ICEMA Medication Standing Orders 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. In addition to oxygen, which bronchodilator is commonly administered via nebulizer under ICEMA standing orders for bronchospasm?

A. Levalbuterol

B. Ipratropium bromide

C. Epinephrine

D. Albuterol

2. How often should atropine be repeated if the patient remains symptomatic after an initial atropine dose in pediatric organophosphate poisoning?

A. Every 1 minute

B. Every 2 minutes

C. Every 5 minutes

D. Every 10 minutes

3. Which statement best describes the primary purpose of medical control within the ICEMA standing orders framework?

A. To authorize and monitor medication administration, approve deviations, and ensure patient safety.

B. To manage hospital admissions.

C. To schedule EMS shifts.

D. To handle medication budgeting.

4. Which statement is NOT listed as an indication for fentanyl in adults?

A. Chest Pain (Presumed Ischemic Origin)

B. Pacing

C. Sickle Cell Crisis

D. Hypertension management

5. In adults with behavioral emergencies, what is the maximum number of midazolam doses that may be administered using any combination of IV/IO/IM/IN routes?

A. Maximum of three doses using any combination of IV/IO/IM/IN may be administered.

B. Maximum of four doses using any combination of routes.

C. Unlimited dosing with base hospital approval.

D. Only two doses total allowed.

6. What is the recommended administration time for the pediatric calcium chloride dose (20 mg/kg)?

A. Over two minutes

B. Over five minutes

C. Over ten minutes

D. Over thirty seconds

7. For pediatric patients 1 year to 14 years, what is the nebulized dose of Ipratropium Bromide Inhalation Solution with Albuterol?

A. 0.25 mg

B. 0.75 mg

C. 1.0 mg

D. 0.5 mg

8. In pediatric patients experiencing seizures, what is the maximum IM/IN midazolam dose for a single administration?

A. 5 mg

B. 2.5 mg

C. 10 mg

D. 1 mg

9. In pediatric anaphylaxis with no palpable pulse, using epinephrine 0.1 mg/mL, what is the maximum per-dose IV/IO epinephrine?

A. 0.01 mg/kg

B. 0.1 mg

C. 0.5 mg

D. 0.2 mg

10. Tranexamic acid dosing for eligible patients is:

A. 0.5 g IV push

B. 1 g in 50-100 mL NS IV/IO over 10 minutes

C. 1 g IM

D. 2 g IV/IO over 10 minutes

Answers

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

Explanations

1. In addition to oxygen, which bronchodilator is commonly administered via nebulizer under ICEMA standing orders for bronchospasm?

A. Levalbuterol

B. Ipratropium bromide

C. Epinephrine

D. Albuterol

In EMS standing orders for bronchospasm, the quick-acting nebulized bronchodilator most commonly used after providing oxygen is albuterol. Albuterol is a beta-2 adrenergic agonist that relaxes airway smooth muscle by increasing cyclic AMP, producing rapid bronchodilation within minutes. Its proven efficacy in acute asthma and other bronchospastic conditions, plus widespread availability and familiarity in prehospital care, makes it the standard first-line choice in many ICEMA protocols. Levalbuterol works similarly and can be used in some settings, but it's less universally stocked or indicated as the default in many standing orders, so it's not the common default choice. Ipratropium bromide is an anticholinergic bronchodilator often used as an adjunct to albuterol or in specific conditions (like COPD), rather than as the primary nebulized agent for routine bronchospasm in standing orders. Epinephrine has a role in severe allergic reactions or specific rescue indications but is not the typical nebulized option for general bronchospasm in ICEMA protocols.

2. How often should atropine be repeated if the patient remains symptomatic after an initial atropine dose in pediatric organophosphate poisoning?

A. Every 1 minute

B. Every 2 minutes

C. Every 5 minutes

D. Every 10 minutes

Muscarinic symptoms from organophosphate poisoning respond to atropine, so you titrate by giving another dose at short, regular intervals and reassessing. The standard practice in pediatric care is to repeat atropine every 5 minutes until signs of muscarinic excess are controlled—airway secretions dry up, heart rate improves, and bronchospasm/bronchorrhea lessen. This 5-minute interval lets you quickly gauge the patient's response and avoid both under-treatment and unnecessary delays. If symptoms persist despite adequate atropinization, additional therapies (such as pralidoxime) and supportive care are needed.

3. Which statement best describes the primary purpose of medical control within the ICEMA standing orders framework?

A. To authorize and monitor medication administration, approve deviations, and ensure patient safety.

B. To manage hospital admissions.

C. To schedule EMS shifts.

D. To handle medication budgeting.

Medical control provides physician oversight for EMS medication use. Its main purpose is to authorize the medications that can be given, monitor how those drugs are administered, and approve any deviations from the standing orders when a patient's condition requires it. This oversight helps ensure that treatments are appropriate, doses are correct, and patient safety is maintained, since clinicians can seek approval or guidance for exceptions in evolving scenarios. Tasks like managing hospital admissions, scheduling EMS shifts, or handling medication budgeting fall outside this clinical oversight role and are administrative or operational in nature.

4. Which statement is NOT listed as an indication for fentanyl in adults?

A. Chest Pain (Presumed Ischemic Origin)

B. Pacing

C. Sickle Cell Crisis

D. Hypertension management

Fentanyl is used in adults mainly for rapid analgesia in acute pain scenarios and for pain relief during certain procedures, not as a treatment to control blood pressure. The statement about chest pain with presumed ischemic origin is a recognized indication because providing pain relief helps reduce sympathetic drive and oxygen demand during suspected cardiac ischemia. Pain relief during pacing procedures is another context where fentanyl is used to alleviate discomfort. Vaso-occlusive crisis in sickle cell disease is also treated with opioids like fentanyl to manage severe pain. Hypertension management is not an indication for fentanyl. High blood pressure is addressed with medications that specifically reduce BP, and opioids are not used as antihypertensives.

5. In adults with behavioral emergencies, what is the maximum number of midazolam doses that may be administered using any combination of IV/IO/IM/IN routes?

A. Maximum of three doses using any combination of IV/IO/IM/IN may be administered.

B. Maximum of four doses using any combination of routes.

C. Unlimited dosing with base hospital approval.

D. Only two doses total allowed.

The key idea is that there is a fixed limit on how many sedating doses you may give in adults with behavioral emergencies, to balance effectiveness with safety. Midazolam can be given by IV, IO, IM, or IN routes, and you may administer up to three doses in total, using any combination of routes. This cap helps prevent oversedation and respiratory compromise in the prehospital setting. If agitation persists after those three doses, you should obtain medical direction from the base hospital before giving more medication. The other options either imply more or fewer doses than allowed or suggest unlimited dosing with hospital approval, which does not align with this protocol.

6. What is the recommended administration time for the pediatric calcium chloride dose (20 mg/kg)?

A. Over two minutes

B. Over five minutes

C. Over ten minutes

D. Over thirty seconds

Calcium chloride must be given slowly to avoid causing dangerous, rapid shifts in the heart and veins. For the pediatric dose of 20 mg/kg, infusing it over about five minutes allows the calcium to enter the circulation gradually, reducing the risk of bradycardia, hypotension, and vein irritation or extravasation injury. This is why a slower infusion time, specifically over five minutes, is recommended.

7. For pediatric patients 1 year to 14 years, what is the nebulized dose of Ipratropium Bromide Inhalation Solution with Albuterol?

A. 0.25 mg

B. 0.75 mg

C. 1.0 mg

D. 0.5 mg

Nebulized ipratropium bromide is used in combination with albuterol in a standard single-dose treatment that delivers 0.5 mg of ipratropium per nebulization, paired with 2.5 mg of albuterol. For pediatric patients aged 1 to 14, this 0.5 mg per dose is the commonly used amount because it provides effective bronchodilation while maintaining safety in children. The albuterol component drives rapid relaxation of airway smooth muscle via beta-2 receptors, while ipratropium reduces reflex bronchoconstriction by blocking muscarinic receptors. So the per-dose ipratropium dose in this combination is 0.5 mg. The other listed values don't match the standard single-dose formulation used for this mix.

8. In pediatric patients experiencing seizures, what is the maximum IM/IN midazolam dose for a single administration?

A. 5 mg

B. 2.5 mg

C. 10 mg

D. 1 mg

In pediatric seizure management, midazolam is given at a weight-based dose per administration, with a safety cap. The dose is 0.2 mg/kg for each IM or intranasal administration, but you do not exceed 5 mg in a single dose. This ceiling protects against oversedation and respiratory depression while still aiming for rapid seizure control. So you calculate the child's weight, multiply by 0.2 mg/kg, and use the smaller of that result or 5 mg. For example, a 25 kg child would receive 5 mg (0.2 mg/kg × 25 kg = 5 mg), while a lighter child might receive less, and a heavier child would also be limited to 5 mg per dose. If seizures persist, administer additional doses only per protocol with appropriate monitoring and airway support.

9. In pediatric anaphylaxis with no palpable pulse, using epinephrine 0.1 mg/mL, what is the maximum per-dose IV/IO epinephrine?

A. 0.01 mg/kg

B. 0.1 mg

C. 0.5 mg

D. 0.2 mg

When a child with anaphylaxis has no palpable pulse, epinephrine must be given promptly via IV/IO as a rapid bolus to restore perfusion. The dose is 0.01 mg/kg of the 1:10,000 concentration, but there is a safety cap: no more than 0.1 mg per dose. Since 1:10,000 epinephrine is 0.1 mg/mL, a 0.1 mg dose equals 1 mL of solution. Therefore the maximum per-dose IV/IO epinephrine is 0.1 mg. This keeps dosing high enough to be effective in critical situations but avoids excessive exposure that could cause dangerous hypertension or arrhythmias. The other options either represent a lower weight-based amount that wouldn't exceed the cap or amounts that are unrealistically high for pediatric resuscitation.

10. Tranexamic acid dosing for eligible patients is:

A. 0.5 g IV push

B. 1 g in 50-100 mL NS IV/IO over 10 minutes

C. 1 g IM

D. 2 g IV/IO over 10 minutes

The important idea here is administering tranexamic acid in a way that provides rapid, controlled exposure to help reduce bleeding. For eligible patients, the standard approach is to give 1 gram IV or IO infused over about 10 minutes, typically reconstituted in 50–100 mL of normal saline. This infusion method delivers the dose evenly and minimizes risks that can come with a rapid push or alternate routes. The other options don't match the common protocol: a smaller IV push dose doesn't achieve the same bloodstream levels quickly enough; IM administration is not the recommended route for this drug in most standing orders; and giving 2 grams IV/IO over 10 minutes goes beyond the usual initial EMS dose unless a protocol explicitly allows it. The key is timely, controlled infusion of 1 gram to help blunt fibrinolysis during significant bleeding.

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://icemamedstandingorders.examzify.com

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