

EMERGENCY MEDICAL DISPATCHER (EMD) VERSION 14 PRACTICE TEST (SAMPLE)

STUDY GUIDE



DIAL 911

**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
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. In a sinking vehicle, if the exact location is not immediately available, what should the dispatcher do regarding PAs?**
 - A. Do not delay PAs; proceed with safety instructions and locate later
 - B. Delay PAs until location is known
 - C. Cancel PAs
 - D. Refer to a supervisor before proceeding

- 2. A parent reports a child with fever and neck stiffness; what is the priority?**
 - A. Offer aspirin
 - B. Wait to see if symptoms improve
 - C. Seek immediate medical care and call EMS
 - D. Give antibiotics

- 3. What does UNCERTAIN BREATHING status indicate?**
 - A. A first-party caller is certain the patient is breathing normally
 - B. A second-party caller has seen the patient but is unsure; it is considered NOT BREATHING until proven otherwise
 - C. The patient is dead
 - D. The patient is breathing normally but with mild distress

- 4. Which topic covers psychiatric emergencies, including suicide attempts or abnormal behavior?**
 - A. Stab/ Gunshot/ Penetrating Trauma
 - B. Naloxone Nasal Instructions
 - C. Psychiatric/ Mental Health Conditions/ Suicide Attempt/ Abnormal Behavior
 - D. Miscarriage

- 5. What code is used for a patient who has been experiencing nausea for the past three days and is completely alert with no other symptoms?**
 - A. 26-A-6
 - B. 26-A-5
 - C. 25-B-7
 - D. 27-C-2

- 6. Which statement indicates staying on the line while paramedics are en route?**
- A. I'm sending the paramedics to help you now. Stay on the line.
 - B. Do not go in the water unless it's safe to do so
 - C. Cut him down immediately and loosen the noose
 - D. Loosen anything around neck
- 7. For a 1st party caller in a sinking vehicle, if the exact location isn't immediately available, should ALS be delayed?**
- A. No, do not delay ALS; continue with safety instructions and locate later
 - B. Yes, delay ALS until location is known
 - C. ALS should not be started at all
 - D. Only start ALS after a cross-street is identified
- 8. In a scenario involving a chemical splash to the eye, what is the first action the dispatcher should instruct the caller to perform?**
- A. Blink rapidly to remove chemical
 - B. Rinse the eye with clean water for 10-15 minutes
 - C. Apply ointment
 - D. Cover both eyes with a dry cloth
- 9. During a convulsion, which action is correct for a dispatcher to advise?**
- A. Restrain the person
 - B. Place objects in mouth
 - C. Give food
 - D. Protect the head, clear the area, time the seizure, and do not restrain
- 10. Should the Aspirin Diagnostic & Instruction Tool be used on appropriate protocols when indicated?**
- A. Use on either protocol as appropriate
 - B. Never use
 - C. Only on Protocol 9
 - D. Only on Protocol 7

Answers

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

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Explanations

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1. In a sinking vehicle, if the exact location is not immediately available, what should the dispatcher do regarding PAIs?

- A. Do not delay PAIs; proceed with safety instructions and locate later**
- B. Delay PAIs until location is known
- C. Cancel PAIs
- D. Refer to a supervisor before proceeding

In a sinking vehicle, time-critical guidance should go out immediately even if the exact location isn't known yet. Deliver the pre-arrival instructions now and continue to work on pinpointing the location in parallel. The caller needs actionable steps they can take right away to increase safety, and delaying those steps while you search for a precise location would waste precious seconds. You can keep gathering location details as you provide the safety instructions, updating responders as new information comes in. Delaying or canceling the guidance, or needing supervisor approval before proceeding, would slow the response and potentially reduce the chance of a positive outcome.

2. A parent reports a child with fever and neck stiffness; what is the priority?

- A. Offer aspirin
- B. Wait to see if symptoms improve
- C. Seek immediate medical care and call EMS**
- D. Give antibiotics

Fever with neck stiffness in a child signals a possible meningitis, which is a time-critical emergency. Meningitis can worsen rapidly and early hospital treatment with antibiotics and supportive care improves outcomes. Because this can deteriorate quickly, the priority is to seek immediate medical care and call EMS so the child is transported urgently and evaluated by professionals who can start care without delay. Giving aspirin to a child is not appropriate due to potential risks (like Reye's syndrome), and giving antibiotics at home isn't feasible or safe without a prescription. Waiting to see if symptoms improve could miss a critical window for treatment.

3. What does UNCERTAIN BREATHING status indicate?

- A. A first-party caller is certain the patient is breathing normally
- B. A second-party caller has seen the patient but is unsure; it is considered NOT BREATHING until proven otherwise**
- C. The patient is dead
- D. The patient is breathing normally but with mild distress

Uncertain breathing status means a bystander has seen the patient but cannot confirm whether they are actually breathing. Because you can't rely on that uncertain report, the protocol treats it as not breathing until proven otherwise. This drives immediate lifesaving action: assess responsiveness, obtain help, and begin CPR or airway support as indicated, rather than waiting for a definitive confirmation of breathing. It's a safety margin to avoid missing a patient in respiratory arrest. This differs from clearly normal breathing, or from a determination that the patient is dead, or from breathing described as mild distress with normal, adequate respiration.

4. Which topic covers psychiatric emergencies, including suicide attempts or abnormal behavior?

A. Stab/ Gunshot/ Penetrating Trauma

B. Naloxone Nasal Instructions

C. Psychiatric/ Mental Health Conditions/ Suicide Attempt/ Abnormal Behavior

D. Miscarriage

Psychiatric emergencies, including suicide attempts and abnormal behavior, are a distinct area in EMS dispatch that focuses on mental health conditions, safety, and crisis management. This topic is the best fit because it directly covers how to recognize mental health crises, assess risk, and respond with de-escalation, scene safety, and appropriate resource referral. It encompasses information about agitation, suicidal ideation or attempts, and behavior changes, all of which guide the dispatcher in gathering critical details and coordinating timely help while keeping the patient and responders safe. The other topics involve different emergency domains: trauma from penetrating injuries concerns physical harm and life-threatening wounds; naloxone nasal instructions relate to overdose response and medication administration; miscarriage pertains to obstetric emergencies. None of these centers on psychiatric crises, mental health conditions, or suicide risk, which is why they don't fit the scenario described. In practice, recognizing the mental health/psychiatric topic means you're prepared to assess safety, determine if there is imminent danger, use calming communication and de-escalation, obtain essential information about the patient's mental state and intent, and arrange appropriate mental health resources or crisis intervention when needed.

5. What code is used for a patient who has been experiencing nausea for the past three days and is completely alert with no other symptoms?

A. 26-A-6

B. 26-A-5

C. 25-B-7

D. 27-C-2

When selecting a dispatch code, you look at the main symptom, the patient's level of alertness, and whether there are any other symptoms, along with how long the condition has been present. For nausea that has persisted for three days, with the patient fully alert and without any other symptoms, you choose the code that represents nausea with a longer duration and no additional findings. That is 26-A-6. The digits convey the specifics of duration and stability, capturing a non-emergent, isolated nausea presentation. The other codes would imply different symptoms, altered consciousness, or additional clinical features, so they don't match this scenario as precisely.

6. Which statement indicates staying on the line while paramedics are en route?

- A. I'm sending the paramedics to help you now. Stay on the line.**
- B. Do not go in the water unless it's safe to do so
- C. Cut him down immediately and loosen the noose
- D. Loosen anything around neck

The main idea is to keep the caller connected with the dispatcher while help is on the way. The best statement both confirms that paramedics are en route and tells the caller to stay on the line, which maintains direct communication, allows for ongoing instructions, and lets the dispatcher gather updates or provide new directions as the situation evolves. This reassures the caller and ensures safety until responders arrive. Other statements either address unrelated safety steps or suggest actions that should be taken only in specific circumstances or by trained personnel, and they don't fulfill the purpose of maintaining contact and coordination during the wait for EMS.

7. For a 1st party caller in a sinking vehicle, if the exact location isn't immediately available, should ALS be delayed?

- A. No, do not delay ALS; continue with safety instructions and locate later**
- B. Yes, delay ALS until location is known
- C. ALS should not be started at all
- D. Only start ALS after a cross-street is identified

In this life-threatening scenario, initiating Advanced Life Support as soon as possible is essential, even if the exact location isn't known yet. Time matters for a sinking vehicle, where the patient's condition can deteriorate rapidly. You should deliver immediate, lifesaving guidance and begin ALS actions while you continue to obtain location information. This means guiding the bystanders to perform necessary steps (such as CPR if needed, maintaining airway, controlling bleeding, or other ALS instructions within your scope) and instructing on safety measures (unlocking doors, rolling down windows, freeing the patient if possible) while you work to locate the scene. Delaying ALS until the exact location is identified would waste critical minutes and likely reduce the patient's chances of survival. Waiting for a cross-street or for perfect location confirmation isn't warranted when a life-saving intervention can and should be started now.

8. In a scenario involving a chemical splash to the eye, what is the first action the dispatcher should instruct the caller to perform?

- A. Blink rapidly to remove chemical
- B. Rinse the eye with clean water for 10-15 minutes**
- C. Apply ointment
- D. Cover both eyes with a dry cloth

Immediate irrigation with clean running water is the first action to take when a chemical splashes the eye. The purpose is to rapidly dilute and flush out the chemical to minimize tissue damage, since eye tissues can be harmed quickly by many chemicals. Instruct the caller to start rinsing the affected eye right away with clean water (or sterile saline) and continue for about 10 to 15 minutes, keeping the eyelids held open so water flows over the surface. If safe to do so, remove contact lenses to improve flushing, but avoid forcing them out if it causes delay or pain. Do not rub the eye, apply ointment, or cover the eye with a dry cloth, as these actions can worsen injury or trap residual chemical. If possible, continue irrigation during transport and relay any known chemical involved to medical personnel.

9. During a convulsion, which action is correct for a dispatcher to advise?

- A. Restrain the person
- B. Place objects in mouth
- C. Give food
- D. Protect the head, clear the area, time the seizure, and do not restrain**

During a convulsion, the priority is safety and allowing the body to run its course without interference. The best guidance is to protect the person's head, clear the area of hazards, time the seizure, and not restrain them. This minimizes the risk of injury and airway problems. Avoid placing anything in the mouth or giving food or drink, as these can cause choking or aspiration. If possible after the movements stop, help to position the person on their side to keep the airway open and continue to monitor breathing, and call EMS if the seizure lasts longer than a few minutes or if another seizure follows.

10. Should the Aspirin Diagnostic & Instruction Tool be used on appropriate protocols when indicated?

- A. Use on either protocol as appropriate**
- B. Never use
- C. Only on Protocol 9
- D. Only on Protocol 7

Aspirin is a time-sensitive treatment for suspected acute coronary syndrome, and the decision tool is designed to guide its use across any protocol that indicates aspirin. When aspirin is appropriate per the active protocol, you should apply the Aspirin Diagnostic & Instruction Tool regardless of which protocol is in use. This ensures consistent, evidence-based care, streamlines decision-making, and helps you quickly provide therapy while still considering contraindications (such as allergy, active bleeding, or other risk factors). So, use the tool on either protocol as indicated, rather than restricting it to a single protocol.

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://emdv14.examzify.com>

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

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