

# Jones & Bartlett Learning (JBL) Module 4A Practice Exam (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 term describes the clinician's anticipation of potential problems based on patient presentation?**
  - A. Baseline vital signs**
  - B. Primary assessment**
  - C. Medical history**
  - D. Index of suspicion**
  
- 2. A patient with chest pain who has not taken nitroglycerin yet: after administering supplemental oxygen if needed and contacting medical control, which action is appropriate?**
  - A. Begin immediate transport and request a rendezvous with a paramedic unit.**
  - B. Assist him with his nitroglycerin unless his systolic blood pressure is less than 100 mm Hg.**
  - C. Administer the nitroglycerin unless he has taken Viagra within the past 72 hours.**
  - D. Administer up to three doses of nitroglycerin before assessing his blood pressure.**
  
- 3. Which statement best defines a contraindication?**
  - A. A minor side effect of a drug**
  - B. A drug interaction that increases effect**
  - C. A situation in which a drug should not be used**
  - D. A recommended dose adjustment**
  
- 4. In which part of the lungs does respiration (gas exchange) primarily occur?**
  - A. Alveoli**
  - B. Capillaries**
  - C. Bronchi**
  - D. Trachea**
  
- 5. Which of the following sets of vital signs would the EMT MOST likely encounter in a patient with acute cocaine overdose?**
  - A. BP 190/90 mm Hg; pulse 40 beats/min**
  - B. BP 180/100 mm Hg; pulse 50 beats/min**
  - C. BP 200/100 mm Hg; pulse 150 beats/min**
  - D. BP 60/40 mm Hg; pulse 140 beats/min**

- 6. Which scale is commonly used to assess pain intensity?**
- A. APGAR scale**
  - B. Glucose scale**
  - C. 0-10 numeric pain rating scale**
  - D. BMI scale**
- 7. Which of the following is bacterium resistant to most antibiotics and causes skin abscesses?**
- A. H1N1**
  - B. MRSA**
  - C. Whooping cough**
  - D. Avian flu**
- 8. Victims of inhaled poisoning will require which of the following?**
- A. Suctioning to clear the airway**
  - B. Ventilation with a bag-valve mask**
  - C. An oropharyngeal or nasopharyngeal device to maintain an airway**
  - D. Transport to an emergency department for evaluation**
- 9. The 2009 H1N1 swine flu pandemic and the 1919 Spanish flu were both examples of:**
- A. Epidemics**
  - B. Parasitic infection**
  - C. Pandemics**
  - D. Uncontrolled outbreaks**
- 10. Which lab value best indicates kidney function?**
- A. Sodium (serum)**
  - B. Amylase**
  - C. Creatinine (serum)**
  - D. Hemoglobin**

## Answers

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

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## **Explanations**

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**1. Which term describes the clinician's anticipation of potential problems based on patient presentation?**

- A. Baseline vital signs**
- B. Primary assessment**
- C. Medical history**
- D. Index of suspicion**

Understanding this concept means recognizing how a clinician thinks ahead about what could be wrong based on how the patient presents. The term describes a readiness to consider specific, potential problems even before tests confirm them. This helps guide what you look for, what you measure, and what precautions you take. For instance, if a patient arrives after a car crash with chest pain and shortness of breath, you'd maintain an index of suspicion for conditions like pneumothorax or rib fractures, and you'd monitor airway, breathing, and circulation while ordering appropriate imaging. This anticipatory thinking prevents premature dismissal of serious issues and shapes a more thorough assessment and management plan. Baseline vital signs are merely the initial measurements you take to gauge current status and track changes; they don't convey the clinician's forward-looking suspicion. Primary assessment focuses on identifying and addressing life-threatening conditions right away, not on forming a broader list of potential problems. Medical history provides information about past illnesses and treatments but isn't the mechanism by which you anticipate new or additional problems based on the current presentation.

**2. A patient with chest pain who has not taken nitroglycerin yet: after administering supplemental oxygen if needed and contacting medical control, which action is appropriate?**

- A. Begin immediate transport and request a rendezvous with a paramedic unit.**
- B. Assist him with his nitroglycerin unless his systolic blood pressure is less than 100 mm Hg.**
- C. Administer the nitroglycerin unless he has taken Viagra within the past 72 hours.**
- D. Administer up to three doses of nitroglycerin before assessing his blood pressure.**

In this scenario the key idea is giving nitroglycerin safely to relieve ischemic chest pain. Nitro can help by dilating vessels and reducing the heart's workload, but it can also cause a significant drop in blood pressure. After confirming oxygen and obtaining medical control, the correct action is to assist the patient with his nitroglycerin if his systolic blood pressure is at least 100 mm Hg. This threshold provides a safety margin so that vasodilation won't lead to dangerous hypotension. If the systolic BP is below 100, nitroglycerin should be withheld and the patient reassessed. Other options don't fit because they either delay therapy (begin transport before addressing blood pressure and nitro) or ignore the need to verify blood pressure before each dose, or rely on a single contraindication (like Viagra) without considering the blood pressure requirement.

### 3. Which statement best defines a contraindication?

- A. A minor side effect of a drug
- B. A drug interaction that increases effect
- C. A situation in which a drug should not be used**
- D. A recommended dose adjustment

A contraindication is a situation in which using a drug is unsafe and should be avoided because the potential harm would outweigh the benefit. This can be absolute, like a known severe allergy to the drug or pregnancy with a drug that could harm the fetus, meaning the drug should not be used at all. It can also be relative, where the decision to use the drug requires careful judgment, but the core idea remains: the risk is too great to proceed. That's why the statement describing a situation in which a drug should not be used fits best. Minor side effects, while undesirable, do not by themselves stop use. A drug interaction that increases effect deals with how drugs influence each other, which may require monitoring or adjustment but isn't a blanket rule to avoid therapy. A recommended dose adjustment addresses how the dose should be changed, not whether the drug can be used at all.

### 4. In which part of the lungs does respiration (gas exchange) primarily occur?

- A. Alveoli**
- B. Capillaries
- C. Bronchi
- D. Trachea

Gas exchange happens across the thin walls of the alveoli, the tiny air sacs at the ends of the airways, where a vast network of capillaries surrounds each one. The alveolar walls and the capillary walls form the respiratory membrane, allowing oxygen to diffuse from the air inside the alveolus into the blood and carbon dioxide to diffuse from the blood into the alveolar air to be expelled. Alveoli provide an immense surface area and very thin barriers, which makes diffusion efficient. The bronchi and trachea are the airways that conduct air but do not participate in gas exchange, while capillaries are the blood vessels involved in transporting gases, with the actual exchange occurring across the alveolar-capillary membrane. So the primary site of respiration in the lungs is the alveoli.

5. Which of the following sets of vital signs would the EMT MOST likely encounter in a patient with acute cocaine overdose?

- A. BP 190/90 mm Hg; pulse 40 beats/min
- B. BP 180/100 mm Hg; pulse 50 beats/min
- C. BP 200/100 mm Hg; pulse 150 beats/min**
- D. BP 60/40 mm Hg; pulse 140 beats/min

Acute cocaine overdose triggers a surge of sympathetic activity, causing a sharp rise in blood pressure and a fast heart rate. The most characteristic finding is hypertension with tachycardia, reflecting this intense sympathetic drive. The vital signs that align with that pattern show a very high blood pressure (around 200/100) along with a rapid pulse (about 150 beats per minute), which is why that option is the best fit for an acute cocaine overdose. The other sets describe scenarios with slowed pulse or low blood pressure, which aren't the typical dominant features of acute cocaine toxicity. In the field, manage airway, breathing, and circulation; calm the patient and treat agitation with benzodiazepines. If chest pain is present, address it appropriately and avoid using beta-blockers alone due to the risk of unopposed alpha stimulation.

6. Which scale is commonly used to assess pain intensity?

- A. APGAR scale
- B. Glucose scale
- C. 0-10 numeric pain rating scale**
- D. BMI scale

Pain intensity is measured with a simple, patient-reported scale that can be used quickly in a clinical setting. The 0-10 numeric pain rating scale asks patients to rate their pain from 0, meaning no pain, to 10, meaning the worst imaginable pain. This scale is widely used because it's easy to administer, easy to understand, and sensitive to changes, which helps clinicians track how pain responds to treatment over time. Other tools focus on different purposes: APGAR assesses newborn health right after birth, BMI estimates body mass index, and there isn't a standard glucose-based scale for measuring pain. So, the numeric 0-10 scale is the most practical and commonly used method for quantifying pain intensity.

**7. Which of the following is bacterium resistant to most antibiotics and causes skin abscesses?**

- A. H1N1**
- B. MRSA**
- C. Whooping cough**
- D. Avian flu**

Antibiotic resistance in bacteria that cause skin infections is the key idea here. MRSA, which stands for methicillin-resistant *Staphylococcus aureus*, is a bacterium that has acquired resistance to many commonly used antibiotics, especially beta-lactams like methicillin. This resistance comes from genetic changes that produce a penicillin-binding protein with very low affinity for these drugs, making standard treatments less effective and allowing infections to persist and form abscesses. The other options are not the same kind of issue. H1N1 and avian flu are viruses, not bacteria, so concerns about antibiotic resistance don't apply to them and they don't typically cause skin abscesses. Whooping cough is caused by *Bordetella pertussis*, a bacterium, but it is not characteristically resistant to most antibiotics nor does it typically present as skin abscesses; it shows up mainly with prolonged coughing. MRSA best fits the description of a bacterium resistant to many antibiotics that causes skin abscesses.

**8. Victims of inhaled poisoning will require which of the following?**

- A. Suctioning to clear the airway**
- B. Ventilation with a bag-valve mask**
- C. An oropharyngeal or nasopharyngeal device to maintain an airway**
- D. Transport to an emergency department for evaluation**

Inhaled poisons can produce effects that aren't immediately obvious, and symptoms may develop or worsen after exposure. Because evaluation in a medical setting allows complete assessment, monitoring of vital signs, chest status, and potential lab tests (and the administration of oxygen or antidotes if indicated), transport to an emergency department is the safest and most appropriate next step for most victims. On-scene airway maneuvers like suctioning, bag-valve-mask ventilation, or placing an airway device are only necessary if there is clear airway obstruction or respiratory failure; they are not routinely required for all inhaled poison exposures and delaying transport to perform them can miss the opportunity for definitive care. Therefore, getting the patient to an ED for evaluation and ongoing management is the best course.

**9. The 2009 H1N1 swine flu pandemic and the 1919 Spanish flu were both examples of:**

- A. Epidemics**
- B. Parasitic infection**
- C. Pandemics**
- D. Uncontrolled outbreaks**

Spread across many countries or continents with sustained transmission marks a pandemic. The 2009 H1N1 swine flu and the 1918 Spanish flu both spread globally, affecting large numbers of people and crossing borders quickly, which fits the definition of a pandemic. An epidemic, by contrast, is confined to a particular region or population, not the entire world. Parasitic infection describes the type of pathogen, but influenza is caused by a virus, not a parasite. Uncontrolled outbreaks isn't a precise classification; pandemics specifically denote global reach, not just difficulty in control.

**10. Which lab value best indicates kidney function?**

- A. Sodium (serum)**
- B. Amylase**
- C. Creatinine (serum)**
- D. Hemoglobin**

Creatinine in the blood best indicates kidney function because it directly reflects how well the kidneys are filtering waste from the blood. It's produced at a relatively constant rate by muscles and is cleared primarily by glomerular filtration. When kidney function declines, the filtration rate drops and serum creatinine rises, making it a reliable marker of overall kidney function. In practice, clinicians often use creatinine to estimate glomerular filtration rate (eGFR), which gives a clearer picture of kidney health. Sodium in serum can signal fluid and electrolyte balance but isn't a direct measure of filtration capacity. Amylase is a digestive enzyme and indicates pancreatic issues rather than kidney function. Hemoglobin shows blood's oxygen-carrying capacity and can be affected by chronic disease or anemia, not specifically by kidney filtration.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://jblmodule4a.examzify.com>**

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

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