

# FISDAP EMT Readiness Practice Test (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

- 1. A mother reports her child has not been themselves after a recent illness. What condition should you evaluate for?**
  - A. Dehydration**
  - B. Sepsis**
  - C. Allergic reaction**
  - D. Respiratory infection**
- 2. What should you do upon noticing an open knee fracture in an unconscious 52-year-old male?**
  - A. Immediately apply a splint to the fracture**
  - B. Assess distal pulses and apply sterile dressings**
  - C. Watch for changes in vital signs**
  - D. Perform a head-to-toe assessment**
- 3. What immediate action should you take if a patient in cardiac arrest remains unresponsive after defibrillation?**
  - A. Continue CPR for two minutes**
  - B. Reassess the patient's airway**
  - C. Administer intravenous fluids**
  - D. Check for a medical ID bracelet**
- 4. Upon arriving at a campsite explosion where a patient's clothing is burning, what should you do first?**
  - A. Check for fractures**
  - B. Administer oxygen**
  - C. Extinguish burning clothing**
  - D. Start CPR**
- 5. What clinical finding might indicate congestive heart failure in a patient?**
  - A. Warm, dry skin**
  - B. Pink frothy sputum**
  - C. Rapid heart rate**
  - D. Low blood pressure**

- 6. A patient presents with a black substance around her mouth but denies exposure to burning materials. What should you do first?**
- A. Administer charcoal for ingestion**
  - B. Ask if she knows what the substance is**
  - C. Perform a full neurological assessment**
  - D. Provide oxygen therapy**
- 7. When treating an unresponsive patient found at a shopping mall, what principle allows you to begin treatment?**
- A. Informed consent**
  - B. Standard of care**
  - C. Implied consent**
  - D. Medical necessity**
- 8. For a child experiencing respiratory difficulty with wheezing, which condition should be suspected?**
- A. Infection**
  - B. Asthma**
  - C. Foreign body aspiration**
  - D. Pneumonia**
- 9. Which condition is indicated by wheezing respirations in a small child?**
- A. Heart failure**
  - B. A possible seizure**
  - C. Asthma attack**
  - D. Bronchitis**
- 10. If a trauma patient's injured limb is pale and pulseless, what should you suspect?**
- A. Fracture of the limb**
  - B. Compromised circulation**
  - C. Nerve damage**
  - D. Severe muscle injury**

## **Answers**

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

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## **Explanations**

**1. A mother reports her child has not been themselves after a recent illness. What condition should you evaluate for?**

**A. Dehydration**

**B. Sepsis**

**C. Allergic reaction**

**D. Respiratory infection**

When a mother expresses concern that her child is not acting like themselves following a recent illness, it is crucial to consider the implications of dehydration. Children can become dehydrated quickly, especially after illnesses that cause vomiting, diarrhea, or fever. Symptoms of dehydration may include lethargy, irritability, and decreased responsiveness, which can significantly alter a child's usual behavior. Dehydration can lead to serious complications if not addressed promptly, such as electrolyte imbalances or kidney failure. Therefore, in this scenario, evaluating for dehydration is paramount, as it directly addresses potential underlying issues impacting the child's overall health and behavior. While other conditions such as sepsis, allergic reactions, and respiratory infections can also affect a child's behavior, the immediate association with recent illness and altered behavior heightens the risk of dehydration being a concern. These other conditions may present with distinct symptoms and require different assessments, but the context provided points most strongly toward dehydration as the critical evaluation in this instance.

**2. What should you do upon noticing an open knee fracture in an unconscious 52-year-old male?**

**A. Immediately apply a splint to the fracture**

**B. Assess distal pulses and apply sterile dressings**

**C. Watch for changes in vital signs**

**D. Perform a head-to-toe assessment**

When faced with an open knee fracture in an unconscious patient, the priority is to address any immediate life threats and manage the injury effectively. In this case, assessing distal pulses and applying sterile dressings is crucial. Applying sterile dressings serves two main purposes: it helps to control bleeding and reduces the risk of infection by covering the open wound. Since the injury is an open fracture, there is potential for significant blood loss and contamination. By assessing distal pulses, you ensure that there is adequate blood flow beyond the injury site, which is essential for limb viability. If circulation is compromised, it may require further interventions to restore it. The other options, while they have their merits, do not prioritize the immediate management required for an open fracture. Splinting the fracture without first controlling bleeding and protecting the wound can lead to further complications. Watching for changes in vital signs is important but does not address the existing condition directly. A head-to-toe assessment, although necessary for an overall evaluation of the unconscious patient, should be conducted after life-threatening conditions have been stabilized. Thus, focusing on the management of the fracture and ensuring effective circulation is the correct approach in this scenario.

**3. What immediate action should you take if a patient in cardiac arrest remains unresponsive after defibrillation?**

**A. Continue CPR for two minutes**

**B. Reassess the patient's airway**

**C. Administer intravenous fluids**

**D. Check for a medical ID bracelet**

When a patient in cardiac arrest remains unresponsive after defibrillation, the immediate action of continuing CPR for two minutes is crucial. This is because high-quality chest compressions are vital for maintaining circulation and oxygenation to vital organs. Following defibrillation, there is often a need to allow time for the heart to potentially regain a normal rhythm and for the patient's body to react. Continuing CPR ensures that blood flow is maintained as you assess the effectiveness of the defibrillation. Each cycle of CPR should last approximately two minutes before reassessing the patient. This protocol aligns with the guidelines that emphasize the importance of high-quality chest compressions in improving survival rates. Other options, while important in their own contexts, do not address the immediate need for circulation and oxygenation in a life-threatening situation. Administering intravenous fluids or checking for a medical ID bracelet could be relevant later, but they do not provide the urgent intervention needed right after defibrillation when the patient is still unresponsive.

**4. Upon arriving at a campsite explosion where a patient's clothing is burning, what should you do first?**

**A. Check for fractures**

**B. Administer oxygen**

**C. Extinguish burning clothing**

**D. Start CPR**

When arriving at a scene where a patient's clothing is on fire, the first and most critical action is to extinguish the burning clothing. This is paramount because flames pose an immediate threat to the patient's life by increasing the risk of severe burns, which can lead to shock, infection, and other life-threatening complications. By putting out the fire, you not only prevent further tissue damage but also stabilize the patient's condition so other interventions can be safely and effectively administered afterward. After ensuring the fire is extinguished, it's appropriate to assess the patient's injuries, including checking for fractures, and considering other supportive measures like administering oxygen or starting CPR if indicated. This prioritization is consistent with the principles of the emergency response, which focuses on addressing immediate life threats before moving on to secondary assessments and treatments.

**5. What clinical finding might indicate congestive heart failure in a patient?**

- A. Warm, dry skin
- B. Pink frothy sputum**
- C. Rapid heart rate
- D. Low blood pressure

The presence of pink frothy sputum is a significant clinical finding that often indicates congestive heart failure, particularly in cases of pulmonary edema. In congestive heart failure, the heart's ability to effectively pump blood is compromised, leading to backup of fluid in the lungs. This fluid accumulation can result in pulmonary congestion, which manifests as difficulty breathing and can cause a cough that produces pink frothy sputum. The pink coloration comes from the mixing of air with fluid-filled alveoli, as well as increased pulmonary capillary pressure causing blood to leak into the alveoli. This symptom is a classic and critical sign of worsening heart failure and is often associated with acute episodes of heart failure when fluid overload occurs. Other findings, while relevant to heart function, do not specifically indicate congestive heart failure in the same direct manner. Warm, dry skin suggests adequate perfusion and can be associated with other conditions. Rapid heart rate can be a response to various stimuli, including anxiety, fever, or pain. Low blood pressure can indicate multiple issues, including shock or dehydration, but it does not specifically provide the same direct association with congestive heart failure as pink frothy sputum does.

**6. A patient presents with a black substance around her mouth but denies exposure to burning materials. What should you do first?**

- A. Administer charcoal for ingestion
- B. Ask if she knows what the substance is**
- C. Perform a full neurological assessment
- D. Provide oxygen therapy

In this scenario, the first action should be to ask if the patient knows what the black substance around her mouth is. This approach is crucial because it seeks to clarify the situation directly from the patient, which can guide further management. Understanding the origin of the substance can help determine whether it is related to an external factor like a substance that might warrant specific treatment or intervention, or if it is something benign. By gaining this information, the EMT can better assess the patient's condition and decide on the appropriate next steps, whether that might involve administering specific treatments, monitoring her vital signs, or providing reassurance. The inquiry can also help in identifying any potential toxic substance exposure that may not be immediately obvious. Other actions may seem relevant, such as administering charcoal or providing oxygen, but these interventions require more information to ensure they are necessary and appropriate for this patient. A neurological assessment is an important part of the overall evaluation, but it is premature to conduct it without first understanding the context of the patient's condition.

**7. When treating an unresponsive patient found at a shopping mall, what principle allows you to begin treatment?**

- A. Informed consent**
- B. Standard of care**
- C. Implied consent**
- D. Medical necessity**

In the scenario of treating an unresponsive patient, the principle of implied consent is applicable. This principle acknowledges that when a person is unable to provide explicit consent due to their unresponsive state, it is presumed that they would consent to necessary medical treatment if they were capable of doing so. The rationale behind this principle is rooted in the assumption that individuals generally wish to receive life-saving interventions in emergencies, especially if they cannot communicate their wishes. In a public setting like a shopping mall, where immediate medical assistance is crucial and time-sensitive, implied consent allows healthcare providers to initiate treatment without explicit permission from the patient. This facilitates swift action that can be vital in preventing further harm or deterioration of the patient's condition. Hence, when faced with an unresponsive individual, medical professionals can proceed with care under the understanding that it is in the patient's best interest.

**8. For a child experiencing respiratory difficulty with wheezing, which condition should be suspected?**

- A. Infection**
- B. Asthma**
- C. Foreign body aspiration**
- D. Pneumonia**

When a child is experiencing respiratory difficulty accompanied by wheezing, asthma is the most likely condition to suspect. Wheezing is a distinct whistling sound made during breathing, especially on exhalation, which occurs when the airways are narrowed or obstructed. In the case of asthma, this narrowing is often due to inflammation, bronchospasm, or increased mucus production in the airways, all of which can lead to wheezing. Asthma is a chronic condition that frequently affects children and is characterized by episodes of wheezing, coughing, chest tightness, and difficulty breathing. Triggers such as allergens, exercise, or respiratory infections can exacerbate symptoms, leading to increased respiratory distress. While other conditions like foreign body aspiration, infections, and pneumonia can also cause respiratory distress, they typically present with different signs. For instance, foreign body aspiration might involve sudden onset choking or stridor and does not commonly lead to the wheezing sounds associated with asthma. Additionally, while infections or pneumonia can lead to wheezing, they usually present with other signs like fever, chills, or productive cough, which are not the primary features of an asthma attack. Thus, given the combination of respiratory difficulty and wheezing in a child, asthma is the most

**9. Which condition is indicated by wheezing respirations in a small child?**

- A. Heart failure**
- B. A possible seizure**
- C. Asthma attack**
- D. Bronchitis**

Wheezing respirations in a small child are often indicative of bronchoconstriction or narrowing of the airways, which is most commonly seen during an asthma attack. Asthma is a chronic respiratory condition characterized by inflammation of the airways and increased mucus production, leading to difficulty breathing and the characteristic wheezing sound as air passes through the constricted passages. In young children, episodes of asthma can be triggered by various factors such as allergens, viral infections, or physical activity, and wheezing is a hallmark symptom that helps identify this condition. Other conditions, while they may present with respiratory symptoms, do not typically result in wheezing. For example, heart failure in children might produce different signs such as difficulty breathing and fluid retention, but wheezing isn't a defining characteristic. Similarly, seizures usually manifest with alterations in consciousness or motor activity rather than respiratory sounds like wheezing. Bronchitis may cause coughing and difficulty breathing, but it is less often associated with the wheezing that is specifically seen in asthma. Therefore, understanding the hallmark symptoms associated with asthma provides the rationale for recognizing wheezing respirations as a key indicator of an asthma attack in small children.

**10. If a trauma patient's injured limb is pale and pulseless, what should you suspect?**

- A. Fracture of the limb**
- B. Compromised circulation**
- C. Nerve damage**
- D. Severe muscle injury**

When a trauma patient's limb appears pale and is pulseless, it strongly indicates compromised circulation. This condition arises when blood flow is impeded, often due to injury that could involve a fracture, severe swelling, or even vascular injury, such as a torn artery or a blockage. The pale appearance suggests that the tissue is not receiving adequate blood supply, which can lead to tissue damage if not addressed quickly. In this scenario, the absence of a pulse and the change in color are critical signs that necessitate immediate evaluation and intervention to restore blood flow and prevent further complications like tissue necrosis. Understanding the implications of these signs can guide your assessment and treatment priorities in trauma situations.

## 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://fisdapemtreadiness.examzify.com>**

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