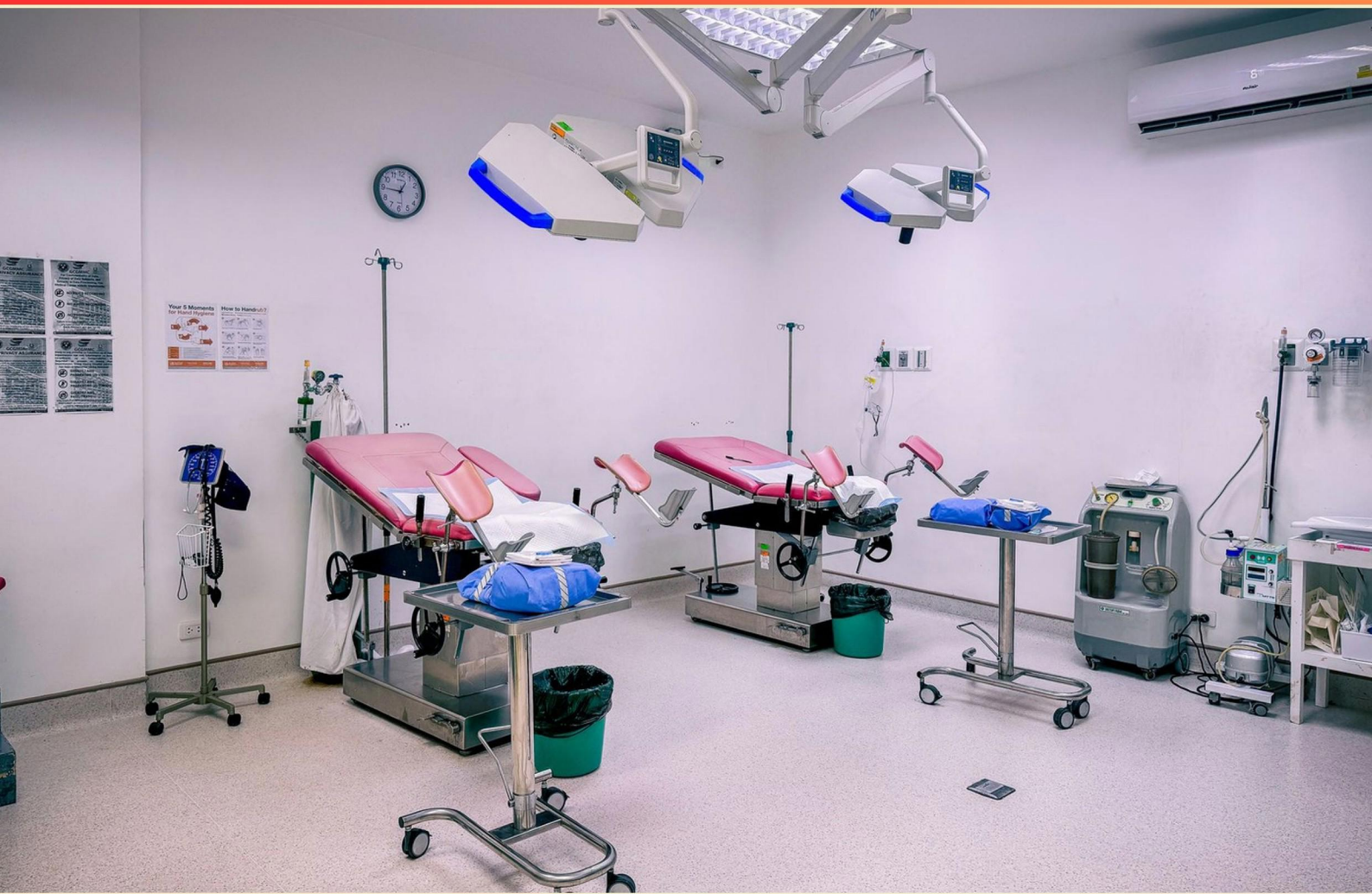


ICEMA MEDICATION STANDING ORDERS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
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. Aspirin chewable dosing for LALS/ALS: which option is correct?**
 - A. 325 mg PO chewed (one adult non-enteric coated aspirin) or four chewable 81 mg aspirin
 - B. 81 mg PO chewed only
 - C. 325 mg PO swallowed whole
 - D. 1625 mg PO chewed
- 2. What is the standard adult Diphenhydramine dose given IV/IO?**
 - A. 50 mg IV/IO
 - B. 25 mg IV/IO
 - C. 25 mg IM
 - D. 50 mg IM
- 3. What is the purpose of medical control in the ICEMA standing orders framework?**
 - A. To authorize and monitor medication administration, approve any deviations, and ensure patient safety.
 - B. To fund medications for EMS agencies.
 - C. To supervise transport decisions and routing.
 - D. To create patient discharge plans.
- 4. In adult magnesium sulfate management of eclampsia, what is the maintenance infusion rate to prevent continued seizures?**
 - A. 10 mg/min IV/IO drip to prevent continued seizures.
 - B. 5 mg/min IV/IO drip
 - C. 20 mg/min IV/IO drip
 - D. None; maintenance not used
- 5. What is a primary contraindication to albuterol administration?**
 - A. Known allergy to albuterol
 - B. Inability to ventilate due to other causes
 - C. Hypertension
 - D. Pregnancy

- 6. For non-intubated patients with hypoxia, what is the recommended target oxygen saturation to maintain without over-oxygenation?**
- A. Maintain SPO2 at 98% by titrating to 100% oxygen as needed.
 - B. Maintain SPO2 at 95% without exceeding 95%.
 - C. Titrate to maintain SPO2 at 94% and do not exceed 95%.
 - D. Target SPO2 of 90%.
- 7. Name a key contraindication to nitroglycerin administration in ICEMA standing orders.**
- A. Systolic blood pressure below the threshold (hypotension) or recent use of phosphodiesterase inhibitors.
 - B. Allergy to aspirin.
 - C. History of asthma.
 - D. Hypoglycemia.
- 8. For pediatric beta blocker poisoning (base hospital order only), what is the glucagon dose and route?**
- A. 1 mg IV/IO
 - B. 0.03 mg/kg IM/IN
 - C. 0.03 mg/kg IV/IO
 - D. 1 mg IM/SC/IN
- 9. 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
- 10. Which situation would contraindicate oral glucose administration in the field?**
- A. The patient is conscious and can swallow safely
 - B. The patient has signs of hypoglycemia
 - C. The patient is unable to swallow safely
 - D. The patient is alert with normal mental status

Answers

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

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Explanations

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1. Aspirin chewable dosing for LALS/ALS: which option is correct?

- A. 325 mg PO chewed (one adult non-enteric coated aspirin) or four chewable 81 mg aspirin
- B. 81 mg PO chewed only
- C. 325 mg PO swallowed whole
- D. 1625 mg PO chewed

When treating a patient with suspected ACS, the goal is to deliver a rapid, reliable antiplatelet effect. Chewable aspirin that is non-enteric coated is preferred because chewing increases the surface area for absorption, giving a quicker onset than swallowing a tablet whole. The total dose should be around 160–325 mg. The best option matches that goal by delivering about 324 mg of aspirin through chewed administration: either one 325 mg chewable tablet or four 81 mg chewable tablets. Both achieve the recommended total dose quickly and maximize absorption. Giving only 81 mg chewed would provide too small a dose to achieve prompt antiplatelet effect. Swallowing a 325 mg tablet whole is less ideal in the ACS setting because it delays absorption compared with chewing. A much higher dose, like 1625 mg, is unnecessary and increases the risk of adverse effects without additional benefit.

2. What is the standard adult Diphenhydramine dose given IV/IO?

- A. 50 mg IV/IO
- B. 25 mg IV/IO
- C. 25 mg IM
- D. 50 mg IM

Dosing depends on the route of administration. For diphenhydramine in adults, giving it by IV or IO uses a lower dose to achieve rapid antihistamine effect while minimizing risks like hypotension, excessive sedation, or cardiac effects that can come with a faster IV push. Diphenhydramine blocks H1 receptors to alleviate histamine-driven symptoms. When given IV/IO, the drug acts quickly, so a 25 mg dose is chosen to provide effectiveness without overshooting into adverse effects. In contrast, the intramuscular route typically uses a higher dose (commonly 50 mg) because absorption is slower and peak levels are lower, requiring a larger amount to achieve similar effect. So, the standard adult dose for IV/IO administration is 25 mg, reflecting the balance between rapid onset and safety for this route.

3. What is the purpose of medical control in the ICEMA standing orders framework?

- A. To authorize and monitor medication administration, approve any deviations, and ensure patient safety.
- B. To fund medications for EMS agencies.
- C. To supervise transport decisions and routing.
- D. To create patient discharge plans.

Medical control in the ICEMA standing orders framework is the authority that allows EMS clinicians to administer medications under predefined protocols and, crucially, provides ongoing oversight to keep practice safe. It authorizes the medications and indications, monitors how they're used in the field, and can approve deviations when a patient's condition doesn't fit the standard protocol while still safeguarding safety. This setup ensures treatments are consistent, evidence-based, and adaptable to real-world emergencies under direct medical guidance. The other tasks described—funding medications, guiding transport decisions, or creating discharge plans—fall outside this oversight role and belong to different parts of the system (logistics, operations, or hospital discharge planning).

4. In adult magnesium sulfate management of eclampsia, what is the maintenance infusion rate to prevent continued seizures?

- A. 10 mg/min IV/IO drip to prevent continued seizures.**
- B. 5 mg/min IV/IO drip
- C. 20 mg/min IV/IO drip
- D. None; maintenance not used

Maintaining therapeutic magnesium levels after the initial loading dose is essential to prevent recurrent seizures in eclampsia. The maintenance infusion keeps a steady supply of magnesium so the brain remains protected from seizure activity, rather than letting levels drop and allowing breakthrough seizures. In this protocol, the maintenance rate is 10 mg per minute via IV/IO drip. This continuous infusion aims to sustain seizure prophylaxis while monitoring for toxicity. Signs of magnesium toxicity to watch for include diminished or absent deep tendon reflexes, respiratory depression, decreased consciousness, and hypotension; if toxicity occurs, stop the infusion and have calcium gluconate ready as the antidote.

5. What is a primary contraindication to albuterol administration?

- A. Known allergy to albuterol**
- B. Inability to ventilate due to other causes
- C. Hypertension
- D. Pregnancy

The primary issue here is hypersensitivity to the drug. Albuterol is a bronchodilator that works by stimulating beta-2 receptors to relax airway smooth muscle. If a person has a known allergy to albuterol or to a component of the formulation, administering it could trigger a severe allergic reaction, including anaphylaxis, so it is contraindicated. Other scenarios listed may require caution or management considerations, but they are not absolute contraindications. Inability to ventilate due to other causes might mean bronchodilation won't fix the problem, but it doesn't inherently make albuterol unsafe to try if bronchospasm is present. Hypertension and pregnancy are not contraindications to albuterol; it is used when clinically needed, with appropriate monitoring for potential tachycardia or blood pressure changes.

6. For non-intubated patients with hypoxia, what is the recommended target oxygen saturation to maintain without over-oxygenation?

- A. Maintain SPO2 at 98% by titrating to 100% oxygen as needed.
- B. Maintain SPO2 at 95% without exceeding 95%.
- C. Titrate to maintain SPO2 at 94% and do not exceed 95%.**
- D. Target SPO2 of 90%.

Oxygen therapy should be titrated to a safe saturation range to treat hypoxia while avoiding hyperoxia. For non-intubated patients, aiming for a SpO2 in the low to mid-90s provides enough oxygen delivery without pushing FiO2 higher than needed. Specifically, targeting around 94% and not exceeding about 95% keeps the patient within a protective range: it minimizes the risk of oxygen toxicity and other complications from excessive oxygen, while still preventing hypoxemia. Why the other approaches are less ideal: pushing toward 98–100% often means using higher oxygen levels than necessary, which can cause harm over time and doesn't improve outcomes once perfusion and oxygen delivery are adequate. Setting a fixed ceiling at 95% without some flexibility can be too rigid for changing clinical needs. Conversely, aiming as low as 90% risks ongoing hypoxia and organ dysfunction. The 94% target with a ceiling of 95% provides a practical balance for most non-intubated patients.

7. Name a key contraindication to nitroglycerin administration in ICEMA standing orders.

A. Systolic blood pressure below the threshold (hypotension) or recent use of phosphodiesterase inhibitors.

B. Allergy to aspirin.

C. History of asthma.

D. Hypoglycemia.

Nitroglycerin works by dilating veins and arteries, which lowers preload and blood pressure while reducing myocardial oxygen demand. Because of this, two situations make its use unsafe under standing orders: low systolic blood pressure and recent use of phosphodiesterase inhibitors. If the blood pressure is already too low, additional vasodilation can cause dangerous drops in perfusion. PDE-5 inhibitors (such as sildenafil, tadalafil, or similar drugs) markedly amplify nitroglycerin's effect, risking life-threatening hypotension. The other options don't pose the same direct safety risk with nitroglycerin: an aspirin allergy doesn't stop nitroglycerin, asthma history isn't a contraindication, and hypoglycemia isn't a contraindication to nitroglycerin itself (though hypoglycemia would be treated first if present).

8. For pediatric beta blocker poisoning (base hospital order only), what is the glucagon dose and route?

A. 1 mg IV/IO

B. 0.03 mg/kg IM/IN

C. 0.03 mg/kg IV/IO

D. 1 mg IM/SC/IN

In beta-blocker poisoning, glucagon is used because it activates glucagon receptors to raise intracellular cAMP in heart muscle, bypassing blocked beta receptors and improving heart rate and contractility. For pediatric patients, the recommended dose is 0.03 mg/kg given IV or IO, providing a rapid, reliable effect in a toxic event. Using the IV/IO route ensures quick onset and predictable absorption, which is crucial in unstable children; intramuscular or intranasal routes can be slower and more variable. Therefore, the correct approach is a weight-based 0.03 mg/kg dose administered IV or IO.

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

A. Chest Pain (Presumed Ischemic Origin)

B. Pacing

C. Sick 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.

10. Which situation would contraindicate oral glucose administration in the field?

- A. The patient is conscious and can swallow safely
- B. The patient has signs of hypoglycemia
- C. The patient is unable to swallow safely**
- D. The patient is alert with normal mental status

Oral glucose is given to someone who is conscious and able to swallow, because it acts quickly to raise blood glucose while keeping the airway protected. The only situation that contraindicates giving oral glucose in the field is when the patient cannot swallow safely or cannot protect their airway, since this creates a real risk of aspiration. If the patient cannot swallow, do not give oral glucose and instead use alternative methods such as IV dextrose or glucagon. In contrast, a patient who is able to swallow and is experiencing hypoglycemia, or an alert patient with normal mental status, remains appropriate for oral glucose therapy. The critical point is ensuring the patient can swallow without risk of choking or aspiration.

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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!

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