answer. Understanding the implications of alcohol use and metabolic derangements is vital for providing proper care in emergency situations.

7. Which criteria indicates that an adult is time critical in a major trauma scenario?

- A. HR between 60 and 120**
- B. Systolic BP greater than 90mmHg**
- C. GCS scores between 14 and 15**
- D. RR above 30**

In a major trauma scenario, a respiratory rate above 30 breaths per minute is a significant indicator that an adult is time critical. This elevated respiratory rate often suggests that the patient may be experiencing stress, hypoxia, or respiratory failure, necessitating immediate medical attention. An increased respiratory rate can be a compensatory mechanism as the body attempts to meet the oxygen demands during a critical phase, which often correlates with other underlying life-threatening conditions. In contrast, a heart rate between 60 and 120 is generally considered stable and does not automatically indicate a time-sensitive situation. A systolic blood pressure greater than 90 mmHg indicates that the patient has sufficient perfusion, and while it is important to monitor, it does not classify a patient as time critical. GCS scores ranging from 14 to 15 indicate that the patient's neurological status is relatively intact, suggesting that they are not in immediate danger concerning their consciousness. Overall, the increased respiratory rate is a crucial sign that requires rapid intervention in the context of major trauma.

8. In a critical illness, when is oxygen administration particularly crucial?

- A. When patient is stable**
- B. During ambulance transport only**
- C. In cases of cardiac arrest**
- D. Only for patients over 60**

Oxygen administration is particularly crucial in cases of cardiac arrest because the body's tissues and organs are severely deprived of oxygen during this critical event. The heart is unable to pump effectively, and without immediate intervention, irreversible damage can occur to vital organs, particularly the brain, within a matter of minutes. Providing supplemental oxygen can help to ensure that even in the absence of spontaneous circulation, oxygen is available to any remaining viable tissues, thereby increasing the chance of successful resuscitation and recovery. In critical scenarios like cardiac arrest, the primary goal is to restore normal blood flow and oxygenation as quickly as possible. This contrasts sharply with situations where patients are stable, during transport without significant distress, or specific age-related criteria, which do not universally warrant immediate oxygen administration. The urgency and critical nature of cardiac arrest make oxygen administration a vital component of the acute care response in such circumstances.

9. Which term describes a patient who is not physiologically distressed but has a significant mechanism of injury?

- A. Emergent**
- B. Potential**
- C. Actual**
- D. Stable**

The term that best describes a patient who is not physiologically distressed but has experienced a significant mechanism of injury is "potential." This choice reflects the idea that, although the patient may currently appear stable and not exhibiting distress, the nature of their injuries can still pose a risk for deterioration. In situations involving significant mechanisms of injury, such as high-speed impacts or falls from heights, the potential for serious internal injuries or delayed symptoms exists. Medical personnel must remain vigilant and monitor the patient closely because conditions like internal bleeding or organ damage may not present immediate signs but can escalate quickly, leading to instability. The other terms do not accurately represent this scenario. Emergent typically refers to patients exhibiting signs of distress or needing immediate intervention. Actual injuries would imply confirmed significant physical damage, while stable generally describes a patient who is both physiologically normal and at low risk for complications, which does not apply to someone with a significant mechanism of injury.

10. What do red flags in medical assessments mandate?

- A. Further observation**
- B. Transport to hospital**
- C. Home care instructions**
- D. Referral to a specialist**

Red flags in medical assessments are significant indicators that something serious may be occurring with a patient's health. When red flags are identified, they suggest the need for immediate action due to the potential for serious conditions that could worsen without timely intervention. Therefore, transporting a patient to a hospital becomes essential to ensure they receive appropriate and potentially life-saving care. In contrast, other actions such as further observation or home care instructions may not address the urgency of the situation that red flags imply. Referral to a specialist might be necessary in some cases, but it typically occurs after an initial assessment or intervention has been conducted in a hospital setting. Recognizing red flags thus emphasizes the urgency and necessity for swift transport to a medical facility.

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://ambulancevictoriacpgs.examzify.com>

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