

Critical Care Paramedic Practice Exam (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 does a deep tendon reflex score of 0 indicate?
 - A. Pulmonary edema
 - B. Normal reflex
 - C. Absent reflex
 - D. Reduced reflex

2. What does SALAD stand for in the context of airway management?
 - A. Suction Assured Laryngeal Airway Device
 - B. Suction Assisted Laryngoscopy Airway Decontamination
 - C. Safe And Lethal Airway Decontamination
 - D. Suction Assisted Laryngoscope and Data

3. In a patient with hypovolemic shock, what changes are expected in the PA catheter measurements?
 - A. Increased CVP, decreased PAWP
 - B. Increased SVR, decreased CVP and PAWP
 - C. Decreased SVR, increased CI
 - D. All measurements increased

4. Which of the following is true about the intrinsic pathway of coagulation?
 - A. It is activated by trauma.
 - B. It is associated with warfarin.
 - C. It can be affected by heparin.
 - D. It does not influence bleeding time.

5. Which finding is associated with a basilar skull fracture?
 - A. Palpitations and chest pain
 - B. Raccoon eyes and battle sign
 - C. Loss of smell and deafness
 - D. Facial swelling without neurological symptoms

6. Which symptom is NOT typically associated with a thyroid storm?
- A. Proptosis
 - B. Weight loss
 - C. Cold intolerance
 - D. Nervousness
7. How many umbilical arteries are present, and what is their function?
- A. One, carries oxygenated blood
 - B. Two, returns deoxygenated blood to the placenta
 - C. One, returns deoxygenated blood to the placenta
 - D. Two, carries oxygenated blood
8. In the management of cardiac tamponade, what does JVD commonly indicate?
- A. Fluid overload
 - B. Right-sided heart failure
 - C. Increased intrathoracic pressure
 - D. Normal cardiovascular function
9. What is the initial dosage of adenosine for treating pediatric SVT?
- A. 0.05 mg/kg
 - B. 0.1 mg/kg
 - C. 0.2 mg/kg
 - D. 0.3 mg/kg
10. What shape is associated with an epidural hematoma?
- A. Lenticular, moon shape
 - B. Strip-like, linear shape
 - C. Irregular, jagged edges
 - D. Spherical, round shape

Answers

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

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Explanations

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1. What does a deep tendon reflex score of 0 indicate?

- A. Pulmonary edema
- B. Normal reflex
- C. Absent reflex
- D. Reduced reflex

A deep tendon reflex score of 0 indicates an absent reflex. The grading scale for deep tendon reflexes typically ranges from 0 to 4+, where 0 indicates no response at all. This can be indicative of various underlying conditions affecting the nervous system, such as neuropathy or central nervous system lesions. Absence of reflexes may also suggest issues with the spinal cord or peripheral nerves, which can lead to further evaluation and assessment in a clinical setting. Understanding the implications of absent reflexes is critical in the assessment and management of neurological conditions.

2. What does SALAD stand for in the context of airway management?

- A. Suction Assured Laryngeal Airway Device
- B. Suction Assisted Laryngoscopy Airway Decontamination
- C. Safe And Lethal Airway Decontamination
- D. Suction Assisted Laryngoscope and Data

Suction Assisted Laryngoscopy Airway Decontamination is a vital protocol in airway management, particularly in emergency situations. This technique emphasizes the importance of suctioning during laryngoscopy to clear secretions, blood, or any debris that may obstruct the view of the vocal cords or the airway during intubation. The integration of suctioning into the laryngoscopy process enhances the safety and efficacy of airway management, especially in cases where visibility is compromised. By ensuring that the airway is clear prior to intubation, this method aims to minimize complications and improve patient outcomes. Furthermore, this technique is especially critical in high-risk scenarios, such as patients with copious secretions or in those who have had trauma to the face and neck, making it an essential skill for critical care paramedics to master. The recognition and application of this method support the overall goal of effective airway management in emergency medical situations.

3. In a patient with hypovolemic shock, what changes are expected in the PA catheter measurements?

- A. Increased CVP, decreased PAWP
- B. Increased SVR, decreased CVP and PAWP
- C. Decreased SVR, increased CI
- D. All measurements increased

In a patient experiencing hypovolemic shock, the body undergoes physiological responses to compensate for the reduced blood volume and maintain perfusion to vital organs. In this context, significant hemodynamic changes occur, particularly in the measurements obtained from a pulmonary artery (PA) catheter. As hypovolemic shock develops, the body activates compensatory mechanisms, leading to vasoconstriction, which increases systemic vascular resistance (SVR). This phenomenon is critical; an increase in SVR helps to maintain blood pressure despite a lower blood volume. Additionally, due to the significant decrease in circulating volume, both central venous pressure (CVP) and pulmonary artery wedge pressure (PAWP) are expected to decrease. These changes reflect the reduced preload caused by hypovolemia. Thus, in hypovolemic shock, one would expect an increase in SVR due to the compensatory vasoconstrictive responses, and a concurrent decrease in both CVP and PAWP, indicating diminished blood return to the heart and reduced left atrial and pulmonary artery pressures. This characterization of the hemodynamic profile aligns with established knowledge of how the cardiovascular system responds to hypovolemia, validating the correctness of the answer provided.

4. Which of the following is true about the intrinsic pathway of coagulation?

- A. It is activated by trauma.
- B. It is associated with warfarin.
- C. It can be affected by heparin.
- D. It does not influence bleeding time.

The intrinsic pathway of coagulation is a crucial component of the coagulation cascade that is activated by factors within the blood, specifically when blood comes into contact with negatively charged surfaces, such as damaged vessel walls. This pathway plays a significant role in the clotting process and is fundamentally important for the body's ability to control bleeding. The correct answer indicates that the intrinsic pathway can be affected by heparin, which is a commonly used anticoagulant. Heparin works primarily by enhancing the activity of antithrombin III, which inhibits thrombin and factor Xa, both of which are integral to the coagulation cascade, including the intrinsic pathway. This means that when a patient is treated with heparin, the activity of the intrinsic pathway is inhibited, leading to a longer time for blood to clot and thus preventing excessive clot formation. The other options do not accurately describe the specifics of the intrinsic pathway in relation to the question. For instance, while the intrinsic pathway is indeed part of the broader coagulation process that can be triggered by trauma, it is more accurately characterized by its activation due to internal factors rather than trauma alone. Moreover, warfarin primarily affects the extrinsic pathway and the vitamin K dependent factors, making it less relevant to the

5. Which finding is associated with a basilar skull fracture?

- A. Palpitations and chest pain
- B. Raccoon eyes and battle sign
- C. Loss of smell and deafness
- D. Facial swelling without neurological symptoms

A basilar skull fracture typically occurs at the base of the skull and can lead to specific clinical signs due to the anatomical structures involved. One of the hallmark findings associated with this type of fracture is the presence of raccoon eyes, which are periorbital ecchymosis (bruising around the eyes), and Battle sign, characterized by bruising over the mastoid process behind the ear. These findings suggest that there is a fracture in the skull base and are indicative of possible underlying brain injury or cerebrospinal fluid leakage. Raccoon eyes and Battle sign arise due to the disruption of blood vessels in the area surrounding the eyes and ears following trauma, providing distinct external manifestations that help in diagnosing a basilar skull fracture. Identifying these signs is critical in the assessment of head injuries, as they can indicate the severity of the trauma and potential complications. The other findings listed do not specifically pertain to basilar skull fractures in this context, as they encompass other types of injuries or conditions. Understanding the implications of the unique signs associated with basilar skull fractures is crucial for effective assessment and management in critical care settings.

6. Which symptom is NOT typically associated with a thyroid storm?

- A. Proptosis
- B. Weight loss
- C. Cold intolerance
- D. Nervousness

Cold intolerance is not typically associated with a thyroid storm. In fact, thyroid storm, which is a life-threatening condition resulting from untreated hyperthyroidism, usually presents with symptoms indicative of excessive thyroid hormone levels in the body. Common symptoms of a thyroid storm include increased metabolism leading to weight loss, nervousness, anxiety, increased heart rate, and proptosis, which is the protrusion of the eyes. The contrast here is significant since individuals with hyperthyroidism often experience heat intolerance rather than cold intolerance. Cold intolerance is more characteristic of hypothyroidism, where the body's metabolic rate is slowed, resulting in a sensitivity to cold temperatures. Therefore, identifying cold intolerance as not associated with thyroid storm supports your understanding of the physiological impacts of thyroid hormones on the body's thermoregulation and metabolism.

7. How many umbilical arteries are present, and what is their function?

- A. One, carries oxygenated blood
- B. Two, returns deoxygenated blood to the placenta
- C. One, returns deoxygenated blood to the placenta
- D. Two, carries oxygenated blood

The correct response highlights that there are two umbilical arteries, and their primary function is to return deoxygenated blood from the fetus back to the placenta. This anatomical structure plays a crucial role in fetal circulation. During fetal development, the umbilical arteries are responsible for transporting blood that is low in oxygen and high in carbon dioxide away from the fetus. The blood then routes through the placenta, where it becomes oxygenated by maternal blood. This exchange is vital for ensuring that the developing fetus receives necessary oxygen and nutrients. Understanding the correct number of umbilical arteries and their function helps in grasping the overall mechanism of fetal circulation and the importance of the placenta in maintaining fetal health.

8. In the management of cardiac tamponade, what does JVD commonly indicate?

- A. Fluid overload
- B. Right-sided heart failure
- C. Increased intrathoracic pressure
- D. Normal cardiovascular function

In the context of cardiac tamponade, jugular venous distension (JVD) is an important clinical sign that indicates increased intrathoracic pressure. Cardiac tamponade occurs when fluid accumulates in the pericardial space, exerting pressure on the heart and limiting its ability to fill properly during diastole. This leads to impaired cardiac output and can precipitate the classic signs of heart failure. JVD is specifically a reflection of elevated central venous pressure, which occurs due to the inability of the heart to accommodate blood returning from the systemic circulation when intrathoracic pressure rises. As the pericardial fluid applies pressure to the heart, particularly to the right atrium, it creates congestion in the venous system, manifesting as distended neck veins. Understanding the relationship between JVD and increased intrathoracic pressure is crucial for assessing and managing patients with cardiac tamponade effectively. The presence of JVD helps clinicians recognize the severity of the condition and guides them in making appropriate therapeutic decisions.

9. What is the initial dosage of adenosine for treating pediatric SVT?

- A. 0.05 mg/kg
- B. 0.1 mg/kg
- C. 0.2 mg/kg
- D. 0.3 mg/kg

The initial dosage of adenosine for treating pediatric supraventricular tachycardia (SVT) is indeed 0.1 mg/kg. This dosage is recommended for the rapid termination of symptomatic SVT in children. Adenosine works by temporarily interrupting the conduction through the atrioventricular node, allowing the normal sinus rhythm to regain control. In pediatric patients, careful consideration is given to weight-based dosing, which is essential for ensuring efficacy while minimizing potential side effects. The recommended initial dose of 0.1 mg/kg can be administered rapidly as a bolus. If the first dose is ineffective, subsequent doses can be doubled, but it's important to administer them quickly and in succession to achieve the desired therapeutic effect. Understanding this dosage is crucial in emergency medicine and critical care settings, as prompt recognition and treatment of SVT can prevent complications associated with prolonged tachycardia. This knowledge is vital for paramedics and other providers working with pediatric patients.

10. What shape is associated with an epidural hematoma?

- A. Lenticular, moon shape
- B. Strip-like, linear shape
- C. Irregular, jagged edges
- D. Spherical, round shape

An epidural hematoma is characterized by a lenticular or "moon shape." This shape arises due to the nature of the bleeding associated with epidural hematomas, which typically occurs between the outer layer of the dura mater and the skull. The accumulation of blood in this space generates a convex, lens-shaped mass on imaging, often appearing as a bulge that is limited by the sutures of the skull. The behavior of the hematoma is also influenced by the rigid structure of the skull, as it expands outward and is constrained at its edges. The crescent or moon-like appearance distinguishes it from other types of hematomas, such as subdural hematomas, which have a more crescent shape but often appear more diffuse. Recognizing this distinct shape is essential for accurate diagnosis and management in critical care settings.

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://criticalcareparamedic.examzify.com>

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

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