

AMBULANCE VICTORIA CPGS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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

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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. Which factor can affect the interpretation of a patient's perfusion assessment?**
 - A. Age of the patient
 - B. Ambient temperature
 - C. Patient's gender
 - D. Time of day
- 2. Which vital sign changes might indicate sepsis in a patient?**
 - A. Increased heart rate, fever, and low blood pressure
 - B. Elevated respiratory rate, normal blood pressure, and sweating
 - C. Decreased heart rate, high blood pressure, and confusion
 - D. Fever, increased blood pressure, and bradycardia
- 3. What method should be applied for ventilations when an ETT/SGA is in position during a cardiac arrest?**
 - A. With pauses for compressions
 - B. Without pauses for compressions
 - C. Every minute
 - D. Only if necessary
- 4. How should a suspected fracture of the femur be immobilized?**
 - A. With a splint and by securing above and below the fracture site
 - B. Using only a bandage
 - C. By applying ice directly to the fracture
 - D. Through elevation only
- 5. What is the minimum observation time for 'no heart sounds' during a clinical assessment?**
 - A. One minute
 - B. Two minutes
 - C. Five minutes
 - D. Ten minutes

- 6. If a maternity patient requires transport and it will take longer than 45 minutes, where should they go?**
- A. Nearest secondary care facility
 - B. To the nearest alternative high level of trauma service
 - C. To a private hospital
 - D. Royal Melbourne Hospital
- 7. In cases of anaphylaxis, which medication is commonly administered?**
- A. Atropine
 - B. Adrenaline (epinephrine)
 - C. Diphenhydramine
 - D. Corticosteroids
- 8. What is the role of Attendant 2 in a two-paramedic assessment scenario?**
- A. Taking the lead in history taking
 - B. Observing the assessment process and collecting missed information
 - C. Administering medication
 - D. Making decisions regarding patient transport
- 9. What is the appropriate dose of fentanyl for a patient who is aware during resuscitation?**
- A. 10 mcg IV every 5 minutes
 - B. 25 mcg IV every 3-5 minutes
 - C. 50 mcg IV every 10 minutes
 - D. 5 mcg IV every 2 minutes
- 10. What is the time frame to cease resuscitation for a patient in VF?**
- A. 30 minutes of ALS resuscitation
 - B. 45 minutes of ALS resuscitation with no compelling reason to continue
 - C. 20 minutes with mechanical CPR capability
 - D. 10 minutes of unresponsive attempt

Answers

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

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Explanations

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1. Which factor can affect the interpretation of a patient's perfusion assessment?

- A. Age of the patient
- B. Ambient temperature**
- C. Patient's gender
- D. Time of day

The ambient temperature plays a significant role in the interpretation of a patient's perfusion assessment because it can influence cardiovascular function and peripheral circulation. In extreme temperatures, such as very hot or cold environments, the body's mechanisms for maintaining temperature can alter heart rate, blood vessel dilation or constriction, and overall blood flow. In high temperatures, for instance, blood vessels may dilate to help dissipate heat, potentially leading to a more pronounced pulse or flushed skin. In contrast, cold temperatures can cause vasoconstriction, leading to reduced skin perfusion and a weaker pulse. These physiological responses can complicate the assessment of perfusion, as standard evaluation criteria may not hold true when temperature affects bodily functions. Understanding this impact allows healthcare providers to account for variations in perfusion assessments that may arise due to environmental influences, leading to more accurate assessments and treatment decisions.

2. Which vital sign changes might indicate sepsis in a patient?

- A. Increased heart rate, fever, and low blood pressure**
- B. Elevated respiratory rate, normal blood pressure, and sweating
- C. Decreased heart rate, high blood pressure, and confusion
- D. Fever, increased blood pressure, and bradycardia

In the context of sepsis, the vital sign changes that are typically observed include an increased heart rate, fever, and low blood pressure. These signs reflect the body's response to infection and the subsequent systemic inflammatory response. An increased heart rate, or tachycardia, is often a compensatory mechanism as the body tries to maintain adequate blood flow and oxygen delivery to tissues in the face of systemic infection. Fever is a common response associated with infection as the body raises its temperature to create an environment less favorable for pathogens. Low blood pressure can indicate septic shock, where there is inadequate perfusion due to widespread vasodilation and potential loss of vascular tone. Together, these vital sign changes provide critical indicators for healthcare providers in recognizing and diagnosing sepsis, which requires prompt and appropriate intervention to mitigate complications and improve outcomes.

3. What method should be applied for ventilations when an ETT/SGA is in position during a cardiac arrest?

- A. With pauses for compressions
- B. Without pauses for compressions**
- C. Every minute
- D. Only if necessary

When performing ventilations during cardiac arrest with an endotracheal tube (ETT) or supraglottic airway (SGA) in place, the recommended practice is to provide ventilations without pauses for chest compressions. This approach is based on the principle that high-quality chest compressions are critical for maintaining blood circulation, and interruptions during compressions can reduce the effectiveness of resuscitation efforts. By delivering ventilations continuously alongside compressions, the rescuer helps maintain a flow of oxygen while ensuring that compressions continue uninterrupted. This technique maximizes the likelihood of successful oxygenation and ventilation while also supporting the critical goal of restoring effective circulation as quickly as possible. Other methods, such as taking pauses for ventilations or performing them only when necessary, can compromise the overall resuscitation effort and reduce the chances of a positive outcome. Therefore, the appropriate method during cardiac arrest when an airway device is in place is to provide ventilations without pauses for compressions.

4. How should a suspected fracture of the femur be immobilized?

- A. With a splint and by securing above and below the fracture site**
- B. Using only a bandage
- C. By applying ice directly to the fracture
- D. Through elevation only

Immobilizing a suspected femur fracture is critical to prevent further injury and reduce pain. The recommended approach involves using a splint to stabilize the limb effectively. Securing the splint above and below the fracture site is essential because this stabilizes both ends of the fracture, minimizing movement that could exacerbate any potential injuries to surrounding tissues, blood vessels, and nerves. The use of a splint allows for proper alignment of the bone fragments and supports the affected limb while a patient is being transported for further medical evaluation. It effectively distributes pressure and prevents the fracture from shifting, which can be particularly important with femoral fractures due to the size and location of the femur. Other methods like using only a bandage, applying ice directly, or relying on elevation do not provide the necessary stabilization that a splint offers. A bandage may help to hold the leg in place but won't adequately immobilize the bone. Ice is useful for reducing swelling but does not contribute to stabilization. Elevation can help with swelling but, again, it does not immobilize the fracture. Therefore, using a splint secured above and below the fracture site is the proper technique for immobilizing a suspected femur fracture.

5. What is the minimum observation time for 'no heart sounds' during a clinical assessment?

- A. One minute
- B. Two minutes**
- C. Five minutes
- D. Ten minutes

In the context of clinical assessment, the recommended minimum observation time for 'no heart sounds' is two minutes. This duration is critical because it allows for a thorough and accurate evaluation of cardiac activity. Heart sounds can sometimes be faint or difficult to detect, especially in patients who may have certain medical conditions or factors such as obesity, lung disease, or interference from surrounding noises. Having a two-minute observation period ensures that the clinician can consistently listen and confirm the absence of sounds, thereby minimizing the risk of misdiagnosis or oversight. This practice aligns with established clinical guidelines, which emphasize the importance of careful monitoring and assessment in determining the patient's cardiac status effectively. The other durations, while they may seem more thorough, do not align with the standard practices typically followed in clinical assessments for confirming such critical observations.

6. If a maternity patient requires transport and it will take longer than 45 minutes, where should they go?

- A. Nearest secondary care facility
- B. To the nearest alternative high level of trauma service**
- C. To a private hospital
- D. Royal Melbourne Hospital

In the context of maternity care and transport logistics, selecting an appropriate facility is critical for ensuring patient safety and managing potential risks. The recommendation to transport a maternity patient to the nearest alternative high level of trauma service is grounded in the need for comprehensive care. High level trauma services are equipped to handle complex cases, including those involving obstetric emergencies. These facilities typically have the necessary resources, such as specialized maternity units, skilled personnel, and access to surgical interventions. When a transport time exceeds 45 minutes, it is essential to avoid a scenario where the patient might require critical care that is unavailable at a less equipped facility. Transporting to a secondary care facility might not provide the extensive support needed in emergencies, and while private hospitals may be appropriate in some situations, their capabilities can vary greatly. The Royal Melbourne Hospital, while a reputable option, may not always be the closest or most suitable choice depending on the patient's immediate needs and geographical location. Thus, directing the patient to the nearest alternative high level trauma service is the most prudent choice, ensuring that all necessary medical resources and expertise are readily available in case of any complications during transport or upon arrival.

7. In cases of anaphylaxis, which medication is commonly administered?

- A. Atropine
- B. Adrenaline (epinephrine)**
- C. Diphenhydramine
- D. Corticosteroids

In cases of anaphylaxis, adrenaline (epinephrine) is the primary medication administered because it rapidly counteracts the severe allergic reaction. Anaphylaxis can lead to life-threatening symptoms, including airway constriction, severe hypotension, and shock. Adrenaline works by constricting blood vessels, which increases blood pressure, and relaxing the muscles in the airways, making it easier for the patient to breathe. Furthermore, it helps to decrease swelling and hives, addressing the alarming symptoms of anaphylaxis almost immediately. While other medications such as diphenhydramine and corticosteroids are sometimes used in the management of allergic reactions, they do not act quickly enough to reverse the critical symptoms of anaphylaxis. Atropine, typically used to manage bradycardia and other conditions, is not indicated in anaphylaxis. Therefore, the prompt administration of adrenaline is essential for the survival and stabilization of patients experiencing this severe allergic response.

8. What is the role of Attendant 2 in a two-paramedic assessment scenario?

- A. Taking the lead in history taking
- B. Observing the assessment process and collecting missed information**
- C. Administering medication
- D. Making decisions regarding patient transport

In a two-paramedic assessment scenario, the role of Attendant 2 is crucial for ensuring comprehensive patient assessment and care. Attendant 2 primarily focuses on observing the assessment process and is responsible for collecting any missed information. This role is vital as it allows for a more thorough evaluation of the patient, ensuring that all pertinent details are captured, which can be essential for diagnosis and treatment planning. By taking a step back and helping to gather additional information, Attendant 2 can assist in identifying critical aspects of the patient's condition that might otherwise be overlooked, particularly in dynamic or high-pressure situations. This collaborative approach enhances the assessment quality and can lead to better patient outcomes. The roles of taking the lead in history taking, administering medication, and making decisions regarding patient transport are typically more aligned with Attendant 1 or the primary paramedic. Therefore, they do not accurately reflect the responsibilities designated to Attendant 2 in this context, reinforcing the understanding that teamwork and role delineation are essential in emergency medical services.

9. What is the appropriate dose of fentanyl for a patient who is aware during resuscitation?

- A. 10 mcg IV every 5 minutes
- B. 25 mcg IV every 3-5 minutes**
- C. 50 mcg IV every 10 minutes
- D. 5 mcg IV every 2 minutes

The selected dosage of 25 mcg IV every 3-5 minutes for fentanyl is appropriate for a patient who is aware during resuscitation because it effectively balances pain management with patient safety. Fentanyl is a potent opioid analgesic, and in situations where patients may be conscious and thus aware of their discomfort, sufficient analgesia needs to be provided without overly sedating them or risking respiratory depression. Administering 25 mcg every 3-5 minutes allows for a controlled and gradual approach to analgesia while continuously assessing the patient's response to medication. This careful titration is critical in maintaining the patient's consciousness while ensuring that their pain is adequately managed during a stressful and potentially painful procedure. Other dosages might not provide the same level of safety or effectiveness. For instance, larger doses or more frequent administration could lead to an increased risk of adverse effects like significant sedation or respiratory compromise, which are particularly dangerous in a resuscitation context. The selected dosage reflects a strong understanding of the need for monitoring and adjusting based on the patient's response during a critical situation.

10. What is the time frame to cease resuscitation for a patient in VF?

- A. 30 minutes of ALS resuscitation
- B. 45 minutes of ALS resuscitation with no compelling reason to continue**
- C. 20 minutes with mechanical CPR capability
- D. 10 minutes of unresponsive attempt

The guideline to cease resuscitation for a patient in ventricular fibrillation (VF) is based on evidence that indicates the likelihood of positive outcomes diminishes significantly after a certain duration of advanced life support (ALS) intervention. Specifically, the recommendation of 45 minutes of ALS resuscitation without any compelling reason to continue is grounded on both clinical practice and research evidence. During resuscitation efforts for VF, effective and continuous CPR is critical, along with timely defibrillation. After 45 minutes, if there are no signs of return of spontaneous circulation (ROSC) or other indicators that suggest a continued effort may lead to a successful outcome, the resuscitation efforts are typically deemed futile. This guideline helps emergency personnel make informed decisions that balance the potential for patient recovery with the resources available and the need to support other patients. It reflects a consensus in emergency medicine that prolonged attempts at resuscitation may not yield positive results and can interfere with the efficient allocation of emergency resources. Shorter time frames provided in other options, such as 10 or 20 minutes, may not account for delayed response times or the potential for other interventions (like advanced airway management or rhythm analysis) to change the outcome. The 30 minutes suggested in

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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