

# Jones & Bartlett Learning (JBL) Module 4B 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. A patient with hypoglycemia will often present with which of the following signs/symptoms?**
  - A. Hypertension**
  - B. Deep, rapid respirations**
  - C. Warm, red, and dry skin**
  - D. Pale, cool, and clammy skin**
  
- 2. Patients may experience allergic reactions to which of the following substances?**
  - A. Plant material**
  - B. All of these answers are correct**
  - C. Food and medications**
  - D. Insect or animal bites and stings**
  
- 3. What is the purpose of a med reconciliation process?**
  - A. To document patient satisfaction with medications**
  - B. To train patients on how to take their meds**
  - C. To ensure accurate medication lists across transitions of care, preventing omissions, duplications, and interactions**
  - D. To reduce pharmacy costs by switching generic drugs**
  
- 4. Which factor is least helpful in pinpointing the allergen source?**
  - A. Environment**
  - B. Time of exposure**
  - C. Family history**
  - D. Patient's immediate surroundings**
  
- 5. Everyone exhibits signs and symptoms of mental illness at some point in life, but what does this not necessarily indicate?**
  - A. and needs medication administered to control them**
  - B. because mental illness affects everyone**
  - C. and should be physically restrained for their own safety and the safety of the EMT**
  - D. but that does not mean a person is mentally ill**

- 6. Differ with a clinical pathway and standard of care.**
- A. A clinical pathway is the generally accepted treatment based on evidence; standard of care is a standardized, multidisciplinary plan for a specific condition.**
  - B. A clinical pathway is a standardized, multidisciplinary plan for a specific condition; standard of care is the generally accepted treatment based on evidence.**
  - C. A clinical pathway is a financial guideline; standard of care is based on clinician preference.**
  - D. A clinical pathway replaces evidence-based guidelines; standard of care is the same as a protocol.**
- 7. Which action is NOT part of the proper procedure for administering oral glucose to a patient?**
- A. Checking the medication's expiration date.**
  - B. Requesting permission from medical control.**
  - C. Ensuring the absence of a gag reflex.**
  - D. Assessing the patient's mental status.**
- 8. All of the following terms refer to a body part that is cold but not frozen, EXCEPT:**
- A. Frostbite.**
  - B. Immersion foot.**
  - C. Frostnip.**
  - D. Trench foot.**
- 9. The MOST significant risk factor for a hemorrhagic stroke is:**
- A. diabetes mellitus.**
  - B. hypertension.**
  - C. heavy exertion.**
  - D. severe stress.**
- 10. Which physiologic mechanism contributes to shock in peritonitis?**
- A. Fluid shifts from the bloodstream into body tissues**
  - B. Intra-abdominal hemorrhage is typically present**
  - C. Severe pain causes systemic dilation of the vasculature**
  - D. Abdominal distention impairs cardiac contractions**

## Answers

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

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## **Explanations**

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**1. A patient with hypoglycemia will often present with which of the following signs/symptoms?**

- A. Hypertension**
- B. Deep, rapid respirations**
- C. Warm, red, and dry skin**
- D. Pale, cool, and clammy skin**

Hypoglycemia triggers a counter-regulatory sympathetic response that produces signs such as sweating and changes in skin color as blood flow is redirected to vital organs. The skin becoming pale, cool, and clammy is a classic hallmark of this response, reflecting vasoconstriction and adrenergic stimulation as the body tries to raise blood glucose and protect the brain. Other signs listed don't fit hypoglycemia as neatly. Deep, rapid respirations are more typical of metabolic acidosis conditions like diabetic ketoacidosis. Warm, red, and dry skin suggests fever, heat exposure, or hypermetabolic states rather than the adrenergic response seen in low glucose. Hypertension can accompany stress or pain but isn't the characteristic skin presentation you'd expect with hypoglycemia.

**2. Patients may experience allergic reactions to which of the following substances?**

- A. Plant material**
- B. All of these answers are correct**
- C. Food and medications**
- D. Insect or animal bites and stings**

Allergic reactions can be triggered by a wide range of substances, including plant material, foods, medications, and insect or animal bites and stings. Since each category can provoke an allergic response, the option that encompasses all of them correctly reflects the scope of potential triggers. In practice, clinicians assess multiple possible sources because a patient may have reactions to more than one type of substance.

**3. What is the purpose of a med reconciliation process?**

- A. To document patient satisfaction with medications**
- B. To train patients on how to take their meds**
- C. To ensure accurate medication lists across transitions of care, preventing omissions, duplications, and interactions**
- D. To reduce pharmacy costs by switching generic drugs**

Medication reconciliation is a systematic, collaborative process to compile the most accurate list of a patient's medications and ensure this list stays correct as the patient moves between care settings. Its purpose is to keep the medication list consistent across transitions of care—admission, transfers, and discharge—so that omissions don't occur, duplicate therapies aren't prescribed, and potential drug-drug interactions are identified and avoided. This involves gathering all medicines the patient uses (prescriptions, over-the-counter drugs, herbal supplements), verifying doses and schedules, resolving discrepancies, and communicating the final, up-to-date list to the patient and other healthcare providers. It's about safety and continuity of care, not satisfaction surveys, patient training, or cost-saving through generic switching.

**4. Which factor is least helpful in pinpointing the allergen source?**

- A. Environment**
- B. Time of exposure**
- C. Family history**
- D. Patient's immediate surroundings**

When pinning down an allergen source, focus on clues tied to actual exposure rather than general risk. The environment and the patient's immediate surroundings give direct hints about what the person is exposed to—dust in a bedroom, cat dander in a home, mold in a damp bathroom, or pollen outdoors. The timing of exposure is also crucial because many reactions line up with specific seasons, activities, or situations (for example, symptoms that spike during spring pollen season or after dusting a room). Family history, while it can indicate a predisposition to allergic tendencies, doesn't identify the current trigger. It doesn't localize the specific substance causing the reaction in this moment, and people with or without an allergy family history can react to different allergens. So the least helpful factor for pinpointing the allergen source is family history.

**5. Everyone exhibits signs and symptoms of mental illness at some point in life, but what does this not necessarily indicate?**

- A. and needs medication administered to control them**
- B. because mental illness affects everyone**
- C. and should be physically restrained for their own safety and the safety of the EMT**
- D. but that does not mean a person is mentally ill**

Experiencing signs or symptoms at times can happen to anyone due to stress, lack of sleep, illness, or other temporary factors. That doesn't automatically mean someone has a mental illness. A mental illness is diagnosed when these signs cause significant distress or impairment in daily functioning and persist in a way that meets clinical criteria, usually after a thorough assessment by a professional. In the field, you're looking for whether the symptoms are transient or part of a longer-standing pattern that warrants further evaluation. That's why the statement emphasizes that showing symptoms does not by itself prove mental illness. It also clarifies that medication isn't always required—treatment can involve therapy, support, addressing underlying medical or substance issues, or no treatment if it's a temporary, non-clinical stress reaction. It's not true that mental illness affects everyone in a way that means they are always ill, nor is restraint the default response simply because someone is having signs of distress; safety and de-escalation come first, with proper assessment guiding the next steps.

**6. Differ with a clinical pathway and standard of care.**

- A. A clinical pathway is the generally accepted treatment based on evidence; standard of care is a standardized, multidisciplinary plan for a specific condition.**
- B. A clinical pathway is a standardized, multidisciplinary plan for a specific condition; standard of care is the generally accepted treatment based on evidence.**
- C. A clinical pathway is a financial guideline; standard of care is based on clinician preference.**
- D. A clinical pathway replaces evidence-based guidelines; standard of care is the same as a protocol.**

Understanding the difference between a clinical pathway and standard of care. A clinical pathway is a standardized, multidisciplinary plan for managing a specific condition, detailing the sequence of steps, timing, and team roles to translate evidence into practice. The standard of care, on the other hand, is the generally accepted treatment based on current evidence and expert consensus—the benchmark for how a condition should be treated in practice. This pairing is exactly what the correct option describes: the pathway provides the structured plan for care delivery, while the standard of care represents the evidence-based norm that guides that care. The other descriptions mix up roles or add elements that aren't accurate—for example, suggesting financial guidelines, clinician preference, or that pathways replace evidence-based guidelines.

**7. Which action is NOT part of the proper procedure for administering oral glucose to a patient?**

- A. Checking the medication's expiration date.**
- B. Requesting permission from medical control.**
- C. Ensuring the absence of a gag reflex.**
- D. Assessing the patient's mental status.**

The action being tested is outside of proper practice because administering oral glucose relies on the patient being able to protect their airway and swallow. You want to confirm the patient is conscious, able to follow commands, and has a working gag reflex (an intact gag reflex helps prevent aspiration). If the gag reflex is absent or the patient cannot swallow, giving oral glucose is unsafe and should be avoided. In proper procedure you would check that the medication is not expired, obtain permission or follow protocol from medical control, and assess the patient's mental status to ensure they are alert enough to swallow. These steps ensure the glucose is given safely to someone who can protect their airway. The idea of ensuring absence of a gag reflex would actually increase the risk of aspiration, so it's not part of the correct procedure.

8. All of the following terms refer to a body part that is cold but not frozen, EXCEPT:

- A. Frostbite.**
- B. Immersion foot.**
- C. Frostnip.**
- D. Trench foot.**

The key idea is telling apart cold-related injuries by whether the tissue actually freezes. Frostbite means the skin and underlying tissues have frozen, with ice crystal formation damaging cells and blood vessels. This is why frostbite is about frozen tissue and can lead to severe tissue loss if not treated promptly. The other terms describe conditions where the tissue is cold or damaged by cold but not frozen. Frostnip is a mild freezing injury affecting the skin that is reversible with warming. Trench foot and immersion foot come from prolonged exposure to damp, cold conditions and involve swelling, numbness, and tissue damage without actual freezing of the tissue. So, the only one that refers to frozen tissue is frostbite, making it the exception.

9. The MOST significant risk factor for a hemorrhagic stroke is:

- A. diabetes mellitus.**
- B. hypertension.**
- C. heavy exertion.**
- D. severe stress.**

Chronic high blood pressure is the most significant risk factor for hemorrhagic stroke because it constantly stresses the walls of the brain's small arteries. Over time this stress causes structural changes—lipohyalinosis and the formation of tiny Charcot-Bouchard microaneurysms—that weaken vessels and make them prone to rupture. When these vessels rupture, blood leaks into brain tissue, causing intracerebral hemorrhage and bleeding in deep brain regions like the basal ganglia, thalamus, pons, or cerebellum. Diabetes tends to drive atherosclerosis and is more strongly linked to ischemic strokes, where a blocked vessel starves brain tissue of blood. Heavy exertion or acute stress aren't as reliable or strong a predictor of hemorrhagic stroke as chronic hypertension, so they don't carry the same risk profile.

10. Which physiologic mechanism contributes to shock in peritonitis?

- A. Fluid shifts from the bloodstream into body tissues**
- B. Intra-abdominal hemorrhage is typically present**
- C. Severe pain causes systemic dilation of the vasculature**
- D. Abdominal distention impairs cardiac contractions**

Peritonitis can lead to shock primarily through a loss of circulating blood volume from intra-abdominal bleeding. When there's bleeding into the abdominal cavity, the effective intravascular volume drops, reducing venous return to the heart and lowering cardiac output, which precipitates hypovolemic shock. Inflammation in the peritoneum does promote fluid shifts and edema, but the immediate, volume-depleting event that drives shock here is hemorrhage into the peritoneal space. The other options describe processes that can occur with peritonitis but are not the principal mechanism causing shock in this scenario.

## 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://jblmodule4b.examzify.com>**

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

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