# Kern County EMT Protocols 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. Which of the following is a contraindication to CPAP?**

**A. Agonal respirations**

**B. Pneumothorax**

**C. Tracheostomy**

**D. All of the above**

**2. Which finding is not part of the SLUDGEM mnemonic?**

**A. Miosis**

**B. Salivation**

**C. Tachycardia**

**D. Emesis**

**3. If unable to ventilate during airway obstruction, what should you do?**

**A. Begin CPR**

**B. Administer bronchodilator**

**C. Call for help**

**D. Elevate legs**

**4. Which sign is commonly associated with diabetic ketoacidosis?**

**A. Wheezing**

**B. Fruity odor on breath**

**C. Abdominal pain**

**D. Hypothermia**

**5. Which condition is a contraindication to CPAP?**

**A. Pneumothorax**

**B. Normal oxygen saturation**

**C. Adequate spontaneous breathing**

**D. Clear chest x-ray**

**6. If the Cincinnati Prehospital Stroke Scale is positive, what is the EMS action?**

**A. Activate the stroke alert**

**B. Delay transport for further testing**

**C. Administer thrombolytics on scene**

**D. Only document findings**

**7. Which treatment is recommended for severe bronchospasm during respiratory compromise?**

**A. IV fluids**

**B. Beta blocker**

**C. CPAP**

**D. Immediate intubation for all**

**8. What sign indicates a tension pneumothorax?**

**A. Bradycardia**

**B. Hyperactive bowel sounds**

**C. Constricted pupils**

**D. Tracheal deviation away from affected side, hypotension, neck vein distension**

**9. If a patient is postictal, which protocol should be followed?**

**A. BRUE protocol**

**B. Allergic reaction protocol**

**C. Altered Level of Consciousness protocol**

**D. Bites/Stings protocol**

**10. In penetrating trauma with cardiac arrest, which action is recommended?**

**A. Do not resuscitate**

**B. Initiate CPR and ALS rendezvous; consider termination after 30 minutes and no shocks delivered**

**C. Continue CPR until explicit orders**

**D. Transport only by air**

# Answers

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

# Explanations

## 1. Which of the following is a contraindication to CPAP?

**A. Agonal respirations**

**B. Pneumothorax**

**C. Tracheostomy**

**D. All of the above**

**CPAP should only be used in patients who are able to protect their airway and breathe spontaneously with support. Agonal respirations indicate extremely compromised breathing near arrest, so providing positive pressure won't fix the underlying problem and can delay definitive care. A pneumothorax can be worsened by positive pressure, increasing the risk of progression to a tension pneumothorax. A tracheostomy means the airway is accessed below the larynx, and CPAP via a mask isn't appropriate or reliably effective in this situation. Because all of these conditions pose safety or effectiveness concerns, they are all contraindications to CPAP.**

## 2. Which finding is not part of the SLUDGEM mnemonic?

**A. Miosis**

**B. Salivation**

**C. Tachycardia**

**D. Emesis**

**Tachycardia is not part of SLUDGEM. SLUDGEM captures the muscarinic (parasympathetic) effects of cholinergic excess: Salivation, Lacrimation, Urination, Defecation, GI upset, Emesis, and Miosis. Heart rate in cholinergic toxicity tends to slow down (bradycardia) due to increased vagal tone, so a fast heart rate would not fit this pattern.**

## 3. If unable to ventilate during airway obstruction, what should you do?

**A. Begin CPR**

**B. Administer bronchodilator**

**C. Call for help**

**D. Elevate legs**

**When the airway is obstructed and you can't ventilate, the priority is to clear the airway and get help quickly. Activate EMS immediately so advanced help and equipment can arrive. If the person is conscious, use the appropriate choking-relief maneuvers (back blows and abdominal thrusts) to try to expel the blockage. If the person becomes unresponsive, start CPR and look for the obstruction, removing it if you can see it. Medications like bronchodilators won't remove a physical blockage, and elevating the legs doesn't improve ventilation. The focus should be on clearing the airway and obtaining advanced assistance as fast as possible.**

## 4. Which sign is commonly associated with diabetic ketoacidosis?

**A. Wheezing**

**B. Fruity odor on breath**

**C. Abdominal pain**

**D. Hypothermia**

**Fruity odor on the breath signals diabetic ketoacidosis because it comes from acetone, a ketone produced in high amounts when insulin is deficient. This volatile breath scent is a classic and specific clue EMS providers look for in DKA, reflecting the body's shift to ketone production and metabolic acidosis. While abdominal pain can occur with DKA and wheezing or hypothermia can appear with other conditions, the fruity odor is the most distinctive and commonly associated sign of DKA.**

## 5. Which condition is a contraindication to CPAP?

**A. Pneumothorax**

**B. Normal oxygen saturation**

**C. Adequate spontaneous breathing**

**D. Clear chest x-ray**

**CPAP works by delivering continuous positive airway pressure to keep airways open and improve oxygenation, but it also raises intrathoracic pressure. If a pneumothorax is present, applying CPAP can worsen the air leak, prevent lung re-expansion, and potentially trigger a tension pneumothorax. This is why a pneumothorax is a contraindication to CPAP. The other scenarios described do not by themselves prohibit CPAP: normal oxygen saturation means oxygenation is adequate and CPAP isn't needed; adequate spontaneous breathing means the patient can breathe on their own (CPAP can still be used to support, but it isn't a contraindication); a clear chest x-ray shows no pneumothorax to worry about.**

## 6. If the Cincinnati Prehospital Stroke Scale is positive, what is the EMS action?

**A. Activate the stroke alert**

**B. Delay transport for further testing**

**C. Administer thrombolytics on scene**

**D. Only document findings**

**A positive Cincinnati Prehospital Stroke Scale means the patient likely has a stroke, so the EMS action is to activate the stroke alert and pre-notify the receiving hospital to prepare for rapid in-hospital evaluation and treatment. This accelerates access to imaging and potential therapies, which are time-sensitive. Do not delay transport for further testing or wait to administer thrombolytics on scene; those steps are handled in the hospital. Simply documenting findings without activating the stroke protocol would miss the crucial step of mobilizing the stroke team and streamlining care.**

## 7. Which treatment is recommended for severe bronchospasm during respiratory compromise?

**A. IV fluids**

**B. Beta blocker**

**C. CPAP**

**D. Immediate intubation for all**

**Noninvasive positive-pressure ventilation with CPAP helps during severe bronchospasm by delivering constant positive pressure that keeps airways open at the end of each breath. This reduces airway collapse, improves alveolar recruitment, increases oxygenation, and eases the work of breathing. It's appropriate for a patient who is conscious, able to protect their airway, and can cooperate with the device, and it can prevent or delay the need for intubation. IV fluids don't address the airway narrowing, and a beta blocker would worsen bronchospasm by blocking bronchodilating receptors. Intubating a patient with severe bronchospasm isn't automatically required for all cases; it's reserved for those who cannot maintain ventilation or airway protection despite noninvasive support or who rapidly deteriorate.**

## 8. What sign indicates a tension pneumothorax?

**A. Bradycardia**

**B. Hyperactive bowel sounds**

**C. Constricted pupils**

**D. Tracheal deviation away from affected side, hypotension, neck vein distension**

**Tension pneumothorax is an emergency where air trapped under pressure in the chest pushes the mediastinum to the opposite side, squeezing the heart and great vessels and cutting off venous return. The telltale sign is tracheal deviation away from the affected side, paired with hypotension from reduced cardiac preload and neck vein distension from the elevated intrathoracic pressure. This combination shows the lung collapse is not just partial but under high pressure, affecting both breathing and circulation. Other options aren't aligned with this pathophysiology: bradycardia isn't typical (patients usually become tachycardic from hypoxia and shock), hyperactive bowel sounds don't relate to chest trauma, and constricted pupils don't reflect the acute chest pressure and compromised circulation seen in tension pneumothorax. The key indicators—tracheal shift away, low blood pressure, and neck vein distension—directly point to the mediastinal shift and obstructed venous return that define a tension pneumothorax.**

## 9. If a patient is postictal, which protocol should be followed?

**A. BRUE protocol**

**B. Allergic reaction protocol**

**C. Altered Level of Consciousness protocol**

**D. Bites/Stings protocol**

**When a patient is postictal, the situation centers on altered mental status after a seizure. The priority is airway and supportive care while monitoring for ongoing or recurrent issues, which is why the Altered Level of Consciousness protocol is used. In the postictal phase, the patient may be confused, drowsy, or unresponsive, and may have compromised airway or breathing. Following this protocol means ensuring the airway is clear, providing oxygen if there are signs of hypoxia, and closely monitoring breathing and circulation. It also includes checking blood glucose to rule out a hypoglycemic cause, protecting the patient from injury, and preparing for transport so they can be observed as the confusion and diminished responsiveness improve. If seizures continue or recur, this protocol guides you to escalate care appropriately. The other protocols don't fit this scenario because they address different situations: BRUE is for infants with brief, unexplained events; allergic reaction protocol targets airway and systemic allergic responses; Bites/Stings covers envenomation and venom reactions.**

## 10. In penetrating trauma with cardiac arrest, which action is recommended?

**A. Do not resuscitate**

**B. Initiate CPR and ALS rendezvous; consider termination after 30 minutes and no shocks delivered**

**C. Continue CPR until explicit orders**

**D. Transport only by air**

**In penetrating trauma causing cardiac arrest, the priority is to provide immediate, high-quality CPR to maintain perfusion while rapidly accessing advanced care. Starting CPR right away keeps blood moving to the brain and heart, buying time for definitive interventions. Arranging an ALS rendezvous ensures that advanced providers can take over as soon as they meet you, so airway management, medications, and rhythm analysis can be performed without delaying transport. Rapid transport to a trauma center is crucial because definitive hemorrhage control or surgical interventions offer any chance of survival. In this scenario, consider terminating after a defined resuscitation window (about 30 minutes) if there's no return of spontaneous circulation and no shocks have been delivered, reflecting the very low likelihood of meaningful recovery in traumatic arrest. If a shockable rhythm is ever encountered, defibrillation should be used while continuing CPR.**

# 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://kerncountyemtprotocols.examzify.com**

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