

FISDAP Medical Paramedic 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

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- 1. Which drug is commonly used for immediate relief of anaphylaxis?**
 - A. Adrenaline**
 - B. Benadryl**
 - C. Atropine**
 - D. Epinephrine**

- 2. What method is commonly used to assess a patient experiencing GI bleeding?**
 - A. Serum electrolyte levels**
 - B. Orthostatic vital signs assessment**
 - C. Blood type and crossmatch**
 - D. Ultrasound imaging**

- 3. When assessing a patient with potential peptic ulcer disease, which phrase best describes the pain often experienced?**
 - A. Dull and persistent**
 - B. Sharp and localized**
 - C. Bearing down**
 - D. Burning or gnawing**

- 4. What is the maximum dose of naloxone for opioid overdose in adults?**
 - A. 4 mg intranasally**
 - B. 2 mg intranasally or 0.4 mg intramuscularly**
 - C. 1 mg subcutaneously**
 - D. 5 mg orally**

- 5. How can you determine if a two-person CPR technique is being performed correctly?**
 - A. Irregular rhythm and frequent interruptions**
 - B. Regular rhythm and effective chest compressions with minimal interruptions**
 - C. Increased breathing rate and high vibrations**
 - D. Consistent checking of pulse and blood pressure**

- 6. What is the primary purpose of a primary assessment in paramedic care?**
- A. To administer medications**
 - B. To identify and manage life-threatening conditions**
 - C. To gather patient demographics**
 - D. To document vital signs**
- 7. In which situation would you immediately perform a needle thoracostomy?**
- A. Cardiac arrest**
 - B. Severe allergic reaction**
 - C. Tension pneumothorax**
 - D. Severe abdominal pain**
- 8. What is a common indicator of internal hemorrhage?**
- A. Elevated blood pressure**
 - B. Hypovolemic shock symptoms such as tachycardia and hypotension**
 - C. Stable vital signs without any abnormalities**
 - D. Hyperthermia and altered mental status**
- 9. When assessing the abdomen, what is the term for a rigid or stiff abdomen?**
- A. Distension**
 - B. Guarding**
 - C. Rebound tenderness**
 - D. Palpation**
- 10. What is the primary action of a beta-blocker?**
- A. Increase heart rate**
 - B. Decrease heart rate and contractility**
 - C. Stimulate adrenaline production**
 - D. Block histamine release**

Answers

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

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Explanations

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1. Which drug is commonly used for immediate relief of anaphylaxis?

- A. Adrenaline**
- B. Benadryl**
- C. Atropine**
- D. Epinephrine**

Epinephrine is the drug commonly used for immediate relief of anaphylaxis due to its potent vasoconstrictive and bronchodilatory effects. When a person experiences anaphylaxis, their body undergoes a severe allergic reaction that can cause symptoms such as difficulty breathing, swelling, hives, and a drop in blood pressure. Administering epinephrine works quickly to reverse these symptoms by constricting blood vessels, thereby increasing blood pressure, and relaxing the muscles in the airways, which helps to alleviate respiratory distress. Epinephrine is typically administered via an intramuscular injection, usually in the mid anterolateral thigh. This rapid action makes it a life-saving treatment in emergency situations when anaphylaxis occurs. The preferred formulation is often found in auto-injectors, making it accessible for people who are at risk of severe allergic reactions. Options like Benadryl, while useful in treating allergic reactions, do not provide the rapid and effective treatment needed in anaphylaxis, as they primarily function as antihistamines and have delayed onset of action. Atropine and adrenaline, while they have their own clinical applications, are not the first-line treatments for anaphylactic emergencies like epinephrine is.

2. What method is commonly used to assess a patient experiencing GI bleeding?

- A. Serum electrolyte levels**
- B. Orthostatic vital signs assessment**
- C. Blood type and crossmatch**
- D. Ultrasound imaging**

The method commonly used to assess a patient experiencing gastrointestinal (GI) bleeding is the orthostatic vital signs assessment. This assessment involves measuring the patient's blood pressure and heart rate while they are in a reclining position and then again after standing up. The purpose of this evaluation is to identify any significant changes that suggest hypovolemia, which can occur due to blood loss from GI bleeding. If a patient is losing blood, they may exhibit a drop in blood pressure and an increase in heart rate when they move from a supine to an upright position, indicating that their body is compensating for the reduced blood volume. This method is particularly valuable in emergency settings as it can help determine the severity of the patient's condition and guide subsequent treatment decisions. Other assessments, while important in their own right, do not provide the same immediate insight into the patient's hemodynamic status in the context of suspected GI bleeding. For instance, serum electrolyte levels can help assess metabolic status but do not directly indicate the presence or severity of bleeding. Similarly, blood type and crossmatch are crucial for transfusion readiness but are not a direct assessment method for ongoing bleeding at the bedside. Ultrasound imaging can be used to identify sources of bleeding but is not typically the first-line assessment in

3. When assessing a patient with potential peptic ulcer disease, which phrase best describes the pain often experienced?

- A. Dull and persistent**
- B. Sharp and localized**
- C. Bearing down**
- D. Burning or gnawing**

The pain associated with peptic ulcer disease is typically characterized as a burning or gnawing sensation. This type of discomfort often arises in the epigastric region and can be related to the secretion of gastric acid. Patients generally report that this pain tends to occur on an empty stomach, with a pattern that may improve or worsen with food intake. The burning sensation is reflective of the irritation of the stomach or duodenum lining due to the ulcerative process, which can aggravate with the presence of acid. This symptom classification helps in differentiating peptic ulcer pain from other types of abdominal pain, contributing to a more accurate assessment and diagnosis of the condition. Knowing the specific characteristics of ulcer pain is crucial for healthcare providers in developing effective management strategies.

4. What is the maximum dose of naloxone for opioid overdose in adults?

- A. 4 mg intranasally**
- B. 2 mg intranasally or 0.4 mg intramuscularly**
- C. 1 mg subcutaneously**
- D. 5 mg orally**

The maximum dose of naloxone for treating opioid overdose in adults is important to understand for effective clinical management. The correct response indicates that naloxone can be administered at a dosage of 2 mg intranasally or 0.4 mg intramuscularly. This dosing is based on established guidelines that aim to effectively reverse the effects of opioid overdose, particularly respiratory depression. When used intranasally, delivering 2 mg is a common practice because it allows for quick absorption through the nasal mucosa, which can be critical in emergency scenarios. Similarly, the intramuscular route of 0.4 mg is a recognized standard that can be repeated every 2 to 3 minutes if the patient's response is inadequate. Understanding this dosing strategy is crucial as it balances the need for rapid reversal of opioid effects while minimizing the risk of potential side effects from too high a dose. The alternate choices suggest either incorrect maximum doses or routes that are not the preferred methods; for instance, subcutaneous and oral routes are not standard for naloxone administration in acute settings. Thus, knowing the correct maximum dose and the preferred administration routes is essential for paramedics and first responders dealing with opioid overdoses.

5. How can you determine if a two-person CPR technique is being performed correctly?

A. Irregular rhythm and frequent interruptions

B. Regular rhythm and effective chest compressions with minimal interruptions

C. Increased breathing rate and high vibrations

D. Consistent checking of pulse and blood pressure

The correct choice highlights that effective CPR, particularly in a two-person technique, is characterized by a regular rhythm and strong chest compressions with minimal interruptions. This is critical because high-quality chest compressions are the key component of CPR, ensuring adequate blood flow to vital organs when the heart has stopped. A regular rhythm indicates that the compressions are being delivered in a steady and coordinated manner, which is essential for maintaining effective circulation. Additionally, the minimal interruptions refer to the importance of continuing compressions as much as possible without unnecessary pauses, apart from transitions between rescuers or for necessary ventilations. This practice ensures that the patient receives the maximum benefit from the compressions, which greatly increases the chances of survival and positive outcomes. Monitoring the quality and consistency of compressions is vital in any resuscitation effort, making this choice the most accurate representation of a correctly performed two-person CPR technique.

6. What is the primary purpose of a primary assessment in paramedic care?

A. To administer medications

B. To identify and manage life-threatening conditions

C. To gather patient demographics

D. To document vital signs

The primary purpose of a primary assessment in paramedic care is to identify and manage life-threatening conditions. This initial step is critical in emergency situations, as it allows paramedics to quickly evaluate the patient's airway, breathing, circulation, and neurological status. The goal is to recognize any immediate threats to life and address them promptly, ensuring that the patient is stabilized before more detailed assessments or interventions take place. In this context, the primary assessment focuses on the "ABCs" (Airway, Breathing, Circulation) and is designed to ensure that the patient's vital functions are adequately supported. Any critical issues identified during this assessment can lead to immediate interventions, such as airway management or cardiopulmonary resuscitation (CPR). This rapid approach is essential in pre-hospital care, where time is often of the essence in saving lives. Other choices, such as administering medications, gathering patient demographics, or documenting vital signs, are important components of paramedic care, but they are not the central focus of the primary assessment. Instead, they follow the primary assessment and are typically part of further patient evaluation or care processes.

7. In which situation would you immediately perform a needle thoracostomy?

- A. Cardiac arrest**
- B. Severe allergic reaction**
- C. Tension pneumothorax**
- D. Severe abdominal pain**

A needle thoracostomy is an emergency procedure performed to relieve pressure in the pleural space, typically caused by a tension pneumothorax. In this condition, air becomes trapped in the pleural space and creates significant pressure on the lungs and surrounding structures, which can impede breathing and cause cardiovascular collapse. The immediate goal of a needle thoracostomy is to decompress the pleural space, allowing the lungs to expand and improving oxygenation and circulation. This procedure is critical in cases where rapid deterioration is evident, often characterized by absent breath sounds on one side of the chest, severe respiratory distress, hypotension, and tracheal deviation away from the affected side. By swiftly performing a needle thoracostomy in a tension pneumothorax situation, you can stabilize the patient and address life-threatening complications. In contrast, cardiac arrest, severe allergic reaction, and severe abdominal pain do not require immediate needle thoracostomy and are managed with other specific interventions. In cardiac arrest, the focus would be on CPR and advanced cardiac life support (ACLS) measures. A severe allergic reaction requires the administration of epinephrine and other supportive treatments. Severe abdominal pain would necessitate assessment and interventions related to the underlying cause, rather than immediate

8. What is a common indicator of internal hemorrhage?

- A. Elevated blood pressure**
- B. Hypovolemic shock symptoms such as tachycardia and hypotension**
- C. Stable vital signs without any abnormalities**
- D. Hyperthermia and altered mental status**

A common indicator of internal hemorrhage is the manifestation of hypovolemic shock symptoms, notably tachycardia and hypotension. When significant internal bleeding occurs, the body experiences a decrease in blood volume, leading to insufficient perfusion of organs. In response, the heart rate increases in an attempt to maintain blood flow to vital organs, resulting in tachycardia. Simultaneously, blood pressure drops, leading to hypotension, as the circulatory system struggles to compensate for the reduced blood volume. This combination of symptoms is crucial for recognizing internal bleeding and its potential life-threatening consequences, allowing for timely intervention. In contrast, elevated blood pressure is usually not associated with internal hemorrhage; it may indicate other conditions or compensation, but not the depletion of blood volume. Stable vital signs suggest that a person is not in shock and might be indicative of a different medical issue altogether. Hyperthermia and altered mental status can occur in various medical emergencies, not specifically pointing toward internal hemorrhage alone and may suggest infections or other metabolic disturbances. Therefore, the sought-after relationship between hypovolemic shock symptoms and internal bleeding makes those signs pivotal in identifying such emergent situations.

9. When assessing the abdomen, what is the term for a rigid or stiff abdomen?

- A. Distension**
- B. Guarding**
- C. Rebound tenderness**
- D. Palpation**

The term for a rigid or stiff abdomen is referred to as guarding. Guarding is a protective mechanism of the abdominal muscles in response to pain or inflammation in the abdominal cavity. When palpating a patient's abdomen, if the muscles involuntarily tighten and become rigid upon touch, it indicates that the body is attempting to shield a painful area, often due to conditions such as peritonitis or internal bleeding. In contrast to guarding, distension refers to an abnormal expansion of the abdomen, often due to fluid, gas, or masses. Rebound tenderness describes the pain that occurs when pressure is released from the abdomen, usually suggesting irritation of the peritoneum. Palpation is a technique used to assess the abdomen but does not specifically denote the rigidity of the abdominal muscles. Understanding these distinctions is essential for effective assessment and diagnosis in clinical settings.

10. What is the primary action of a beta-blocker?

- A. Increase heart rate**
- B. Decrease heart rate and contractility**
- C. Stimulate adrenaline production**
- D. Block histamine release**

The primary action of a beta-blocker is to decrease heart rate and contractility. Beta-blockers work by blocking the effects of epinephrine, also known as adrenaline, on beta-adrenergic receptors found primarily in the heart and vascular system. This blockage leads to a reduced heart rate (negative chronotropic effect) and a decreased force of heart muscle contraction (negative inotropic effect). By inhibiting these responses, beta-blockers effectively lower blood pressure, decrease myocardial oxygen demand, and are commonly used in conditions such as hypertension, heart failure, and certain types of arrhythmias. This therapeutic action helps protect the heart from excessive stress and workload. The other options suggest actions that are contrary to what beta-blockers do. For example, increasing heart rate, stimulating adrenaline production, and blocking histamine release do not accurately reflect the pharmacodynamics of beta-blockers. Instead, they are indicative of other physiological responses or medications with different mechanisms of action.

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://fisdapmedicalparamedic.examzify.com>

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

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