

FISDAP PARAMEDIC TRAUMA PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. What is dysconjugate gaze indicative of?**
 - A. Normal coordination of eye movements
 - B. Inability to focus on a single point
 - C. Paralysis of gaze or discoordination of eye movements
 - D. Increased pressure in the eye
- 2. What does JVD (Jugular Venous Distension) suggest?**
 - A. Decreased lung capacity
 - B. Increased intravenous pressure
 - C. Low blood sugar levels
 - D. Dehydration and fluid loss
- 3. What is the first action in managing a patient with a potential airway obstruction?**
 - A. Attempt to provide supplemental oxygen
 - B. Attempt to assess airway patency
 - C. Perform abdominal thrusts
 - D. Administer emergency medication
- 4. Which of the following injuries is NOT associated with a deformed dashboard in a motor vehicle collision?**
 - A. Ruptured spleen
 - B. Bruised knee
 - C. Femoral fracture
 - D. Rib fracture
- 5. What is the main complaint a patient may have after exposure to Hydrofluoric Acid?**
 - A. Excessive dryness
 - B. Sharp throbbing pain
 - C. Burning sensation that persists
 - D. Itching and redness

- 6. How can circulation be assessed in a trauma patient?**
- A. By measuring blood pressure only
 - B. Checking pulse quality, capillary refill, and skin color/temperature
 - C. Listening for lung sounds
 - D. Assessing level of consciousness
- 7. Which symptom indicates decompensated shock?**
- A. Normal mental status and blood pressure
 - B. Elevated blood pressure and thready pulse
 - C. Altered mental status and drop in blood pressure
 - D. Increased heart rate and shallow breathing
- 8. When assessing a trauma patient, what does the term 'peritonitis' refer to?**
- A. Injury to the diaphragm
 - B. Inflammation of the peritoneum
 - C. Hemorrhage in the abdominal cavity
 - D. Trauma to the spleen
- 9. What finding is most indicative of a tension pneumothorax?**
- A. Tracheal deviation away from the affected side
 - B. Bradycardia with hypotension
 - C. Hyperresonance on percussion
 - D. Dullness to percussion on the affected side
- 10. What defines an open pneumothorax?**
- A. A defect in the chest wall allowing air to enter the pleural space
 - B. A complete collapse of a lung due to fluid accumulation
 - C. A fracture of the sternum leading to internal bleeding
 - D. A condition where the pleural space is filled with pus

Answers

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

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Explanations

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1. What is dysconjugate gaze indicative of?

- A. Normal coordination of eye movements
- B. Inability to focus on a single point
- C. Paralysis of gaze or discoordination of eye movements**
- D. Increased pressure in the eye

Dysconjugate gaze refers to a condition where the eyes do not move together in the same direction when attempting to focus on a target. This can result from a variety of neurological issues, such as disruption in brainstem function or cranial nerve abnormalities that affect the coordination of eye movements. It suggests a problem with the normal coordination mechanisms that allow both eyes to work in concert. Thus, when one eye may be focused on a target, the other may be directed elsewhere, indicating a potential issue involving neurological pathways. The other options do not accurately reflect what dysconjugate gaze indicates. For instance, normal coordination of eye movements would represent healthy function, while the inability to focus on a single point suggests other visual disturbances. Increased pressure in the eye is related to conditions like glaucoma and not directly associated with eye movement coordination. Therefore, understanding the implications of dysconjugate gaze is essential in diagnosing underlying neurological conditions.

2. What does JVD (Jugular Venous Distension) suggest?

- A. Decreased lung capacity
- B. Increased intravenous pressure**
- C. Low blood sugar levels
- D. Dehydration and fluid loss

Jugular venous distension (JVD) is an important clinical sign commonly assessed in patients suspected of having heart failure or other conditions affecting hemodynamics. The presence of JVD indicates elevated pressure in the central venous system, which often occurs due to increased intrathoracic pressure or congestive heart failure. When the right atrium of the heart is unable to effectively receive blood, it leads to increased volume and pressure in the venous system, causing the jugular veins to distend. This clinical manifestation, therefore, is an indicator of increased intravenous pressure, signaling underlying cardiovascular issues. In the context of trauma or critical care, recognizing JVD can aid in evaluating a patient's fluid status, heart function, and guiding appropriate interventions. The other options do not directly connect to the phenomenon of JVD, as they pertain to different physiological conditions that do not affect venous pressure in the same manner.

3. What is the first action in managing a patient with a potential airway obstruction?

- A. Attempt to provide supplemental oxygen
- B. Attempt to assess airway patency**
- C. Perform abdominal thrusts
- D. Administer emergency medication

In managing a patient with a potential airway obstruction, the first action should be to assess airway patency. This step is crucial because determining whether the airway is open and unobstructed will guide subsequent interventions. If the airway is compromised, the healthcare provider can then proceed with appropriate techniques, such as positioning the patient or performing maneuvers to clear the obstruction. This initial assessment allows the provider to gauge the severity of the obstruction. A clear understanding of the airway status helps prioritize the next steps, whether it involves the use of supplemental oxygen, abdominal thrusts if the airway is completely obstructed, or emergency medications if indicated. Addressing the airway first is fundamental in emergency care, as oxygenation is critical for survival, and quick identification of an obstruction can lead to life-saving interventions.

4. Which of the following injuries is NOT associated with a deformed dashboard in a motor vehicle collision?

- A. Ruptured spleen
- B. Bruised knee
- C. Femoral fracture

D. Rib fracture

To understand why rib fracture is the correct choice for the injury not typically associated with a deformed dashboard in a motor vehicle collision, it is essential to consider the mechanics of an impact and how specific forces are transmitted through the vehicle. In cases where a dashboard is deformed, this often indicates a significant impact to the lower limbs and pelvis of the occupants, particularly for the driver or front-seat passengers. This deformation commonly results in injuries related to direct contact and the transfer of kinetic energy to the legs and pelvis. A ruptured spleen, bruised knee, and femoral fracture are all injuries that can occur due to this mechanism. A ruptured spleen can result from the force transmitted through the abdominal cavity when there is a sudden intrabdominal impact. A bruised knee may occur when the knee strikes a deformed dashboard, leading to soft tissue injury. Similarly, a femoral fracture is likely due to the significant axial load placed on the femur in a collision scenario where the legs are pressed against a deformed area. In contrast, while rib fractures can occur in motor vehicle collisions, they are more commonly associated with impacts that affect the thoracic area, such as a steering wheel or an airbag deployment rather than a deformed

5. What is the main complaint a patient may have after exposure to Hydrofluoric Acid?

- A. Excessive dryness
- B. Sharp throbbing pain

C. Burning sensation that persists

D. Itching and redness

The main complaint a patient may experience after exposure to Hydrofluoric Acid is a burning sensation that persists. Hydrofluoric Acid is a highly corrosive chemical that can cause severe tissue damage upon contact. When it comes into contact with skin, it not only causes a burning sensation but can also penetrate deeper tissues, potentially leading to more serious injuries, including damage to muscle and nerve tissue. Patients may describe this sensation as particularly painful and persistent because Hydrofluoric Acid can interfere with calcium and magnesium in the body, exacerbating the pain and causing additional systemic effects. This agonizing sensation often lingers despite attempts to wash the acid off, making it a distinguishing characteristic of Hydrofluoric Acid exposure compared to other acids or irritants, which may cause temporary or less severe symptoms. In contrast, while excessive dryness, sharp throbbing pain, or itching and redness can occur with different types of skin exposures or irritations, they do not encapsulate the unique and severe pain profile associated with Hydrofluoric Acid. Understanding these specific symptoms is essential for proper assessment and treatment of chemical burns related to this substance.

6. How can circulation be assessed in a trauma patient?

- A. By measuring blood pressure only
- B. Checking pulse quality, capillary refill, and skin color/temperature**
- C. Listening for lung sounds
- D. Assessing level of consciousness

Assessing circulation in a trauma patient is crucial for determining the adequacy of blood flow and identifying any potential hemorrhagic shock. The correct approach involves checking pulse quality, capillary refill, and skin color/temperature. Pulse quality gives insight into the heart's ability to pump blood effectively. A weak or thready pulse may indicate inadequate circulation, while a strong, bounding pulse could suggest increased blood pressure or potential internal bleeding. Capillary refill time is another valuable indicator, especially in children, where it should ideally be less than two seconds. Prolonged capillary refill can suggest poor perfusion and potential shock. Additionally, examining skin color and temperature provides important clues about circulation. Pale, cool skin can indicate vasoconstriction due to shock, whereas flushed or warm skin might occur in cases of septic shock. Together, these assessments form a comprehensive picture of the patient's circulatory status, enabling timely interventions if necessary. The other options do not address circulation directly or are focused on different aspects of the patient's overall condition.

7. Which symptom indicates decompensated shock?

- A. Normal mental status and blood pressure
- B. Elevated blood pressure and thready pulse
- C. Altered mental status and drop in blood pressure**
- D. Increased heart rate and shallow breathing

Decompensated shock occurs when the body's compensatory mechanisms are overwhelmed, leading to a significant decline in physiological function. The presence of altered mental status and a drop in blood pressure are key indicators of this state. Altered mental status suggests that the brain is not receiving adequate perfusion, which can result from inadequate blood volume or reduced cardiac output. When the blood pressure drops significantly, it indicates that the body's systems are struggling to maintain blood flow to vital organs. This scenario showcases that the body's attempts to compensate for the shock are failing, signaling decompensated shock. In contrast, other symptoms listed do not demonstrate the severity of decompensated shock. For instance, a normal mental status and blood pressure suggest that the body's compensatory mechanisms are still functioning effectively, indicating compensated shock instead. Elevated blood pressure combined with a thready pulse might reflect a body attempting to compensate, but does not indicate decompensation. Similarly, increased heart rate and shallow breathing might be signs of the body responding to stress but do not provide clear evidence of decompensated shock. Overall, the combination of altered mental status and a drop in blood pressure distinctly points to a critical worsening condition, characteristic of decompensated shock.

8. When assessing a trauma patient, what does the term 'peritonitis' refer to?

- A. Injury to the diaphragm
- B. Inflammation of the peritoneum**
- C. Hemorrhage in the abdominal cavity
- D. Trauma to the spleen

Peritonitis refers specifically to the inflammation of the peritoneum, which is the membrane lining the abdominal wall and covering the abdominal organs. This condition can result from various causes, including infections, perforation of abdominal organs, or trauma. In the context of trauma assessment, recognizing peritonitis is crucial, as it often indicates a significant underlying injury that could lead to severe complications, including sepsis. Understanding peritonitis allows healthcare providers to prioritize appropriate interventions and management strategies for the trauma patient. For instance, the presence of peritonitis might necessitate immediate surgical evaluation to address potential sources of infection or injury within the abdominal cavity. Therefore, identifying this condition is integral to trauma assessment and can significantly influence patient outcomes.

9. What finding is most indicative of a tension pneumothorax?

- A. Tracheal deviation away from the affected side**
- B. Bradycardia with hypotension
- C. Hyperresonance on percussion
- D. Dullness to percussion on the affected side

A finding of tracheal deviation away from the affected side is a classic indicator of a tension pneumothorax. In this condition, air enters the pleural space and cannot escape, leading to increased pressure that pushes mediastinal structures, including the trachea, toward the opposite side of the chest. This shift can significantly affect vital physiological functions, causing respiratory distress and cardiovascular instability. While other signs can accompany tension pneumothorax, such as hyperresonance on percussion due to excess air, they do not provide the same level of definitive identification as tracheal deviation. Bradycardia and hypotension may suggest cardiovascular involvement due to severe respiratory compromise or hypovolemia, but they are not exclusive indicators of a tension pneumothorax. Dullness to percussion typically indicates fluid accumulation, such as in a pleural effusion, rather than an air issue like a pneumothorax. Thus, tracheal deviation away from the affected side stands out as the most specific and significant finding in this emergency.

10. What defines an open pneumothorax?

- A. A defect in the chest wall allowing air to enter the pleural space**
- B. A complete collapse of a lung due to fluid accumulation
- C. A fracture of the sternum leading to internal bleeding
- D. A condition where the pleural space is filled with pus

An open pneumothorax is defined as a defect in the chest wall that allows air to enter the pleural space, particularly during inhalation. This condition typically occurs due to a penetrating injury, such as a stab wound or gunshot wound, creating a direct path for air to move in and out of the pleural cavity. The presence of this defect effectively disrupts the normal pressure differential in the thoracic cavity, leading to respiratory difficulties as the lung on the affected side may not be able to expand properly. In contrast, a complete collapse of a lung due to fluid accumulation refers to a different pathology, such as a pleural effusion or hemothorax, rather than an open pneumothorax. Similarly, a fracture of the sternum leading to internal bleeding describes a situation involving trauma but does not pertain specifically to the mechanics of air entering the pleural space. Lastly, a condition where the pleural space is filled with pus indicates an empyema, which is again distinct from the definition of an open pneumothorax. Thus, the definition provided in the first choice accurately characterizes this type of injury.

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://fisdapparamedictrauma.examzify.com>

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

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