

KERN COUNTY EMT PROTOCOLS PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

SAMPLE

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

SAMPLE

- 1. What is a critical aspect of communications with the receiving hospital?**
 - A. Document after discharge.
 - B. No communication until arrival.
 - C. Pre-arrival notification with patient condition, estimated arrival time, and treatments provided.
 - D. Only announce to security.
- 2. What is the purpose of standard precautions in EMS?**
 - A. To prevent exposure to bloodborne pathogens and other infectious materials.
 - B. To ensure patient comfort.
 - C. To decrease the time of transport.
 - D. To identify the patient's insurance.
- 3. When performing pain assessment using the OPQRST acronym, what does it stand for?**
 - A. Onset, Provocation, Quality, Radiation/Region, Severity, Time
 - B. Onset, Provocation, Quality, Radiation, Severity, Time
 - C. Onset, Provocation, Quality, Radiation, Severity, Timing
 - D. Onset, Provocation, Quality, Radiation/Region, Severity, Temperature
- 4. In crush injury management, which action aligns with trauma care policies?**
 - A. Assess ABC's
 - B. For multi-system trauma, treat in conjunction with Trauma Policies and Procedures
 - C. Apply blanket to keep patient warm
 - D. Spinal motion restriction as needed
- 5. During obstetric emergencies in the field, why is maintaining warmth for mother and newborn important?**
 - A. To help prevent hypothermia and stabilize both patients.
 - B. To accelerate labor.
 - C. To keep them comfortable only.
 - D. To reduce the need for transport.

- 6. How should external hemorrhage be controlled in the field?**
- A. Elevate the limb only.
 - B. Apply direct pressure with sterile dressings; if bleeding persists, apply a tourniquet per protocol.
 - C. Remove clothing to observe.
 - D. Apply cold packs only.
- 7. What is the goal of prehospital stroke management?**
- A. To stabilize vitals and delay transport
 - B. To administer thrombolytics in the field
 - C. Transport to the nearest hospital without notification
 - D. To minimize time to definitive treatment and preserve neurological function
- 8. What does the SAMPLE history help determine?**
- A. Signs/Symptoms, Allergies, Medications, Past medical history, Last oral intake, Events leading to the current condition.
 - B. Scene safety, mechanism of injury, injuries observed.
 - C. Vital signs only.
 - D. Insurance and employment status.
- 9. In suspected anaphylaxis when epinephrine is available per protocol, what is the immediate management priority?**
- A. Administer epinephrine promptly; prepare for airway support and rapid transport.
 - B. Delay epinephrine until airway is secured.
 - C. Administer antihistamines first and observe.
 - D. Initiate rapid transport only, without epinephrine.
- 10. What is the recommended approach to spinal immobilization in an injured patient who is conscious?**
- A. Keep patient still, immobilize; use spine board with minimal movement
 - B. Move patient to standing position
 - C. Remove immobilization
 - D. Allow walking

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is a critical aspect of communications with the receiving hospital?

- A. Document after discharge.
- B. No communication until arrival.
- C. Pre-arrival notification with patient condition, estimated arrival time, and treatments provided.**
- D. Only announce to security.

Providing a pre-arrival notification to the receiving hospital that includes the patient's condition, estimated arrival time, and treatments provided is essential. This move lets the hospital mobilize the right team, prepare the appropriate bed and equipment, and summon any needed specialists so the handoff is smooth and care starts promptly on arrival. Sharing details like vitals, suspected diagnosis, medications given, allergies, and the ETA helps the emergency department anticipate needs, activate the right resources, and reduce delays in definitive care. Delaying communication until arrival deprives the hospital of time to prepare; documenting after discharge misses critical real-time information; and informing only security fails to engage the medical team responsible for patient care.

2. What is the purpose of standard precautions in EMS?

- A. To prevent exposure to bloodborne pathogens and other infectious materials.**
- B. To ensure patient comfort.
- C. To decrease the time of transport.
- D. To identify the patient's insurance.

In EMS, the goal is to protect you, your crew, and patients from infection by treating every patient encounter as potentially infectious and using protective measures every time. This means using personal protective equipment like gloves for any contact with blood or body fluids, and adding eye protection, masks, or gowns when there's a risk of splash or contact with fluids. It also means practicing good hand hygiene before and after patient care, safely handling sharps, and properly cleaning and disinfecting equipment and surfaces. By applying these precautions consistently, you reduce the risk of transmitting bloodborne pathogens such as hepatitis B and HIV, as well as other infectious materials, to yourself and others. It's not about patient comfort, transport time, or insurance; it's about preventing infection for everyone involved.

3. When performing pain assessment using the OPQRST acronym, what does it stand for?

- A. Onset, Provocation, Quality, Radiation/Region, Severity, Time**
- B. Onset, Provocation, Quality, Radiation, Severity, Time
- C. Onset, Provocation, Quality, Radiation, Severity, Timing
- D. Onset, Provocation, Quality, Radiation/Region, Severity, Temperature

The main idea behind OPQRST is to gather a complete, structured picture of the patient's pain by asking six essential questions: when the pain began, what provokes or worsens it (and what relieves it), how the pain feels, where it is and whether it radiates, how severe it is, and how long it has lasted or when it occurs. This helps you differentiate possible causes and monitor changes. The best option lists Onset, Provocation, Quality, Radiation/Region, Severity, and Time. Onset tells you if the pain started suddenly or gradually. Provocation (and what relieves it) helps you understand triggers and potential relief measures. Quality describes the sensation (sharp, dull, burning, etc.). Radiation/Region covers where the pain is and whether it spreads to other areas, which is important for conditions like cardiac pain or nerve-related pain. Severity uses a pain scale to quantify intensity. Time captures how long the pain has been present and its duration or pattern. Variations that throw in Temperature or use Timing instead of Time introduce concepts not part of the standard pain assessment and can confuse the focus. Some mnemonics also separate Radiation and Region or use Palliation as a separate item, but the combination shown here still covers all the critical elements in a single, practical framework.

4. In crush injury management, which action aligns with trauma care policies?

- A. Assess ABC's
- B. For multi-system trauma, treat in conjunction with Trauma Policies and Procedures**
- C. Apply blanket to keep patient warm
- D. Spinal motion restriction as needed

Handling crush injuries with potential multi-system involvement requires care that follows the EMS agency's Trauma Policies and Procedures. This ensures a coordinated, standardized response across the entire care pathway—from airway, breathing, and circulation management to immobilization decisions, trauma activation, rapid transport, and ongoing communication with the receiving trauma center. By aligning with established trauma policies, the provider programs the treatment to fit a unified protocol, which is crucial when injuries span multiple body systems and the patient's condition can change quickly. Other actions like simply assessing vitals or keeping the patient warm are important components of care, but they don't specifically demonstrate adherence to the organized trauma-system guidelines needed for multi-system crush injuries.

5. During obstetric emergencies in the field, why is maintaining warmth for mother and newborn important?

- A. To help prevent hypothermia and stabilize both patients.
- B. To accelerate labor.
- C. To keep them comfortable only.
- D. To reduce the need for transport.**

Maintaining warmth is crucial because newborns have a high surface area-to-weight ratio and limited ability to regulate their temperature, so they lose heat quickly. Cold stress in a newborn can lead to respiratory distress, hypoglycemia, metabolic acidosis, and poor transition after birth. For the mother, hypothermia can worsen bleeding and complicate stabilization. Keeping both warm reduces metabolic demand, supports stable heart rate and breathing, and helps ensure a safer transition for the newborn while aiding overall maternal stabilization. In practice, dry the baby, place them skin-to-skin with the mother or under a radiant warmer, cover with dry blankets, and shield from drafts. For the mother, keep her well covered and warm and monitor temperature. This focus on warmth is about stabilization and preventing cold-related complications, not about accelerating labor, comfort only, or transport decisions.

6. How should external hemorrhage be controlled in the field?

- A. Elevate the limb only.
- B. Apply direct pressure with sterile dressings; if bleeding persists, apply a tourniquet per protocol.**
- C. Remove clothing to observe.
- D. Apply cold packs only.

Direct pressure with sterile dressings is the first and most effective way to control external bleeding in the field. The pressure physically compresses the injured vessels, helps form a clot, and slows or stops the bleed quickly. Keep applying firm pressure and add dressings as needed; if the dressing becomes soaked, do not remove it—place additional dressings over the top and continue pressing. If bleeding continues despite direct pressure, apply a tourniquet proximal to the wound according to protocol, and note the time of application. Elevation of the limb can support control but should not replace direct pressure. Removing clothing isn't required to control most external bleeding and can delay treatment; cold packs help with pain and swelling but don't stop the bleeding on their own.

7. What is the goal of prehospital stroke management?

- A. To stabilize vitals and delay transport
- B. To administer thrombolytics in the field
- C. Transport to the nearest hospital without notification
- D. To minimize time to definitive treatment and preserve neurological function**

Time is brain. In prehospital stroke care, the main aim is to minimize the time from symptom onset to definitive treatment while preserving neurological function. This means rapidly recognizing a possible stroke, preparing the hospital for quick evaluation (pre-notification), and transporting the patient to an appropriate facility as quickly as possible so imaging and treatment can begin without delay. While you may stabilize airways, breathing, and circulation as needed, you should not delay transport for field therapies. Thrombolytics are given in the hospital after imaging and protocol review, not in the field. Transporting to a stroke-capable center promptly with pre-arrival notification helps shorten door-to-needle time and improves outcomes. Choices that focus on delaying transport or giving in-field thrombolytics or skipping hospital notification do not align with the goal of protecting brain tissue through rapid, definitive care.

8. What does the SAMPLE history help determine?

- A. Signs/Symptoms, Allergies, Medications, Past medical history, Last oral intake, Events leading to the current condition.**
- B. Scene safety, mechanism of injury, injuries observed.
- C. Vital signs only.
- D. Insurance and employment status.

SAMPLE history is a quick, structured way to gather the information in a patient's context that guides treatment. It helps you capture essential details: Signs and symptoms the patient reports or you observe, Allergies to avoid harmful reactions, Medications the patient is taking that could interact with treatment, Past medical history that changes risk or management, Last oral intake which affects aspiration risk and timing of procedures, and Events leading to the current condition to understand what happened and when. This information informs decisions and helps prevent harm, such as avoiding a drug due to an allergy or anticipating airway issues after recent eating. Scene safety, mechanism of injury, and vital signs are important too, but the SAMPLE history specifically focuses on the patient's history to shape care.

9. In suspected anaphylaxis when epinephrine is available per protocol, what is the immediate management priority?

- A. Administer epinephrine promptly; prepare for airway support and rapid transport.**
- B. Delay epinephrine until airway is secured.
- C. Administer antihistamines first and observe.
- D. Initiate rapid transport only, without epinephrine.

In suspected anaphylaxis, giving epinephrine right away is essential because it reverses the processes driving airway swelling, bronchospasm, and sudden drops in blood pressure. Epinephrine acts quickly to open the airway and stabilize circulation, which prevents deterioration and buys time for transport to a higher level of care. Airway support and rapid transport should follow immediately, but they rely on having already started the life-saving epinephrine. Antihistamines and other adjuncts don't treat the critical airway and circulatory problems fast enough, and delaying epinephrine to secure the airway first can allow the reaction to worsen. So the immediate priority is administering epinephrine promptly, then prepare for airway support as needed and rapid transport.

10. What is the recommended approach to spinal immobilization in an injured patient who is conscious?

- A. Keep patient still, immobilize; use spine board with minimal movement**
- B. Move patient to standing position
- C. Remove immobilization
- D. Allow walking

When there is a suspected spinal injury, preventing any further movement of the spine is essential to avoid worsening injury to the spinal cord. A conscious patient should be kept as still as possible and supported in-line to protect the neck and spine. The recommended approach is to apply manual in-line stabilization, then immobilize the patient with a rigid cervical collar and secure them to a spine board, making sure the head, neck, and torso stay in neutral alignment with minimal movement during transfer. Moving the patient to a standing position or letting them walk would involve bending or twisting the spine, which could displace fractured vertebrae or damage the spinal cord. Removing immobilization or allowing ambulation is not appropriate when spinal injury is suspected.

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!

SAMPLE