

FISDAP Medical Paramedic Practice Test (Sample)

Study Guide



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SAMPLE

Questions

SAMPLE

- 1. What does the acronym DVT stand for?**
 - A. Deep Vein Thrombosis**
 - B. Distal Vascular Trauma**
 - C. Demonstrated Vascular Thrombosis**
 - D. Decreased Venous Tension**
- 2. What is the primary means of assessing a patient's respiratory status?**
 - A. CT scan of the chest**
 - B. Listening to lung sounds**
 - C. Analyzing arterial blood gases**
 - D. Checking for cyanosis**
- 3. What is the initial step in managing severe traumatic bleeding?**
 - A. Administer oxygen**
 - B. Apply direct pressure to the wound**
 - C. Elevate the affected limb**
 - D. Insert an IV line**
- 4. What are common treatment components for managing GI bleeds?**
 - A. Immediate surgery**
 - B. Intravenous fluids**
 - C. Bed rest**
 - D. Dietary changes**
- 5. What is the most common symptom of a sickle cell crisis?**
 - A. Fever**
 - B. Severe leg pain**
 - C. Acute abdominal pain**
 - D. Hot/swollen joints**

- 6. What symptom is most indicative of a rupture of varices in a patient with liver disease?**
- A. Severe dysphagia**
 - B. Abdominal pain**
 - C. Vomiting bright red blood**
 - D. Elevated blood pressure**
- 7. What does a decreased level of consciousness indicate in a patient?**
- A. Possible head injury, stroke, or hypoglycemia**
 - B. Normal fatigue after exercise**
 - C. Pending respiratory failure**
 - D. Minor anxiety or stress**
- 8. Who is eligible for a HAZMAT response?**
- A. Patients with minor skin irritations**
 - B. Patients exposed to hazardous materials, chemicals, or radiation**
 - C. Patients with seasonal allergies**
 - D. Patients exhibiting signs of dehydration**
- 9. A patient presenting with facial drooping on one side and slurred speech may be experiencing which medical emergency?**
- A. Stroke**
 - B. Bell's palsy**
 - C. Transient ischemic attack (TIA)**
 - D. Multiple sclerosis**
- 10. In severe cases of peptic ulcer disease, what additional symptom may the patient experience?**
- A. Dark tarry stools**
 - B. Chronic fatigue**
 - C. Reduced appetite**
 - D. Numbness in extremities**

Answers

SAMPLE

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

SAMPLE

Explanations

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1. What does the acronym DVT stand for?

- A. Deep Vein Thrombosis**
- B. Distal Vascular Trauma**
- C. Demonstrated Vascular Thrombosis**
- D. Decreased Venous Tension**

The acronym DVT stands for Deep Vein Thrombosis. This medical condition refers to the formation of a blood clot (thrombus) in a deep vein, usually in the legs. It is a significant health concern because the clot can break loose and potentially travel to the lungs, causing a pulmonary embolism, which can be life-threatening. Understanding DVT is important for medical professionals, especially in emergency and paramedic settings, as timely recognition and treatment can greatly improve patient outcomes. The other options provided do not accurately describe the condition represented by DVT and focus on terms not commonly associated with the pathology or clinical management of vascular conditions.

2. What is the primary means of assessing a patient's respiratory status?

- A. CT scan of the chest**
- B. Listening to lung sounds**
- C. Analyzing arterial blood gases**
- D. Checking for cyanosis**

Listening to lung sounds is the primary means of assessing a patient's respiratory status because it provides immediate and valuable information about the function and condition of the lungs. By auscultating the lung fields, a clinician can identify normal breath sounds, as well as abnormal sounds such as wheezing, crackles, or diminished breath sounds, which may indicate various respiratory conditions such as asthma, pneumonia, or pleural effusion. This method is non-invasive, can be performed quickly at the bedside, and often guides further assessment and treatment. While analyzing arterial blood gases offers quantitative data about the patient's oxygenation and acid-base balance, it is a more complex test that may require equipment and time, making it less accessible as a primary assessment tool in urgent situations. Similarly, checking for cyanosis provides information about oxygenation but is a secondary indicator that could arise from several issues, and it may not always be present even when respiratory distress is significant. A CT scan of the chest, being an imaging study, is valuable for diagnosing certain lung conditions but is not practical for routine assessment of respiratory status. Therefore, listening to lung sounds remains the most immediate and effective method for assessing respiratory function in a patient.

3. What is the initial step in managing severe traumatic bleeding?

- A. Administer oxygen**
- B. Apply direct pressure to the wound**
- C. Elevate the affected limb**
- D. Insert an IV line**

Applying direct pressure to the wound is crucial in managing severe traumatic bleeding because it helps to control the bleeding at the source. By exerting pressure directly on a bleeding site, you can encourage the formation of a clot and reduce the volume of blood loss. This immediate action is vital as severe bleeding can lead to shock and even death if not quickly addressed. In trauma care, the goal is to stop the bleeding as quickly as possible, and direct pressure is the most effective first response to achieve this. Elevating the affected limb may also be helpful in some situations, but it is secondary to applying direct pressure. Administering oxygen and inserting an IV line are important components of overall patient care but are not the first step in directly addressing severe bleeding. The priority must always be to control the bleeding to stabilize the patient, which is best accomplished with direct pressure.

4. What are common treatment components for managing GI bleeds?

- A. Immediate surgery**
- B. Intravenous fluids**
- C. Bed rest**
- D. Dietary changes**

Intravenous fluids are a critical component in the management of gastrointestinal (GI) bleeds. When a patient experiences a GI bleed, there can be significant blood loss, which may lead to hypovolemia and shock if not promptly addressed. The administration of IV fluids helps to maintain blood volume, stabilize hemodynamics, and support the patient's overall fluid balance. In addition to providing volume, intravenous fluids can facilitate the administration of blood products if necessary, and they ensure that the patient remains adequately hydrated while further interventions are planned. This is particularly important in emergency scenarios, where time is of the essence. While other treatments may play a role in managing GI bleeds, such as surgical interventions in severe cases or dietary changes as part of longer-term management, they are not immediate priorities in the initial assessment and stabilization of a patient experiencing an acute GI bleed. Bed rest can assist in patient comfort but does not directly address the life-threatening aspects of the bleed or fluid loss.

5. What is the most common symptom of a sickle cell crisis?

- A. Fever**
- B. Severe leg pain**
- C. Acute abdominal pain**
- D. Hot/swollen joints**

The most common symptom of a sickle cell crisis is indeed severe leg pain, often referred to as "sickle cell pain crisis" or "vaso-occlusive crisis." In patients with sickle cell disease, red blood cells become rigid and shaped like sickles, which can block blood flow in small blood vessels. This blockage leads to reduced oxygen delivery to tissues, resulting in severe pain commonly experienced in the bones, joints, and abdominal areas. While acute abdominal pain is also a symptom that can occur during a sickle cell crisis and is significant in many cases, the hallmark symptom is the extreme pain, particularly in the legs and back. The pain usually arises abruptly and may vary in intensity, often requiring significant pain management. Understanding the typical presentations of sickle cell crises helps healthcare providers recognize and treat this condition effectively, emphasizing the importance of thorough pain assessment and management. Fever, hot/swollen joints, and abdominal pain may arise in conjunction with or as a result of complications related to the sickle cell disease, but they are not as quintessentially linked to the classic presentation of a crisis as the severe pain is.

6. What symptom is most indicative of a rupture of varices in a patient with liver disease?

- A. Severe dysphagia**
- B. Abdominal pain**
- C. Vomiting bright red blood**
- D. Elevated blood pressure**

Vomiting bright red blood is the most indicative symptom of a rupture of varices in a patient with liver disease. This occurs due to increased pressure in the portal vein, a condition known as portal hypertension, which can lead to the swelling and ultimate rupture of varices, typically in the esophagus or stomach. When these varices rupture, they can bleed profusely, and the blood is typically fresh due to its proximity to the point of rupture in the upper gastrointestinal tract. This results in the characteristic symptom of hematemesis, or vomiting of bright red blood, which is a critical and urgent sign that requires immediate medical attention. Other symptoms, while they may be present in patients with liver disease or gastrointestinal bleeding, do not specifically indicate a rupture of varices. For example, severe dysphagia (difficulty swallowing) and abdominal pain are not directly related to variceal rupture and can be caused by a variety of other conditions. Elevated blood pressure is not typically associated with variceal bleeding but may instead reflect the underlying liver disease and portal hypertension without directly indicating an active bleed. Thus, the symptom of vomiting bright red blood is crucial in identifying a rupture of varices and guiding emergency treatment.

7. What does a decreased level of consciousness indicate in a patient?

- A. Possible head injury, stroke, or hypoglycemia**
- B. Normal fatigue after exercise**
- C. Pending respiratory failure**
- D. Minor anxiety or stress**

A decreased level of consciousness is a significant clinical finding that often indicates underlying medical issues which could be serious. When a patient exhibits decreased consciousness, it may suggest conditions such as head injury, stroke, or hypoglycemia. In the context of a head injury, this can result in altered mental status due to trauma affecting the brain's function. Similarly, a stroke, which disrupts blood flow to the brain, can produce a deterioration in consciousness, particularly if large areas of brain tissue are affected. Hypoglycemia, or low blood sugar levels, can also lead to confusion, drowsiness, or even coma, which is critical to identify and treat promptly. The other options do not align with the severity associated with altered consciousness. Normal fatigue after exercise is typically transient and would not manifest as decreased levels of consciousness. Pending respiratory failure might suggest altered mental status due to hypoxia, but it does not account for the broad range of causes associated with decreased consciousness. Minor anxiety or stress is unlikely to significantly diminish awareness or alertness in a patient. Thus, option A encompasses a range of serious conditions that can present with decreased level of consciousness in a clinical setting.

8. Who is eligible for a HAZMAT response?

- A. Patients with minor skin irritations**
- B. Patients exposed to hazardous materials, chemicals, or radiation**
- C. Patients with seasonal allergies**
- D. Patients exhibiting signs of dehydration**

Eligibility for a HAZMAT response is specifically focused on individuals who have been exposed to hazardous materials, chemicals, or radiation. These situations can pose serious health risks due to the potential for toxic exposure, contamination, or acute medical conditions arising from such incidents. First responders, including paramedics, must be prepared to handle patients who show signs of exposure to hazardous substances, ensuring they receive appropriate care and decontamination when necessary. The other scenarios listed do not fall under a HAZMAT response. Minor skin irritations, seasonal allergies, and signs of dehydration are typically managed through standard medical care rather than a specialized hazardous materials response. These issues do not involve the risks associated with a hazardous environment and would be handled within the usual protocols for general medical treatment. Thus, the focus on exposure to hazardous substances is crucial in defining eligibility for a HAZMAT response.

9. A patient presenting with facial drooping on one side and slurred speech may be experiencing which medical emergency?

A. Stroke

B. Bell's palsy

C. Transient ischemic attack (TIA)

D. Multiple sclerosis

The symptoms of facial drooping on one side and slurred speech are distinct indicators that align with the presentation of a stroke, which is a medical emergency requiring immediate intervention. A stroke occurs when there is an interruption of blood flow to the brain, leading to neurological deficits. Facial drooping is primarily due to the involvement of the areas of the brain that control facial muscles and speech, often centered in the frontal lobe. Bell's palsy, while also causing unilateral facial drooping, typically does not present with slurred speech. It is a condition that affects the facial nerve (cranial nerve VII) leading to weakness or paralysis of the muscles on one side of the face. However, it does not usually impair speech. Given the context of slurred speech in conjunction with facial drooping, the correct interpretation of the symptoms indicates that a stroke is a more likely explanation for the presentation. Transient ischemic attack (TIA) can also present with similar symptoms, but it is characterized by temporary neurological deficits that resolve quickly, often within minutes to hours. In this scenario, where symptoms persist, a stroke is a more fitting diagnosis. Multiple sclerosis is a chronic condition that can cause a variety of neurological symptoms but is not characterized primarily by sudden facial droop.

10. In severe cases of peptic ulcer disease, what additional symptom may the patient experience?

A. Dark tarry stools

B. Chronic fatigue

C. Reduced appetite

D. Numbness in extremities

In severe cases of peptic ulcer disease, patients may experience dark tarry stools, also known as melena. This phenomenon occurs due to upper gastrointestinal bleeding related to the ulcer. When blood is present in the gastrointestinal tract and comes into contact with digestive enzymes and bacteria, it undergoes a chemical transformation that changes its color to a dark, tar-like consistency. This is a significant indicator of internal bleeding and should be treated promptly as it may indicate a serious complication of peptic ulcers, such as perforation or significant hemorrhage. While chronic fatigue, reduced appetite, and numbness in extremities may occur due to various medical conditions, they are not specific or characteristic symptoms of peptic ulcer disease. Chronic fatigue could stem from a wide range of issues, including anemia or other systemic conditions, while reduced appetite is more general and not exclusive to ulcers. Numbness in extremities typically points to neurological issues rather than gastrointestinal problems. Therefore, dark tarry stools are a crucial and specific symptom that highlights the severity of the peptic ulcer disease.