

CDH PARAMEDIC ENTRANCE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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 step is NOT part of measuring blood pressure by palpation?**
 - A. Attaching the sphygmometer
 - B. Palpating the carotid pulse
 - C. Inflating the sphygmometer until the pulse is no longer palpable
 - D. Deflating the sphygmometer slowly until the pulse returns
- 2. What is the primary characteristic of a circadian rhythm?**
 - A. A regular biological process that follows a two-week cycle
 - B. A behavioral pattern influenced by environmental changes
 - C. A biological process that oscillates upon a period of about 24 hours
 - D. A physiological reaction triggered by seasonal changes
- 3. What is the primary assessment when responding to a trauma patient?**
 - A. Assessment of vital signs
 - B. Identification of the mechanism of injury
 - C. Examination of the abdomen only
 - D. Evaluation of neurological status
- 4. What symptoms are indicative of tuberculosis?**
 - A. Headaches and muscle pain
 - B. Weight loss and night sweats
 - C. High blood pressure and fever
 - D. Severe abdominal cramps
- 5. What does ATP stand for and what is its primary function in the body?**
 - A. Adenosine TriPhosphate; it stores genetic information
 - B. Adenosine TriPhosphate; it transports chemical energy within cells
 - C. Adenosine TriPhosphate; it regulates metabolic processes
 - D. Adenosine TriPhosphate; it aids in muscle recovery
- 6. What is a primary identifier of a stroke?**
 - A. Chest pain
 - B. Sudden weakness on one side
 - C. Severe headache
 - D. Loss of consciousness

- 7. What type of pain is specifically associated with an affected organ?**
- A. Referred pain
 - B. Visceral pain
 - C. Somatic pain
 - D. Parietal pain
- 8. What is the recommended treatment for a patient with a suspected stroke?**
- A. Immediate CPR
 - B. Rapid transport with monitored care
 - C. Assessment of airway only
 - D. Administering pain medication
- 9. What is the priority intervention for any patient who is found unresponsive?**
- A. Administer oxygen
 - B. Check blood pressure
 - C. Assess airway and breathing
 - D. Begin CPR
- 10. What happens to the air passages in chronic bronchitis?**
- A. They become enlarged and less clogged
 - B. They are completely obstructed
 - C. They become clogged with debris and produce excess mucus
 - D. They undergo no significant changes

Answers

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

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Explanations

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1. Which step is NOT part of measuring blood pressure by palpation?

- A. Attaching the sphygmometer
- B. Palpating the carotid pulse**
- C. Inflating the sphygmometer until the pulse is no longer palpable
- D. Deflating the sphygmometer slowly until the pulse returns

Measuring blood pressure by palpation involves specific steps to accurately gauge a patient's blood pressure when traditional auscultation cannot be performed. Among these steps, palpating the carotid pulse is not typically included in the process of measuring blood pressure. In measuring blood pressure via palpation, the practitioner uses a sphygmomanometer to inflate the cuff on the arm and determine the systolic pressure by feeling for the pulse in the radial artery. The cuff is inflated until the pulse is no longer felt. Once this point is reached, the cuff is then slowly deflated until the pulse returns, marking the systolic blood pressure. Palpating the carotid pulse, while a useful technique for assessing circulation and heart rate, is not involved in this specific method of blood pressure measurement. The focus is primarily on the pulses located at the wrist to directly correlate with the blood flow being obstructed and released by the cuff on the arm. Therefore, this step does not contribute to the process of measuring blood pressure and correctly identifies itself as the step that is not part of the blood pressure measurement by palpation.

2. What is the primary characteristic of a circadian rhythm?

- A. A regular biological process that follows a two-week cycle
- B. A behavioral pattern influenced by environmental changes
- C. A biological process that oscillates upon a period of about 24 hours**
- D. A physiological reaction triggered by seasonal changes

The primary characteristic of a circadian rhythm is that it is a biological process that oscillates approximately every 24 hours. This rhythm is regulated by an internal body clock, which helps control sleep-wake cycles, hormone release, body temperature, and other vital bodily functions. The 24-hour cycle is essential for maintaining consistent physiological processes and behaviors, effectively aligning them with the day-night cycle in the environment. This regularity is influenced by various factors, including light exposure, which serves as a cue to help synchronize the body's internal clock with the external environment. Disruption of this rhythm, such as from shift work or irregular sleep patterns, can lead to various health issues and disturbances in biological functions, demonstrating the rhythm's fundamental role in overall well-being. The other answers describe different biological processes or features that are not characteristic of circadian rhythms. For instance, a two-week cycle is indicative of other phenomena, while behavioral patterns influenced by environmental changes and physiological reactions triggered by seasonal shifts pertain to broader biological responses rather than the specific 24-hour synchronization that defines circadian rhythms.

3. What is the primary assessment when responding to a trauma patient?

- A. Assessment of vital signs
- B. Identification of the mechanism of injury**
- C. Examination of the abdomen only
- D. Evaluation of neurological status

The primary assessment for a trauma patient focuses on identifying the mechanism of injury. Understanding the mechanism of injury is crucial because it helps emergency responders to anticipate potential injuries based on how the trauma occurred. For instance, knowing whether a patient experienced a high-speed motor vehicle collision or a fall from a height can guide the assessment and treatment plan, as certain mechanisms are associated with specific types of injuries. The mechanism of injury also informs the provider about the potential for life-threatening conditions and the need for rapid interventions. This initial assessment allows for a more directed approach in the subsequent phases of patient evaluation and management, including vital signs and physical examinations. While assessing vital signs, examining specific body regions like the abdomen, and evaluating neurological status are all important components of the assessment process, they typically follow a more comprehensive understanding of how the trauma occurred, which sets the context for these evaluations. Therefore, understanding the mechanism of injury is the cornerstone of trauma assessment, guiding responders in prioritizing care and interventions.

4. What symptoms are indicative of tuberculosis?

- A. Headaches and muscle pain
- B. Weight loss and night sweats**
- C. High blood pressure and fever
- D. Severe abdominal cramps

Tuberculosis (TB) is a contagious infection primarily affecting the lungs but can also impact other parts of the body. The symptoms commonly associated with tuberculosis include weight loss and night sweats, which reflect the body's immune response to the infection. Weight loss in tuberculosis occurs due to various factors, including a loss of appetite, increased energy expenditure from fighting the infection, and malabsorption issues. Night sweats are a hallmark symptom as the body tries to regulate its temperature while combating the infection, leading to episodes of excessive sweating during sleep. The other symptoms listed, such as headaches, muscle pain, high blood pressure, fever, and severe abdominal cramps, do not specifically indicate tuberculosis. While fever can occur with TB, it is not as distinctive as night sweats. Headaches, muscle pain, and abdominal cramps are more general symptoms associated with a variety of conditions and do not point specifically to TB.

5. What does ATP stand for and what is its primary function in the body?

- A. Adenosine TriPhosphate; it stores genetic information
- B. Adenosine TriPhosphate; it transports chemical energy within cells**
- C. Adenosine TriPhosphate; it regulates metabolic processes
- D. Adenosine TriPhosphate; it aids in muscle recovery

Adenosine TriPhosphate (ATP) plays a critical role in cellular energy transfer. It is often referred to as the "energy currency" of the cell, highlighting its primary function of transporting chemical energy within cells. ATP is produced during cellular respiration and is essential for fueling various biochemical reactions that sustain life. When the cell requires energy, it utilizes ATP by breaking it down into ADP (Adenosine Diphosphate) and an inorganic phosphate, releasing energy that can be harnessed for cellular processes, such as muscle contraction, nerve impulse propagation, and biosynthetic reactions. In contrast, storing genetic information, regulating metabolic processes, and aiding in muscle recovery, while important functions in the body, are not the primary roles of ATP. Genetic information is primarily stored in DNA, metabolic regulation involves various enzymes and hormones, and muscle recovery involves several biochemical processes that are not directly tied to the immediate energy transport role of ATP. Thus, the choice highlighting ATP's function in energy transport accurately captures its essential contribution to cellular activity and overall metabolic function.

6. What is a primary identifier of a stroke?

- A. Chest pain
- B. Sudden weakness on one side**
- C. Severe headache
- D. Loss of consciousness

B. Sudden weakness on one side is a primary identifier of a stroke because it often results from the rapid loss of blood flow to the brain, which can affect motor function. This unilateral weakness, especially if it manifests suddenly, is a classic and critical symptom that helps differentiate a stroke from other medical emergencies. Recognizing this symptom can lead to prompt intervention, significantly improving patient outcomes. In the context of a stroke, this sudden weakness may also be accompanied by other signs such as difficulty speaking, facial drooping, or changes in vision, but the unexpected onset of weakness is particularly indicative of a cerebrovascular event. Other symptoms such as chest pain, severe headache, and loss of consciousness can occur in a variety of medical conditions and do not specifically point to a stroke as clearly as sudden unilateral weakness does. These symptoms can overlap with other diagnoses, making them less specific in identifying a stroke.

7. What type of pain is specifically associated with an affected organ?

- A. Referred pain
- B. Visceral pain**
- C. Somatic pain
- D. Parietal pain

Visceral pain is specifically associated with an affected organ and arises from the internal organs' nociceptors. This type of pain is often described as a deep, pressure-like sensation and can be difficult for patients to localize. It is distinct from other pain types because it may not correlate directly with the specific anatomical location of the organ itself, leading to a sensation that may be felt in a different area of the body. For example, pain stemming from the heart can be perceived in the arm, jaw, or back, illustrating its diffuse nature. In contrast, referred pain occurs when pain is perceived in a location different from where the injury or issue is occurring, typically due to the way nerves from various regions converge within the spinal cord. Somatic pain is linked to the skin, muscles, and bones, presenting more localized and sharp sensations. Parietal pain arises from the parietal peritoneum and has a more localized and intense quality, but it is not specifically tied to an internal organ in the same way visceral pain is. Understanding these distinctions is crucial for effective assessment and management of pain in clinical settings.

8. What is the recommended treatment for a patient with a suspected stroke?

- A. Immediate CPR
- B. Rapid transport with monitored care**
- C. Assessment of airway only
- D. Administering pain medication

When a patient is suspected of having a stroke, the primary focus is on rapid transport to a medical facility where they can receive specialized care, such as thrombolysis or mechanical thrombectomy. The brain is highly sensitive to the lack of oxygen, and time is critical in reducing the long-term effects of a stroke. Rapid transport allows for the timely administration of treatments that can significantly improve outcomes, particularly if initiated within the critical window of a few hours from the onset of stroke symptoms. Monitoring care during transport is also vital, as the patient's condition may change rapidly, requiring immediate interventions by paramedics. Immediate CPR is not indicated unless the patient shows signs of cardiac arrest, which is not a primary concern in ischemic strokes. While airway management is important, it encompasses more than just assessment; it requires maintaining and securing the airway if necessary, which is part of overall patient monitoring and care. Administering pain medication is generally not appropriate in stroke management, as the focus is on stabilization and timely transport rather than pain control. The correct approach emphasizes the urgency of the situation and the necessity for specialized intervention as quickly as possible.

9. What is the priority intervention for any patient who is found unresponsive?

- A. Administer oxygen
- B. Check blood pressure
- C. Assess airway and breathing**
- D. Begin CPR

Assessing airway and breathing is the priority intervention for any unresponsive patient because it addresses the most immediate threat to life. An unresponsive individual lacks the ability to protect their airway, which can lead to airway obstruction due to tongue displacement or aspiration of fluids. By assessing the airway, first responders can determine if the airway is clear and if the patient is breathing adequately. If the airway is compromised or if the patient is not breathing, appropriate measures such as airway maneuvers or artificial ventilation can be initiated immediately. This early intervention is critical to provide oxygenation to the brain and other vital organs, which can significantly influence outcomes in emergency situations. While administering oxygen, checking blood pressure, and beginning CPR are important components of patient management, they cannot be effectively executed if the airway is not secure. Addressing the airway and breathing first ensures that any subsequent interventions are more likely to be successful in stabilizing the patient.

10. What happens to the air passages in chronic bronchitis?

- A. They become enlarged and less clogged
- B. They are completely obstructed
- C. They become clogged with debris and produce excess mucus**
- D. They undergo no significant changes

In chronic bronchitis, the air passages experience significant changes characterized by inflammation and irritation. This leads to an increase in mucus production, which can obstruct the airways. As a result, the bronchi become clogged with debris and excess mucus, making it difficult for air to flow in and out of the lungs. This condition is often exacerbated by factors such as smoking or exposure to pollutants, which can further stimulate mucus secretion and contribute to airway inflammation. The blockage caused by excess mucus can lead to symptoms such as cough, wheezing, and difficulty breathing, especially during physical exertion. The long-term nature of chronic bronchitis means these changes can be sustained over time, leading to chronic respiratory issues. In contrast, other options do not accurately reflect the pathological changes that occur in chronic bronchitis. The condition does not result in complete obstruction of the air passages, significant enlargement, or a lack of noteworthy changes; rather, it is specifically marked by mucus production and airway obstruction.

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://cdhparamedicentrance.examzify.com>

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

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