

JONES & BARTLETT LEARNING (JBL) MODULE 4A PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 statement about opioid overdose management is consistent with the cases described?**
 - A. Administer naloxone and provide assisted ventilation
 - B. Administer flumazenil and provide assisted ventilation
 - C. Give oxygen via nasal cannula only
 - D. Wait for spontaneous recovery without intervention

- 2. Prior to attaching the AED, which action is recommended if the chest is wet?**
 - A. Dry the chest.
 - B. CPR for 30 seconds.
 - C. Contact medical control.
 - D. Dry the chest if it is wet.

- 3. Which statement about the use of epinephrine in anaphylaxis is most accurate in EMS practice?**
 - A. It must be given intravenously.
 - B. It should be given only after medical control approves.
 - C. It is used as a last resort after other medications.
 - D. It is administered intramuscularly as a first-line treatment.

- 4. Palliative care vs curative treatment: which statement is true?**
 - A. Palliative focuses on comfort and quality of life; curative aims to eliminate disease
 - B. Palliative cures disease; curative focuses on pain control
 - C. Palliative is only for terminal; curative only for acute
 - D. Palliative uses experimental therapy

- 5. A 49-year-old male with confusion, sweating, and visual hallucinations in the setting of heavy alcohol use is most likely experiencing which condition?**
 - A. Acute hypovolemia
 - B. Alcohol intoxication
 - C. Acute schizophrenia
 - D. Delirium tremens

- 6. Why is hand hygiene critical in infection control?**
- A. Reduces transmission of pathogens and prevents healthcare-associated infections
 - B. Increases resistance to antibiotics
 - C. Improves patient satisfaction scores only
 - D. Is optional in most settings
- 7. Air medical transport is most appropriate for which scenario?**
- A. A 70-year-old man with signs of a stroke and a ground transport time of 90 minutes to the nearest stroke center
 - B. A 25-year-old woman in active labor with stable vital signs
 - C. A 60-year-old man with chest pain and rapid transport available nearby
 - D. A 45-year-old man with minor injuries at a remote site with a 60-minute transport to hospital
- 8. Which item is typically monitored as part of post-IV fluid monitoring?**
- A. Urine output
 - B. Hair color
 - C. Taste preferences
 - D. Shoe size
- 9. Activated charcoal is an example of a(n):**
- A. Solution
 - B. Gel
 - C. Elixir
 - D. Suspension
- 10. Advil, Nuprin, and Motrin are trade names for the generic medication:**
- A. Acetaminophen
 - B. Aspirin
 - C. Ibuprofen
 - D. Nitrostat

Answers

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

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Explanations

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1. Which statement about opioid overdose management is consistent with the cases described?

- A. Administer naloxone and provide assisted ventilation**
- B. Administer flumazenil and provide assisted ventilation
- C. Give oxygen via nasal cannula only
- D. Wait for spontaneous recovery without intervention

Opioid overdose primarily causes dangerous respiratory depression, so the first and most effective action is to reverse that effect with an opioid antagonist and support breathing as needed. Naloxone quickly binds to opioid receptors, displacing the opioids and restoring normal respiration and consciousness. Administering naloxone promptly and providing assisted ventilation if the person isn't breathing adequately directly addresses the life-threatening part of the overdose. Flumazenil targets benzodiazepines, not opioids, and can be unpredictable in mixed overdoses, potentially causing seizures or withdrawal symptoms. That's why it isn't appropriate here. Giving oxygen through a nasal cannula helps with oxygenation but does not treat the underlying respiratory depression, so on its own it isn't sufficient. Waiting for spontaneous recovery ignores the immediate danger and can lead to fatal outcome. Finally, after naloxone, monitor for re-narcotization because some opioids last longer than the reversal agent, and be prepared to repeat dosing or escalate care as needed.

2. Prior to attaching the AED, which action is recommended if the chest is wet?

- A. Dry the chest.
- B. CPR for 30 seconds.
- C. Contact medical control.
- D. Dry the chest if it is wet.**

When applying an AED, you want the pads to stick firmly and deliver the shock effectively. If the chest is wet, water can prevent full contact between the pads and the skin and can even alter how the current travels, increasing the risk of burns or an ineffective shock. Drying the chest before placing the pads ensures good pad adhesion and proper conduction of the defibrillation energy. So, if the chest is wet, you should dry it before attaching the AED pads. The other options don't fit this specific step: you wouldn't wait with CPR for 30 seconds before applying the pads, and medical control isn't needed for this immediate preparation. The key action is to dry the chest if it is wet.

3. Which statement about the use of epinephrine in anaphylaxis is most accurate in EMS practice?

- A. It must be given intravenously.
- B. It should be given only after medical control approves.
- C. It is used as a last resort after other medications.

D. It is administered intramuscularly as a first-line treatment.

The key idea is that epinephrine for anaphylaxis is a first-line, time-critical treatment in EMS, and the intramuscular route is preferred in the field. Injecting epinephrine into the thigh provides rapid, reliable absorption with a safer profile than IV administration in prehospital care. This rapid action helps reduce airway swelling, counteracts bronchospasm, and supports blood pressure, which is crucial as symptoms can escalate quickly. In practice, epinephrine is given intramuscularly, typically as a single dose for adults and children (0.3 mg adult, 0.15 mg pediatric) into the mid-outer thigh, with the option to repeat every 5–15 minutes if symptoms persist. Because of the urgency, EMS teams generally administer it without waiting for medical control, since delays can worsen outcomes. IV epinephrine is not the norm in the field due to higher risk of adverse effects like arrhythmias and severe hypertension; it's reserved for controlled, hospital-based settings with close monitoring and dosing under supervision. It's not a last-resort measure either—prompt IM epinephrine is what often halts progression and stabilizes the patient enough to transport. After administration, continue airway support, high-flow oxygen, monitor vital signs, establish IV access, and transport to an appropriate facility.

4. Palliative care vs curative treatment: which statement is true?

A. Palliative focuses on comfort and quality of life; curative aims to eliminate disease

- B. Palliative cures disease; curative focuses on pain control
- C. Palliative is only for terminal; curative only for acute
- D. Palliative uses experimental therapy

The main idea is the different goals of palliative care versus curative treatment. Palliative care centers on comfort, symptom relief, and quality of life, and it can be provided alongside treatments aimed at curing or controlling the disease. Curative treatment, on the other hand, is about eliminating the disease or achieving a cure, even if that involves aggressive interventions. So the true statement reflects this distinction: palliative care focuses on comfort and quality of life, while curative treatment aims to eliminate the disease. It's important to note that palliative care isn't only for those who are terminal, and it isn't about experimental therapies; it's about reducing suffering and supporting patients and families, often in conjunction with disease-directed therapy.

5. A 49-year-old male with confusion, sweating, and visual hallucinations in the setting of heavy alcohol use is most likely experiencing which condition?

- A. Acute hypovolemia
- B. Alcohol intoxication
- C. Acute schizophrenia

D. Delirium tremens

Delirium tremens occurs during severe alcohol withdrawal and features delirium with autonomic hyperactivity, including sweating and disorientation, often accompanied by visual hallucinations. This typically appears a day or two after the last drink in someone with heavy, prolonged alcohol use. The combination of confusion, sweating, and visual hallucinations in a heavy drinker points most strongly to delirium tremens rather than intoxication (which would not usually include delirium and persistent autonomic instability), hypovolemia (which centers on dehydration and low blood pressure without prominent hallucinations), or a primary psychiatric illness like schizophrenia (which isn't tied to recent alcohol use or withdrawal in this context).

6. Why is hand hygiene critical in infection control?

- A. Reduces transmission of pathogens and prevents healthcare-associated infections**
- B. Increases resistance to antibiotics
- C. Improves patient satisfaction scores only
- D. Is optional in most settings

Hand hygiene is a cornerstone of infection control because clean hands stop the spread of germs. By removing or killing pathogens on the hands, it prevents transferring them between patients, healthcare workers, and the surrounding environment, which lowers the incidence of healthcare-associated infections. In practice, this means washing or sanitizing at key moments—before touching a patient, before performing procedures, after exposure to body fluids, and after touching the patient's surroundings—to break the transmission chain. This approach is standard in care settings and supported by established guidelines like the WHO's hand hygiene moments. It does not increase antibiotic resistance; reducing infections can actually lessen antibiotic use, and it isn't merely about patient satisfaction or optional in proper healthcare environments.

7. Air medical transport is most appropriate for which scenario?

- A. A 70-year-old man with signs of a stroke and a ground transport time of 90 minutes to the nearest stroke center**
- B. A 25-year-old woman in active labor with stable vital signs
- C. A 60-year-old man with chest pain and rapid transport available nearby
- D. A 45-year-old man with minor injuries at a remote site with a 60-minute transport to hospital

Air medical transport is most appropriate when time to definitive care is critical and ground travel would cause meaningful delay. Stroke care is extremely time-sensitive because rapid treatment improves outcomes; reaching a stroke center quickly matters more than the comfort or cost of air travel. In this scenario, the 70-year-old has signs of a stroke and ground transport to the nearest stroke center would take about 90 minutes. Using air transport can substantially shorten the time to evaluation and treatment (such as thrombolysis or thrombectomy), which can make a meaningful difference in recovery. The other situations aren't as time-critical to require air: active labor with stable vital signs can often be managed with standard ground transport; chest pain with rapid transport available nearby typically doesn't justify air if ground access is already fast to a facility capable of treating acute coronary events; and minor injuries at a remote site with a 60-minute transport aren't urgent enough to warrant air transport.

8. Which item is typically monitored as part of post-IV fluid monitoring?

- A. Urine output**
- B. Hair color
- C. Taste preferences
- D. Shoe size

Monitoring post-IV fluids centers on balance between intake and output; urine output is the key indicator. It directly shows how well the kidneys are filtering the added fluid and whether the circulating volume is being maintained. If urine output is consistently low, it can signal inadequate perfusion, dehydration, kidney dysfunction, or too much fluid given. If it's adequate, it suggests the body is handling the fluids appropriately. In adults, a common reference is about 0.5 mL per kilogram per hour (and about 1 mL/kg/hour in many pediatric cases) as a minimum that suggests good kidney perfusion. The other options—hair color, taste preferences, and shoe size—do not reflect fluid status or kidney function and are not useful for monitoring IV fluid therapy.

9. Activated charcoal is an example of a(n):

- A. Solution
- B. Gel
- C. Elixir
- D. Suspension**

When a solid doesn't dissolve in a liquid but remains as dispersed particles, the mixture is a suspension. Activated charcoal consists of insoluble solid particles; when mixed with a liquid, the particles are dispersed throughout but do not dissolve, and they can settle out over time. This contrasts with a true solution, which would be uniform and clear because the solute has dissolved, a gel, which is a semisolid network, and an elixir, which is a sweetened hydroalcoholic solution. So, activated charcoal in liquid best fits a suspension.

10. Advil, Nuprin, and Motrin are trade names for the generic medication:

- A. Acetaminophen
- B. Aspirin
- C. Ibuprofen**
- D. Nitrostat

Brand-name products like Advil, Motrin, and Nuprin all refer to the same active ingredient: ibuprofen. Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID) that works by inhibiting COX enzymes, reducing prostaglandin production, and thereby relieving pain, lowering fever, and decreasing inflammation. This distinguishes it from acetaminophen, which relieves pain and fever but has little anti-inflammatory effect, and from aspirin, another NSAID with different brand associations. Nitrostat is a nitroglycerin product used for heart-related chest pain, not an NSAID. Knowing these brand-to-ingredient links helps you identify the active drug behind common OTC pain relievers.

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:

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

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