

# Emergency Medical Dispatcher (EMD) Version 14 Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Table of Contents

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

SAMPLE

# 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. A complaint strongly suggests a generalized seizure; which protocol should be used?**
  - A. Protocol 9**
  - B. Protocol 3**
  - C. Protocol 6**
  - D. Protocol 12**
  
- 2. Which protocol should be used for insignificant puncture wounds such as household pins, needles, tacks, or nails?**
  - A. Protocol 27**
  - B. Protocol 21**
  - C. Protocol 30**
  - D. Protocol 32**
  
- 3. Which code is used for Vehicle in Water?**
  - A. 29**
  - B. L**
  - C. 31**
  - D. Yn**
  
- 4. A caller reports a construction worker fell approximately 35 feet. The patient is awake and breathing, with multiple fractures and serious bleeding. What is the correct determinant code?**
  - A. 18-B-2**
  - B. 17-D-1**
  - C. 20-A-2**
  - D. 15-C-3**
  
- 5. In a suffocation scenario, which step should you instruct the caller to take first?**
  - A. Begin chest compressions immediately**
  - B. Check the patient's pulse**
  - C. Place the patient in a recovery position**
  - D. Remove anything covering the face or in the mouth**

- 6. Which statement about the pre-question qualifier for female patients aged 12 to 50 is true?**
- A. It should be asked only when the caller reports that the patient is a female between 12 and 50.**
  - B. It should be asked for all patients regardless of age or sex.**
  - C. It should be asked only if the patient is male.**
  - D. It should never be asked.**
- 7. Which call type is associated with the code 30?**
- A. Traumatic Injuries (specific)**
  - B. Unconscious/ Fainting (Near)**
  - C. Unknown Problem (Person Down)**
  - D. Transfer/ Interfacility/ Palliative Care**
- 8. For chest pain due to trauma, which protocol should be used?**
- A. Protocol 30**
  - B. Protocol 21**
  - C. Protocol 26**
  - D. Protocol 32**
- 9. Which condition is a contraindication to giving chewable aspirin in a suspected cardiac event?**
- A. Chest pain improved**
  - B. History of aspirin use today**
  - C. Stable condition**
  - D. Active bleeding or allergy to NSAIDs**
- 10. Which call type is associated with the code 29?**
- A. Vehicle in Water**
  - B. Traffic Collision/ transportation incident**
  - C. Traumatic Injuries (specific)**
  - D. Unconscious/ Fainting (Near)**

## Answers

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

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## **Explanations**

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**1. A complaint strongly suggests a generalized seizure; which protocol should be used?**

- A. Protocol 9**
- B. Protocol 3**
- C. Protocol 6**
- D. Protocol 12**

When a caller describes convulsions or a generalized seizure, use the protocol designed for seizures. This protocol focuses on the safety and steps needed during and after a seizure, which is why it's the best choice. It guides you to quickly gather critical details such as when the seizure began, whether it's the first one, and any factors that raise risk (pregnancy, diabetes, medication history, injuries). It emphasizes protecting the patient from injury during the event, without restraining movements or placing objects in the mouth, and arranging for the airway to be protected. If possible, after the convulsions stop, position the patient on their side to help keep the airway clear and to reduce the risk of aspiration. You'll monitor breathing and level of responsiveness and stay on the line until EMS arrives. This seizure-focused protocol is chosen because other protocols address different problems (like breathing, chest pain, or trauma) and would not provide the correct seizure-specific guidance, timing cues, and safety steps that are crucial in this situation.

**2. Which protocol should be used for insignificant puncture wounds such as household pins, needles, tacks, or nails?**

- A. Protocol 27**
- B. Protocol 21**
- C. Protocol 30**
- D. Protocol 32**

Minor puncture wounds from household pins, needles, tacks, or nails are managed with straightforward wound care and tetanus risk assessment. This protocol emphasizes cleaning and irrigating the wound to remove dirt and contaminants, controlling any minimal bleeding, and applying a clean dressing. It also requires checking the patient's tetanus immunization status and providing a booster if needed. The reason this approach fits these injuries is that they are usually shallow, with low risk of major bleeding or deep tissue damage, so aggressive interventions aren't necessary unless signs of infection or foreign bodies develop. Antibiotics or imaging are reserved for more contaminated, deeper, or suspicious wounds, or when there are signs of infection or retained material.

### 3. Which code is used for Vehicle in Water?

- A. 29
- B. L**
- C. 31
- D. Yn

In this coding system, certain call types are represented by single-letter codes, with specific letters reserved for distinct scenarios. Vehicle in Water is mapped to a letter code, not a numeric code or a yes/no style marker. The letter code for that scenario is L, which is why it's the best choice. Numeric options like 29 or 31 correspond to different, unrelated problem categories, and Yn isn't a valid code in this scheme. This distinction matters because using the correct code guides dispatch resources and instructions appropriately, especially for water-related vehicle incidents.

### 4. A caller reports a construction worker fell approximately 35 feet. The patient is awake and breathing, with multiple fractures and serious bleeding. What is the correct determinant code?

- A. 18-B-2
- B. 17-D-1**
- C. 20-A-2
- D. 15-C-3

The key idea here is how determinant codes capture both how the injury happened and the patient's current condition to set the right level of response. This scenario describes a high-energy mechanism (a fall from a significant height) with serious physical injuries (multiple fractures and heavy bleeding), yet the patient is awake and breathing, so the airway is clear and breathing is present. The determinant code that best fits this picture encodes severe trauma from a high-energy MOI while the patient remains responsive. It signals to responders that this is not a minor injury and that bleeding and fractures are present, but there is no current airway obstruction or unresponsiveness. That combination guides higher-priority dispatch and the appropriate trauma management steps. The other determinant codes would correspond to scenarios such as lower-energy trauma, no significant bleeding or injury, or compromised airway/unresponsiveness, which do not match this patient's situation as well as the high-mechanism, actively bleeding, multi-injury yet responsive profile does.

**5. In a suffocation scenario, which step should you instruct the caller to take first?**

- A. Begin chest compressions immediately**
- B. Check the patient's pulse**
- C. Place the patient in a recovery position**
- D. Remove anything covering the face or in the mouth**

In a suffocation situation, the first goal is to restore an open airway, because air cannot reach the lungs while a blockage remains. So you should instruct the caller to remove anything covering the face or in the mouth right away. Clearing the obstruction gives breaths or CPR a chance to work and prevents pushing the object deeper or trapping air. After the airway is open, you can assess breathing and guide the next steps—encourage coughing if the person is conscious and coughing, or proceed with rescue breaths/CPR if they're not breathing or are unresponsive. The other actions don't address the immediate blockage and aren't the best first move.

**6. Which statement about the pre-question qualifier for female patients aged 12 to 50 is true?**

- A. It should be asked only when the caller reports that the patient is a female between 12 and 50.**
- B. It should be asked for all patients regardless of age or sex.**
- C. It should be asked only if the patient is male.**
- D. It should never be asked.**

The key idea here is using a pre-question qualifier to identify pregnancy risk only when it could be relevant. For female patients in the reproductive years, pregnancy status can influence assessment, treatment, and even medications, so we ask this question when pregnancy is possible. The defined age range of 12 to 50 captures most women who could be pregnant, so the qualifier should be triggered only if the caller reports a patient who is female within that ages. Outside this range, pregnancy is unlikely, making the question unnecessary and time-wasting. Therefore, the statement that it should be asked only when the caller reports that the patient is a female between 12 and 50 is the most accurate. It wouldn't be appropriate to ask this of all patients regardless of age or sex, nor to restrict it to males, nor to never ask.

**7. Which call type is associated with the code 30?**

- A. Traumatic Injuries (specific)**
- B. Unconscious/ Fainting (Near)**
- C. Unknown Problem (Person Down)**
- D. Transfer/ Interfacility/ Palliative Care**

Code 30 is used for Traumatic Injuries (specific) because the coding scheme assigns this number to explicit trauma events where an injury type is clearly described, such as bleeding, fractures, burns, or penetrating injuries. This labeling helps the dispatcher prioritize and structure the questioning around the trauma scene, focusing on mechanism of injury, location and type of injury, and severity to determine the appropriate trauma response. Other options describe different problems that would be coded differently: unconscious or fainting (near) involves altered consciousness and airway considerations, unknown problem (person down) covers cases where the cause isn't identified, and transfer/interfacility/palliative care is about transport or ongoing care decisions rather than the initial trauma classification.

**8. For chest pain due to trauma, which protocol should be used?**

- A. Protocol 30**
- B. Protocol 21**
- C. Protocol 26**
- D. Protocol 32**

When chest pain occurs after an injury, you need a trauma-focused approach that quickly separates injury-related concerns from medical chest pain. The trauma chest pain protocol is designed to guide you through mechanism of injury, signs of chest injury, and potential life threats to breathing or circulation, while emphasizing spinal protection and rapid transport if needed. It prompts you to assess airway and breathing, watch for chest-wall injuries or instability, and continuously reassess, which is crucial because chest trauma can hide serious problems like pneumothorax or contusions. The other protocols are geared toward non-traumatic chest pain or different emergencies, so they don't address the trauma-specific red flags and the urgency of transport that this scenario requires.

**9. Which condition is a contraindication to giving chewable aspirin in a suspected cardiac event?**

- A. Chest pain improved**
- B. History of aspirin use today**
- C. Stable condition**
- D. Active bleeding or allergy to NSAIDs**

Chewable aspirin is given in a suspected cardiac event to inhibit platelet aggregation and help prevent clot growth, but it cannot be given if there is a real contraindication. The strongest contraindication here is active bleeding or an allergy to NSAIDs (including aspirin). If there is active bleeding, thinning the blood can worsen the bleeding and harm the patient. If the patient has an allergy to aspirin or NSAIDs, giving it could trigger a dangerous allergic reaction. Because of these risks, this scenario is not safe to treat with aspirin. The other situations aren't contraindications. If chest pain has improved, aspirin can still be helpful because it may prevent a new clot even if symptoms lessen. A patient who has taken aspirin earlier today or who is in a stable condition isn't a reason to withhold aspirin, assuming there's no allergy or active bleeding.

**10. Which call type is associated with the code 29?**

- A. Vehicle in Water**
- B. Traffic Collision/ transportation incident**
- C. Traumatic Injuries (specific)**
- D. Unconscious/ Fainting (Near)**

Code 29 corresponds to a traffic collision or transportation incident. This category is used when the primary issue involves a motor vehicle crash or other transportation-related event where injuries or hazards may be present, guiding the dispatcher to gather details (location, number of involved parties, hazards like fuel leaks, entrapment) and to deploy the appropriate resources. The other scenarios describe different situations—being in water requires a water-rescue response, being unconscious or fainting is a medical event, and traumatic injuries (specific) refers to particular injuries regardless of the crash context—so they don't match the call type for a vehicle-related incident.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://emdv14.examzify.com>**

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

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