

EMT MODULE 3 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. How often should you reassess a stable patient?**
 - A. Every 5 minutes
 - B. Every 15 minutes
 - C. Every 30 minutes
 - D. Every hour
- 2. What is the expected blood pressure range for a school-age child?**
 - A. (80-122)/69
 - B. (70-100)/50
 - C. (90-110)/60
 - D. (100-120)/70
- 3. What is an important detail to relay about previous medical history during a report?**
 - A. Response to past medications
 - B. Major past illnesses
 - C. Current medications
 - D. Last oral intake
- 4. What type of weapon typically causes low velocity penetration injuries?**
 - A. Rifle
 - B. Handgun
 - C. Shotgun
 - D. A weapon propelled by hand
- 5. What observation is critical when checking pupils?**
 - A. Size
 - B. Color
 - C. Temp.
 - D. Shape
- 6. The location of the pedis artery is?**
 - A. Behind the knee
 - B. At the wrist
 - C. Just under the big toe
 - D. In the ankle

7. What is the leading cause of preventable death among trauma patients?

- A. Severe infection
- B. Uncontrolled hemorrhage
- C. Spinal injuries
- D. Head injuries

8. What is the first course of action in treating anaphylaxis?

- A. Administer antihistamines
- B. Administer epinephrine
- C. Call for assistance
- D. Place the patient in a sitting position

9. When should you consider intubation for a patient?

- A. In cases of mild respiratory distress
- B. In cases of severe respiratory failure or unresponsiveness where airway protection is needed
- C. Only when the patient is unconscious
- D. When a patient shows signs of anaphylaxis

10. What does the Law of Inertia state?

- A. A body in motion will stay in motion unless acted upon by another force
- B. A body at rest will move unless acted upon by a force
- C. Only external forces can change the motion of an object
- D. All bodies will eventually come to a stop without external force

Answers

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

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Explanations

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1. How often should you reassess a stable patient?

- A. Every 5 minutes
- B. Every 15 minutes**
- C. Every 30 minutes
- D. Every hour

Reassessing a stable patient every 15 minutes is important in the context of patient care and monitoring, particularly in emergency medical services. This interval ensures that any changes in the patient's condition are promptly identified and addressed. The 15-minute mark strikes a balance between frequent monitoring and practical assessment intervals, allowing for timely intervention if the patient's status deteriorates while still providing enough time for stable observations. By reassessing a stable patient every 15 minutes, healthcare providers can effectively monitor vital signs, check for any new symptoms or changes in the patient's condition, and ensure that the treatment plan is still appropriate. This frequency is especially relevant in emergency settings, where a patient's condition can evolve rapidly. Therefore, this practice is crucial for maintaining patient safety and delivering high-quality care.

2. What is the expected blood pressure range for a school-age child?

- A. (80-122)/69**
- B. (70-100)/50
- C. (90-110)/60
- D. (100-120)/70

The expected blood pressure range for a school-age child typically falls within (80-122) systolic over 69 diastolic. This range is established based on physiological norms for children of this age group, reflecting their growth and development stage. Blood pressure in children can vary depending on age, height, and gender, but this range is generally accepted as the standard for school-age children. The systolic measurement represents the pressure in the arteries when the heart beats, while the diastolic is the pressure when the heart rests between beats. This balance is crucial for ensuring adequate blood flow and pressure for organ function. In comparison, the other options either present systolic or diastolic measurements that fall outside the accepted norms for school-age children or introduce ranges that apply to different age groups or clinical scenarios. For instance, values that are too low or too high could indicate potential health issues or abnormal physiological conditions. Thus, the option that provides the accurate and expected blood pressure range is critical for assessing the cardiovascular health of school-age children effectively.

3. What is an important detail to relay about previous medical history during a report?

- A. Response to past medications
- B. Major past illnesses**
- C. Current medications
- D. Last oral intake

When relaying previous medical history during a report, detailing major past illnesses is crucial for several reasons. Understanding a patient's history of significant medical conditions helps inform the current situation and possible complications that could arise. For instance, knowledge about chronic illnesses like diabetes, heart disease, or any previous surgeries can provide critical context for the patient's current health status and may influence treatment decisions. In clinical settings, the understanding of a patient's past severe illnesses can also guide providers in making informed choices about diagnostics and interventions, as these conditions often have implications for the presenting issue or the management plan moving forward. Knowing major past illnesses helps to create a comprehensive picture of the patient's overall health, which is essential for effective and safe medical care.

4. What type of weapon typically causes low velocity penetration injuries?

- A. Rifle
- B. Handgun
- C. Shotgun
- D. A weapon propelled by hand**

Low velocity penetration injuries are typically associated with weapons that impart less energy and trauma upon impact compared to higher-velocity projectiles from rifles and handguns. A weapon propelled by hand, such as a knife or other sharp object, relies on the kinetic energy generated by the user's physical strength rather than explosive propellant forces. Low velocity injuries tend to cause deep puncture wounds or lacerations, which can lead to specific types of trauma, such as an organ injury or a stabbing wound that penetrates tissue without the additional shockwave created by high-velocity projectiles. In contrast, rifles and handguns operate at much higher velocities, generating significant cavitation and tissue disruption upon impact. Shotguns can be more complex, as they fire multiple pellets which can create several wound channels, ultimately causing both low and high velocity injuries depending on the range and type of ammunition used. As such, the correct answer highlights the nature of low-velocity injuries being primarily tied to the mechanics and dynamics of weapons that depend on human force rather than explosive propulsion.

5. What observation is critical when checking pupils?

- A. Size**
- B. Color
- C. Temp.
- D. Shape

When assessing pupils, size is a critical observation to make because it can provide important information about a person's neurological status and potential medical conditions. For instance, pupils that are significantly dilated (mydriatic) or constricted (miosis) may indicate different issues as well. Dilation can be associated with various factors, including use of stimulants or neurological damage, while constriction can signal opiate use or certain types of brain injury. Additionally, the size of the pupils can help determine if they respond appropriately to light (a reaction that indicates normal neurological function). Observing pupil size is also essential when monitoring changes over time, as variations may signal progression or improvement of a medical condition. While shape, color, and temperature can provide other details about a patient's condition, size remains paramount as it is directly linked to the function of the nervous system and can indicate immediate medical issues.

6. The location of the pedis artery is?

- A. Behind the knee
- B. At the wrist
- C. Just under the big toe**
- D. In the ankle

The pedis artery, more formally known as the dorsalis pedis artery, is a continuation of the anterior tibial artery and is located on the dorsum (the top) of the foot. Specifically, it runs just lateral to the extensor hallucis longus tendon and can often be palpated in the area just under the big toe. This location is significant for assessing circulation to the foot and is an important landmark in various medical assessments, particularly in relation to peripheral vascular disease. Understanding the anatomy of the foot and the vascular supply is essential for evaluating blood flow and identifying potential problems. The exact positioning of the dorsalis pedis artery allows healthcare professionals to quickly assess perfusion to the foot, which can be critical in emergency or clinical settings. This knowledge becomes especially relevant when dealing with conditions such as diabetes or other causes of peripheral arterial disease, where such assessments can indicate risk of complications.

7. What is the leading cause of preventable death among trauma patients?

- A. Severe infection
- B. Uncontrolled hemorrhage**
- C. Spinal injuries
- D. Head injuries

Uncontrolled hemorrhage is recognized as the leading cause of preventable death among trauma patients. This is primarily because significant blood loss can rapidly result in hypovolemic shock, which is life-threatening if not addressed immediately. In traumatic scenarios, injuries can lead to significant blood vessel damage, making the control of bleeding critical for survival. Quick and effective management of hemorrhage often involves direct pressure, the use of tourniquets, fluid resuscitation, and surgical interventions when necessary. In many cases, timely recognition and control of bleeding can dramatically improve outcomes and reduce mortality. While severe infection, spinal injuries, and head injuries can indeed contribute to mortality in trauma patients, they do not occur with the same immediacy or have the same potential for rapid intervention as uncontrolled hemorrhage does. Therefore, focusing on controlling bleeding is a fundamental aspect of trauma care and a priority in emergency medical responses.

8. What is the first course of action in treating anaphylaxis?

- A. Administer antihistamines
- B. Administer epinephrine**
- C. Call for assistance
- D. Place the patient in a sitting position

In the case of anaphylaxis, administering epinephrine is recognized as the first and most critical step in treatment. Anaphylaxis is a severe and potentially life-threatening allergic reaction that can cause symptoms such as difficulty breathing, swelling, and a rapid drop in blood pressure. Epinephrine works quickly to reverse these symptoms by constricting blood vessels, relaxing airway muscles, and increasing heart rate, thereby improving blood flow and airway patency. While antihistamines are often used later in the treatment of allergic reactions, they do not act fast enough to counteract the life-threatening effects of anaphylaxis, making them unsuitable as an initial treatment. Calling for assistance is essential in a serious allergic reaction, but it does not replace the immediate need for epinephrine to address the physiological crisis. Placing the patient in a sitting position may be appropriate for comfort or depending on their symptoms, but it does not directly address the urgent need to reverse the anaphylactic response. The prompt administration of epinephrine can be life-saving, making it the priority in managing anaphylaxis. This immediate action can stabilize the patient before further medical assistance arrives.

9. When should you consider intubation for a patient?

- A. In cases of mild respiratory distress
- B. In cases of severe respiratory failure or unresponsiveness where airway protection is needed**
- C. Only when the patient is unconscious
- D. When a patient shows signs of anaphylaxis

Intubation should be considered primarily in situations of severe respiratory failure or unresponsiveness where airway protection is necessary. This procedure is crucial in establishing and maintaining an open airway in patients who cannot protect their own airway due to altered levels of consciousness or significant respiratory compromise. In severe respiratory failure, the patient's ability to breathe adequately may be compromised, necessitating mechanical ventilation to ensure oxygenation and ventilation. Intubation serves as a protective measure against aspiration, which can occur if a patient is unable to maintain their airway reflexes. Therefore, in scenarios where the patient's condition is critical, and there is a risk of airway obstruction or inadequate gas exchange, intubation becomes a necessary intervention. The other scenarios, such as mild respiratory distress, unconsciousness alone without severe failure, or signs of anaphylaxis, may not warrant immediate intubation. Mild respiratory distress might be managed with less invasive measures, while unconsciousness without signs of severe respiratory failure could be addressed through close monitoring and supplemental oxygen. Anaphylaxis treatment typically involves epinephrine and other measures before considering intubation. Hence, the correct answer highlights a critical understanding of the appropriate clinical criteria for performing intubation.

10. What does the Law of Inertia state?

- A. A body in motion will stay in motion unless acted upon by another force**
- B. A body at rest will move unless acted upon by a force
- C. Only external forces can change the motion of an object
- D. All bodies will eventually come to a stop without external force

The Law of Inertia, which is rooted in Newton's First Law of Motion, states that an object will continue in its current state of motion unless acted upon by an external force. This means that if a body is at rest, it will remain at rest until a force causes it to move. Conversely, if a body is in motion, it will continue moving in a straight line and at a constant speed until a force intervenes. This fundamental principle highlights the importance of external forces in altering the motion of objects, which is why the choice stating that a body in motion will stay in motion unless acted upon by another force is the correct interpretation of the Law of Inertia. Understanding this law is crucial not only in physics but also in practical applications like emergency medical services, where recognizing the factors influencing movement can impact patient care and transport decisions.

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://emtmodule3.examzify.com>

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

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