

FISDAP PARAMEDIC TRAUMA PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. In heatstroke, what is a critical temperature threshold indicating a medical emergency?**
 - A. 100°F
 - B. 102°F
 - C. 104°F
 - D. 106°F

- 2. What is the importance of ensuring exposure in trauma patients?**
 - A. To prevent additional injury
 - B. To assess for additional injuries
 - C. To provide warmth
 - D. To initiate fluid resuscitation

- 3. What is the key physiological change observed in anaphylactic shock?**
 - A. Severe vasodilation and increased vascular permeability
 - B. Decreased heart rate and blood pressure
 - C. Increased cardiac output and peripheral resistance
 - D. Increased blood viscosity and clotting

- 4. Which vital sign changes might indicate compensated shock?**
 - A. Decreased heart rate and increased blood pressure
 - B. Increased heart rate and respiratory rate, but normal blood pressure
 - C. Normal heart rate and low blood pressure
 - D. Increased blood pressure and decreased respiratory rate

- 5. For safety during electrical injuries, what should the responder advise the patient if powerlines are down on a car?**
 - A. Get out of the car immediately
 - B. Call for help and stay inside the car
 - C. Attempt to move the car away from the lines
 - D. Wave for assistance from outside the car

- 6. What is the most common life-threatening injury in motor vehicle collisions?**
- A. Head injuries
 - B. Spinal cord injuries
 - C. Chest injuries, including pneumothorax
 - D. Abdominal injuries
- 7. In trauma, what does a "GCS of 8 or less" indicate?**
- A. Mild head injury
 - B. Moderate head injury
 - C. Severe head injury; potential need for advanced airway management
 - D. Normal neurological function
- 8. What does a widening pulse pressure and bradycardia indicate in a patient with moderate ICP?**
- A. Improved cerebral perfusion
 - B. Imminent brain herniation
 - C. Early signs of recovery
 - D. Normal physiological responses
- 9. What does a 'C-collar' provide for trauma patients?**
- A. Cervical spine stabilization
 - B. Head immobilization
 - C. Compression of neck vessels
 - D. Improved airway management
- 10. In which situation is a thoracotomy indicated in trauma care?**
- A. For patients with chronic lung conditions
 - B. For patients with life-threatening cardiac tamponade or massive hemothorax
 - C. For minor chest injuries
 - D. For patients in shock without trauma

Answers

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

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Explanations

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1. In heatstroke, what is a critical temperature threshold indicating a medical emergency?

- A. 100°F
- B. 102°F
- C. 104°F**
- D. 106°F

In heatstroke, a critical temperature threshold indicating a medical emergency is 104°F. At this temperature, the body's thermoregulatory processes become overwhelmed, leading to a dangerous rise in core body temperature. This elevated temperature can result in cellular damage, disruption of normal physiologic functions, and potentially life-threatening complications such as organ failure. Heatstroke usually occurs when the body produces more heat than it can dissipate, often during exercise in hot and humid conditions. Once the body's temperature exceeds this threshold, the risk for severe complications, including neurological damage, cardiovascular collapse, and death, significantly increases. Therefore, immediate medical intervention is crucial when a person exhibits symptoms of heatstroke at or above this critical temperature. Recognizing this threshold is essential for timely and effective treatment in prehospital care settings.

2. What is the importance of ensuring exposure in trauma patients?

- A. To prevent additional injury
- B. To assess for additional injuries**
- C. To provide warmth
- D. To initiate fluid resuscitation

Ensuring exposure in trauma patients is crucial primarily for assessing for additional injuries. When a patient has experienced a traumatic event, they may have multiple injuries that are not immediately visible due to clothing or environmental factors. By fully exposing the patient, healthcare providers can conduct a thorough assessment to identify any hidden injuries, such as fractures, contusions, or internal damage, which are not visible at first glance. Accurate assessment of all injuries is essential for determining the appropriate course of treatment, prioritizing interventions, and improving overall patient outcomes. Recognizing these additional injuries allows for timely interventions that can be life-saving. While considerations like preventing additional injury, providing warmth, or initiating fluid resuscitation are important components of trauma care, they are not the primary reason for ensuring patient exposure. The main focus should remain on performing a comprehensive evaluation to address all potential injuries effectively.

3. What is the key physiological change observed in anaphylactic shock?

- A. Severe vasodilation and increased vascular permeability**
- B. Decreased heart rate and blood pressure
- C. Increased cardiac output and peripheral resistance
- D. Increased blood viscosity and clotting

The key physiological change observed in anaphylactic shock is severe vasodilation and increased vascular permeability. During anaphylaxis, the body's immune system responds to an allergen by releasing large amounts of histamine and other mediators. This results in the widening of blood vessels (vasodilation) and an increase in the permeability of vascular walls, allowing fluids to leak into surrounding tissues. As a consequence, there is a significant drop in blood pressure due to the decreased systemic vascular resistance, and the pooling of fluid in the tissues can lead to swelling, airway obstruction, and potentially life-threatening complications. The severity of this response is what distinguishes anaphylactic shock from other types of shock, making it essential for emergency responders to quickly recognize and treat it to restore adequate perfusion and prevent organ damage.

4. Which vital sign changes might indicate compensated shock?

- A. Decreased heart rate and increased blood pressure
- B. Increased heart rate and respiratory rate, but normal blood pressure**
- C. Normal heart rate and low blood pressure
- D. Increased blood pressure and decreased respiratory rate

Compensated shock is a critical condition where the body attempts to maintain adequate perfusion despite insufficient blood volume or circulation. In this stage, vital sign changes typically reflect the body's compensatory mechanisms in response to the decreased perfusion or blood volume. The increase in heart rate and respiratory rate signifies that the body is attempting to enhance oxygen delivery and maintain perfusion to vital organs. In compensated shock, blood pressure often remains within normal ranges because the body is effectively compensating for the shock state through these elevated heart and respiratory rates. The normal blood pressure indicates that, even though the patient is in shock, the compensatory mechanisms have not yet failed to keep perfusion adequate. This understanding allows healthcare providers to recognize the signs of compensated shock and take appropriate interventions before the condition progresses to decompensated shock, where the vital signs would start to show more severe abnormalities such as decreased blood pressure. In contrast, the other options do not align with the typical signs of compensated shock. For instance, decreased heart rate and increased blood pressure suggest a state of stability or potential vagal response, which does not indicate shock. Low blood pressure combined with normal heart rate is more consistent with decompensated shock, where the compensatory mechanisms have started to fail.

5. For safety during electrical injuries, what should the responder advise the patient if powerlines are down on a car?

- A. Get out of the car immediately
- B. Call for help and stay inside the car**
- C. Attempt to move the car away from the lines
- D. Wave for assistance from outside the car

In scenarios where powerlines have fallen onto a car, the safest course of action for the person inside the vehicle is to remain inside the car. The reason for this is that a vehicle can act as a protective barrier between the individual and the ground, as long as the car is not touching the ground directly where electrical current could pose a danger. Electricity travels through the earth and can cause serious injuries or fatalities if someone outside the vehicle attempts to exit while the downed power lines are energized. By advising the patient to stay inside the car, they minimize their risk of electrocution as they are contained within the vehicle's insulated structure. Calling for help while remaining inside allows emergency services to be dispatched to the location safely. It's important to wait until trained personnel can ensure that the power is turned off or the situation is made safe before attempting to exit the vehicle. This protocol highlights the importance of assessing electrical hazards and understanding safe practices in emergency situations involving power lines.

6. What is the most common life-threatening injury in motor vehicle collisions?

- A. Head injuries
- B. Spinal cord injuries
- C. Chest injuries, including pneumothorax**
- D. Abdominal injuries

The most common life-threatening injury in motor vehicle collisions is chest injuries, including pneumothorax. In the context of trauma from vehicle accidents, the thoracic region is particularly vulnerable due to the forces involved. The impact can lead to various injuries to the chest, including rib fractures, lung contusions, and pneumothoraxes (which may arise from ruptured pleura). These conditions can significantly compromise respiratory function and lead to hypoxia and respiratory failure, making them critical concerns in the field. Chest injuries have a higher incidence of leading to immediate life threats when compared to other injuries in motor vehicle collisions. The mechanics of an impact often cause the chest to absorb significant forces, which can jeopardize major vascular structures and the lungs. Additionally, the rapid deceleration and potential for blunt forces can exacerbate these types of injuries. While head injuries, spinal cord injuries, and abdominal injuries are also serious and can be life-threatening, chest injuries tend to manifest more acutely and can lead to rapid deterioration in a patient's condition, thereby demanding urgent assessment and intervention in emergency care settings.

7. In trauma, what does a "GCS of 8 or less" indicate?

- A. Mild head injury
- B. Moderate head injury
- C. Severe head injury; potential need for advanced airway management**
- D. Normal neurological function

A Glasgow Coma Scale (GCS) score of 8 or less is a critical indicator of a severe head injury. This scoring system is used to assess a patient's level of consciousness based on verbal response, motor response, and eye-opening. Scores in this range suggest that the patient has significantly impaired cognitive function, which could be due to a variety of factors, including traumatic brain injury, intracranial hemorrhage, or other severe neurological conditions. Patients with a GCS of 8 or lower are at high risk for airway compromise because they may have inadequate protective airway reflexes. This often necessitates advanced airway management, such as intubation, to ensure that the airway remains patent and that the patient can be adequately ventilated. Early recognition of this need is essential in trauma care to prevent respiratory failure and manage the patient's airway effectively. In contrast, higher GCS scores indicate milder levels of impairment, while a GCS score of 15 typically aligns with normal neurological function. Therefore, understanding the implications of a GCS of 8 or less is crucial for appropriate trauma management and intervention strategies.

8. What does a widening pulse pressure and bradycardia indicate in a patient with moderate ICP?

- A. Improved cerebral perfusion
- B. Imminent brain herniation**
- C. Early signs of recovery
- D. Normal physiological responses

A widening pulse pressure along with bradycardia in a patient with moderate intracranial pressure (ICP) is indicative of a response to increased pressure within the skull, which can lead to severe complications. This combination of symptoms is consistent with the Cushing's triad, a clinical syndrome observed in cases of increased ICP. The widening pulse pressure reflects increased systolic pressure, as the body attempts to maintain cerebral perfusion against the elevated pressure. Bradycardia is a result of increased vagal tone due to the pressure effects on the brainstem. When these signs appear, they suggest that the body is struggling to compensate for the rising ICP, and that brain herniation—a life-threatening condition where brain tissue is displaced due to high pressure—is imminent. This situation requires immediate intervention to alleviate the pressure, as sustained increased ICP can lead to irreversible brain damage or death.

9. What does a 'C-collar' provide for trauma patients?

- A. Cervical spine stabilization**
- B. Head immobilization
- C. Compression of neck vessels
- D. Improved airway management

A C-collar, or cervical collar, is specifically designed to provide stabilization of the cervical spine in trauma patients. This device is important for preventing further injury to the spinal cord and surrounding structures, particularly in situations where there is a potential for cervical spine injury due to trauma, such as in vehicle accidents or falls. The design of a C-collar helps to immobilize the head and neck, reducing movement that could exacerbate any existing spinal injuries. Proper application of a C-collar is a critical step in managing trauma patients, especially when assessing for neurological deficits or preparing for transport. Maintaining cervical spine stability is essential in the overall trauma care cascade, as any movement of an injured spine may result in significant complications, including paralysis. While a C-collar does aid in head immobilization to a degree, its primary purpose is the stabilization of the cervical spine. The other options provided do not accurately represent the main function of a C-collar or are secondary benefits rather than central purposes of the device.

10. In which situation is a thoracotomy indicated in trauma care?

- A. For patients with chronic lung conditions
- B. For patients with life-threatening cardiac tamponade or massive hemothorax**
- C. For minor chest injuries
- D. For patients in shock without trauma

A thoracotomy is a surgical procedure that involves making an incision into the chest cavity to access the organs within, particularly the heart and lungs. It is indicated in trauma care primarily in critical situations where immediate intervention is necessary to save a patient's life. One key indication for performing a thoracotomy is the presence of life-threatening cardiac tamponade or massive hemothorax. In cases of cardiac tamponade, fluid accumulates in the pericardial space, compressing the heart and impairing its ability to pump blood effectively. A thoracotomy allows for direct intervention to relieve the pressure on the heart, which can be crucial in restoring adequate circulation. Similarly, in the case of a massive hemothorax, where significant blood accumulation occurs in the pleural cavity, a thoracotomy can facilitate drainage of the blood, thereby preventing respiratory distress and significant hemodynamic instability. This intervention is not used for chronic lung conditions or minor injuries because those situations typically do not involve the acute life-threatening scenarios that necessitate such invasive measures. In trauma patients who are in shock without a clear traumatic cause, the treatment typically focuses on other modalities rather than an immediate thoracotomy, as the etiology may not involve thoracic complications requiring surgical intervention

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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