

Ambulance Victoria CPGS 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

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- 1. What is the primary purpose of the Clinical Practice Guidelines (CPGs) in ambulance services?**
 - A. To provide evidence-based protocols and guidelines for pre-hospital care
 - B. To outline legal responsibilities of ambulance personnel
 - C. To serve as a reference for advanced medical procedures
 - D. To evaluate the performance of ambulance staff
- 2. What is the indication for using a nasopharyngeal airway?**
 - A. To provide oxygen support
 - B. To maintain airway patency in an unconscious patient with an intact gag reflex
 - C. To ventilate a patient in respiratory distress
 - D. To clear secretions from the airway
- 3. What vital sign indicates a red flag if heart rate exceeds which number?**
 - A. 100
 - B. 110
 - C. 120
 - D. 130
- 4. In unwitnessed arrests, when should resuscitation be withheld based on estimated downtime?**
 - A. When there are no signs of life
 - B. When downtime exceeds 10 minutes
 - C. When CPR has not been attempted
 - D. When the patient is under 18 years old
- 5. Which condition could lead to a need for administering adrenaline?**
 - A. Severe allergic reaction
 - B. Cardiac arrest
 - C. Asthma attack
 - D. Severe bleeding

6. What is the recommended SpO2 for patients maintaining prophylactic hypoxaemia?
- A. 90-95%
 - B. 80-84%
 - C. 85-88%
 - D. 75-79%
7. In the assessment of a burn injury, what is the "Rule of Nines" used for?
- A. To determine the depth of a burn
 - B. To estimate the percentage of body surface area affected by burns
 - C. To calculate fluid requirements for burn patients
 - D. To assess the need for skin grafting
8. Why is it essential to exclude tension pneumothorax in traumatic cardiac arrest cases?
- A. It affects fluid resuscitation
 - B. It can lead to respiratory failure
 - C. It is a reversible cause of PEA
 - D. It does not impact patient outcome
9. What is the role of serial ECGs in AMI diagnosis?
- A. To monitor exercise tolerance
 - B. To evaluate heart muscle oxygenation
 - C. To confirm the absence of medications
 - D. To assist with diagnosis of AMI
10. During the modified Valsalva maneuver, how long should the patient be positioned flat with raised legs?
- A. 5 seconds
 - B. 15 seconds
 - C. 30 seconds
 - D. 1 minute

Answers

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

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Explanations

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1. What is the primary purpose of the Clinical Practice Guidelines (CPGs) in ambulance services?

- A. To provide evidence-based protocols and guidelines for pre-hospital care**
- B. To outline legal responsibilities of ambulance personnel
- C. To serve as a reference for advanced medical procedures
- D. To evaluate the performance of ambulance staff

The primary purpose of the Clinical Practice Guidelines (CPGs) in ambulance services is to provide evidence-based protocols and guidelines for pre-hospital care. CPGs are designed to ensure that ambulance personnel have access to standardized, up-to-date practices that reflect current medical knowledge and research. By utilizing evidence-based protocols, ambulance services can ensure that the care provided to patients is safe, effective, and in line with the best practices recognized in the medical community. These guidelines help practitioners make informed decisions in time-sensitive situations where they must assess and treat patients swiftly. They cover a range of medical emergencies and provide specific instructions on assessment, treatment modalities, medication dosages, and transportation protocols tailored for various clinical scenarios. While the other options touch on relevant aspects of ambulance service operation, they do not encapsulate the primary role of CPGs. Legal responsibilities are indeed important for ambulance personnel, but those responsibilities are typically addressed through policies and training rather than through CPGs. CPGs may include some information about advanced medical procedures, but their essence lies in standardizing care rather than serving solely as advanced procedure references. Lastly, while performance evaluation is crucial for staff development, it is a separate function from the primary role of CPGs, which is to guide

2. What is the indication for using a nasopharyngeal airway?

- A. To provide oxygen support
- B. To maintain airway patency in an unconscious patient with an intact gag reflex**
- C. To ventilate a patient in respiratory distress
- D. To clear secretions from the airway

A nasopharyngeal airway is specifically designed to maintain airway patency, particularly in patients who are unconscious but still possess an intact gag reflex. When a patient loses consciousness, their ability to protect the airway and maintain clear breathing pathways diminishes significantly. In instances where the gag reflex remains intact, inserting a nasopharyngeal airway can help to keep the upper airway open, allowing for the passage of air without triggering the gag reflex, which could happen with other airway adjuncts, such as oropharyngeal airways. This airway adjunct is especially useful in situations where you need to manage the airway but anticipate that the patient may not tolerate other methods well due to the risk of gagging or vomiting. By providing a clear, stable path for airflow, the nasopharyngeal airway can facilitate oxygenation and ventilation until further interventions can be performed or the patient can be supported more effectively. The other options do not correctly describe the primary function of a nasopharyngeal airway, highlighting a gap in management methods for patients in specific airway distress situations.

3. What vital sign indicates a red flag if heart rate exceeds which number?

- A. 100
- B. 110
- C. 120**
- D. 130

The indication that a heart rate exceeding a certain threshold represents a red flag relates to how elevated heart rates can signify potential physiological distress or underlying issues requiring further assessment. A heart rate above 120 beats per minute is often recognized as tachycardia in adults, which can be alarming and may indicate stress on the cardiovascular system, dehydration, fever, pain, or other medical conditions. When heart rates exceed this level, especially in a clinical context, it prompts emergency responders to investigate further, taking into account other vital signs and patient history. While lower rates may still indicate concern depending on the individual and context, the threshold of 120 is commonly acknowledged in clinical guidelines as a point where further action is typically warranted. This makes it a vital sign not only to monitor but also to respond to, thereby classifying it as a "red flag" in patient assessment.

4. In unwitnessed arrests, when should resuscitation be withheld based on estimated downtime?

- A. When there are no signs of life
- B. When downtime exceeds 10 minutes**
- C. When CPR has not been attempted
- D. When the patient is under 18 years old

In the context of unwitnessed cardiac arrests, the estimated downtime is a crucial factor in determining the likelihood of successful resuscitation. When the downtime exceeds 10 minutes, especially in cases where there are no signs of life, the chances of reversing the cardiac arrest and achieving a meaningful recovery significantly decrease. This is primarily due to the potential for irreversible brain damage and the degradation of vital organs that occurs in the absence of circulation. If resuscitation is attempted after 10 minutes, the likelihood of a favorable outcome diminishes considerably, as the cells begin to die due to hypoxia, and the body undergoes metabolic changes that are difficult to reverse. Recognizing this timeframe helps EMS professionals make informed decisions about initiating or withholding resuscitation efforts based on the estimated time since the arrest occurred.

5. Which condition could lead to a need for administering adrenaline?

- A. Severe allergic reaction**
- B. Cardiac arrest
- C. Asthma attack
- D. Severe bleeding

Administering adrenaline is particularly indicated in the case of a severe allergic reaction, commonly known as anaphylaxis. This life-threatening condition arises when the body has a hypersensitive response to allergens, leading to symptoms such as airway swelling, difficulty breathing, and significant hypotension. Adrenaline (epinephrine) works by causing vasoconstriction, which helps to increase blood pressure, and by acting on the bronchial smooth muscles, leading to bronchodilation. This combination of effects aids in reversing the anaphylactic symptoms and stabilizing the patient's condition. In contrast, while adrenaline may be used in cardiac arrest situations as part of advanced life support protocols, it is not the primary treatment option in the initial response phase. Asthma attacks can also warrant the use of adrenaline in severe cases, but bronchodilators are typically the first-line treatment. Severe bleeding usually requires fluid resuscitation and control of the hemorrhage rather than adrenaline itself. Therefore, the most direct and appropriate indication for adrenaline administration among the provided options is the severe allergic reaction.

6. 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.

7. In the assessment of a burn injury, what is the "Rule of Nines" used for?

- A. To determine the depth of a burn
- B. To estimate the percentage of body surface area affected by burns**
- C. To calculate fluid requirements for burn patients
- D. To assess the need for skin grafting

The "Rule of Nines" is a systematic method used to estimate the percentage of body surface area that has been affected by burns. This technique divides the body into sections, with each section representing approximately nine percent (or multiples of nine) of the total body surface area. For instance, the head and neck, each arm, each leg, the anterior and posterior trunk, are all assigned a value that simplifies the calculation of how much of the body is burned. This estimation is crucial for guiding treatment decisions, including fluid resuscitation and transfer to specialized burn units. Understanding the percentage of total body surface area burned is vital for assessing the severity of the injury, determining the appropriate level of care, and initiating proper treatment protocols. Knowing this information allows healthcare providers to effectively manage the patient's needs, especially in cases of extensive burns where fluid replacement and monitoring are essential for patient survival and recovery.

8. Why is it essential to exclude tension pneumothorax in traumatic cardiac arrest cases?

- A. It affects fluid resuscitation
- B. It can lead to respiratory failure
- C. It is a reversible cause of PEA**
- D. It does not impact patient outcome

In traumatic cardiac arrest scenarios, excluding tension pneumothorax is crucial because it is a reversible cause of pulseless electrical activity (PEA). Tension pneumothorax occurs when air enters the pleural space and cannot escape, leading to increased pressure that compresses the lungs and major blood vessels, impacting respiratory function and reducing venous return to the heart. This results in cardiac output being critically compromised, and the patient may present with PEA despite being in a state where they could potentially recover if the condition is addressed quickly. Identifying and treating a tension pneumothorax can lead to a restoration of normal hemodynamics and improve the chance of survival. This is why it is considered one of the critical elements in the management of patients in cardiac arrest due to trauma, as addressing it can potentially save a life. The other options do not carry the same urgency or relevance in this context, as they either pertain to different aspects of patient care or do not impact outcomes as directly as addressing a reversible cause like tension pneumothorax.

9. What is the role of serial ECGs in AMI diagnosis?

- A. To monitor exercise tolerance
- B. To evaluate heart muscle oxygenation
- C. To confirm the absence of medications
- D. To assist with diagnosis of AMI**

The role of serial ECGs in the diagnosis of acute myocardial infarction (AMI) is primarily to assist with the diagnosis of AMI. When a patient presents with symptoms consistent with a heart attack, immediate and subsequent ECGs provide critical information regarding the electrical activity of the heart. By comparing the results of serial ECGs taken at different times, healthcare providers can identify changes that indicate the presence of ischemia or infarction. For example, new ST-segment elevations, depressions, or the development of Q waves can confirm the occurrence of an AMI. These changes may not appear immediately, which is why serial monitoring is important; it helps track the progression of the condition and informs treatment decisions. The other choices do not capture the primary purpose of serial ECGs in this context. Monitoring exercise tolerance, evaluating heart muscle oxygenation, and confirming the absence of medications are not key focuses of using serial ECGs in the diagnosis and management of AMI. Thus, the correct answer reflects the fundamental role that ECGs play in directly assisting with the diagnosis of myocardial infarction.

10. During the modified Valsalva maneuver, how long should the patient be positioned flat with raised legs?

- A. 5 seconds
- B. 15 seconds**
- C. 30 seconds
- D. 1 minute

The modified Valsalva maneuver is a technique used primarily in the context of treating certain types of supraventricular tachycardia (SVT). When a patient is positioned flat with their legs raised during this maneuver, the recommended duration is 15 seconds. This specific timing is important because it allows enough time for the increased venous return to the heart, which can help restore normal heart rhythm by increasing the pressure in the thoracic cavity and influencing autonomic nervous system responses. Positioning the patient flat with their legs elevated promotes venous return to the heart and can potentially enhance the effectiveness of the maneuver in re-establishing a normal heart rate. Other durations, such as 5 seconds or 30 seconds, may not provide the optimal conditions needed to achieve the desired cardiovascular effects, while prolonging it to 1 minute may cause unnecessary discomfort or complications without additional therapeutic benefit.

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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://ambulancevictoriacpqs.examzify.com>

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

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