

KERN COUNTY EMT PROTOCOLS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://kerncountyemtprotocols.examzify.com>



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. Two common initial actions for a patient with chest pain suggestive of ACS are:**
 - A. Administer high-flow oxygen per protocol and obtain baseline vitals; obtain medical control guidance.
 - B. Administer nitroglycerin without precautions.
 - C. Delay treatment to obtain ECG first, then oxygen.
 - D. Administer IV fluids bolus.
- 2. In obstetric emergencies, what should be prepared if delivery is imminent?**
 - A. Administer tocolytics in all cases
 - B. Prepare for delivery if imminent and maintain warmth; monitor for complications
 - C. Transport immediately without any preparation
 - D. Perform a cesarean section in the field
- 3. In a patient with seizure amid fever, what is an appropriate post-seizure pediatric instruction?**
 - A. Immediate defibrillation
 - B. Administer Acetaminophen 15 mg/kg PO after seizure
 - C. Administer benzodiazepines routinely after fever
 - D. Trendelenburg
- 4. What is the purpose of a post-incident debrief and quality improvement per Kern County protocols?**
 - A. Review performance, identify lessons learned, implement improvements, and update protocols to enhance EMS responses
 - B. Blame
 - C. Ignore outcomes
 - D. Publish only to management
- 5. In neonatal distress with severe symptoms (e.g., agonal, gasping, absent respirations), what action is recommended?**
 - A. Ventilate with a bag-valve mask at 60 breaths per minute
 - B. Begin chest compressions immediately
 - C. Deliver epinephrine via endotracheal tube
 - D. Assist with bag-valve mask and 100% oxygen at 40-60 breaths per minute

- 6. In a mass casualty incident, what is the goal of triage?**
- A. Prioritize treatment by severity
 - B. Quickly move patients to hospital without prioritization
 - C. Sort by priority to maximize survivors given limited resources
 - D. Randomly assign patients to care
- 7. Which age range is listed as an indication for spinal motion restriction?**
- A. Age less than 3 years or greater than 65 years
 - B. Age between 20 and 40
 - C. Age between 3 and 65
 - D. Age over 80
- 8. What is the purpose of pre-notifying the hospital in suspected stroke?**
- A. To expedite definitive treatment at the receiving facility
 - B. To inform family members
 - C. To schedule a follow-up appointment
 - D. To delay treatment
- 9. In trauma assessment, what is the purpose of the MOI assessment?**
- A. To anticipate associated injuries and guide examination and treatment.
 - B. To determine patient sleep quality.
 - C. To assess the patient's nutritional status.
 - D. To decide the transport destination based on distance.
- 10. How should bleeding be controlled initially on a trauma patient?**
- A. Direct pressure to the wound, elevate the extremity if possible, and apply a tourniquet only after direct pressure fails or for life-threatening hemorrhage.
 - B. Apply a tourniquet first before direct pressure.
 - C. Immediately apply cold packs without pressure.
 - D. Ignore bleeding and focus on airway.

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Two common initial actions for a patient with chest pain suggestive of ACS are:

- A. Administer high-flow oxygen per protocol and obtain baseline vitals; obtain medical control guidance.**
- B. Administer nitroglycerin without precautions.
- C. Delay treatment to obtain ECG first, then oxygen.
- D. Administer IV fluids bolus.

When a patient has chest pain that could be ACS, the priority is to ensure oxygen delivery and quickly assess the patient's status. Administering high-flow oxygen per protocol helps optimize oxygen availability to the heart muscle, especially if the patient is hypoxic or in distress. At the same time, obtaining baseline vitals gives you an immediate snapshot of heart rate, blood pressure, respiratory rate, and oxygen saturation, which are essential for spotting deterioration and guiding further treatment. Consulting medical control ensures you're aligned with local protocols for subsequent steps, such as medication administration and transport decisions. Giving nitroglycerin without precautions isn't appropriate because it can cause dangerous drops in blood pressure or interact with other medications; you must verify blood pressure and contraindications first. Delaying treatment to obtain an ECG first, then oxygen, risks worsening the patient's condition since oxygen is often needed promptly if hypoxia is present and vitals need to be monitored continuously. Administering an IV fluid bolus isn't a standard initial action in ACS unless there are signs of shock or dehydration, and it can worsen heart failure or pulmonary edema in these patients.

2. In obstetric emergencies, what should be prepared if delivery is imminent?

- A. Administer tocolytics in all cases
- B. Prepare for delivery if imminent and maintain warmth; monitor for complications**
- C. Transport immediately without any preparation
- D. Perform a cesarean section in the field

When delivery seems imminent, the priority is to be ready for a safe birth and to keep the baby and mother warm. Setting up for delivery means having a clean area with towels, gloves, suction if needed, and clamps ready, so you can support a birth the moment it begins. Keeping the mother warm helps prevent neonatal hypothermia, which improves outcomes for both mother and newborn. Monitoring for complications—such as signs of fetal distress, heavy bleeding, or other obstetric emergencies—lets you act quickly and coordinate with the hospital. Administering tocolytics in all cases isn't appropriate because delaying labor isn't indicated in imminent delivery and isn't a standard EMS intervention. Transporting immediately without any preparation risks a birth occurring unexpectedly in transit. Performing a cesarean in the field isn't within typical EMS scope or capability. So the best approach is to prepare for delivery and maintain warmth while monitoring for complications.

3. In a patient with seizure amid fever, what is an appropriate post-seizure pediatric instruction?

- A. Immediate defibrillation
- B. Administer Acetaminophen 15 mg/kg PO after seizure**
- C. Administer benzodiazepines routinely after fever
- D. Trendelenburg

After a febrile seizure, the main goal is comfort and fever control while continuing safe observation. Administering acetaminophen at 15 mg/kg by mouth helps lower the fever and reduce child discomfort, which is a straightforward, appropriate post-seizure measure. It addresses the fever that likely contributed to the seizure without introducing unnecessary sedation or risk. Benzodiazepines aren't routinely given after fever unless a seizure recurs or persists, so giving them as a standard post-seizure step isn't appropriate. Defibrillation is not indicated for a febrile seizure, and the Trendelenburg position has no role in seizure management and can be harmful. So, giving acetaminophen to reduce fever is the best immediate post-seizure instruction.

4. What is the purpose of a post-incident debrief and quality improvement per Kern County protocols?

- A. Review performance, identify lessons learned, implement improvements, and update protocols to enhance EMS responses**
- B. Blame
- C. Ignore outcomes
- D. Publish only to management

The main idea here is learning from every call to continuously improve patient care. A post-incident debrief and quality improvement is a structured, data-informed process that reviews what happened, pulls out lessons learned, and translates them into concrete changes to practice. In Kern County workflows, this means examining performance, identifying contributing factors, implementing corrective actions, updating protocols or training as needed, and then sharing those improvements with the whole EMS team so they can apply them on future responses. The goal is to enhance safety and effectiveness, not to assign blame. Options that focus on blaming, ignoring outcomes, or limiting reporting to management don't support this learning culture or the broad dissemination of improvements, which is essential for real quality improvement.

5. In neonatal distress with severe symptoms (e.g., agonal, gasping, absent respirations), what action is recommended?

- A. Ventilate with a bag-valve mask at 60 breaths per minute
- B. Begin chest compressions immediately
- C. Deliver epinephrine via endotracheal tube
- D. Assist with bag-valve mask and 100% oxygen at 40-60 breaths per minute**

The essential idea is to prioritize ventilation and oxygenation in a neonate who is in distress with absent respirations. The recommended action is to assist with a bag-valve mask delivering 100% oxygen at a rate of about 40–60 breaths per minute. Providing high-concentration oxygen through effective ventilation helps establish oxygen delivery to the lungs and circulatory system during this critical period. Chest compressions are not begun immediately in this scenario; they're indicated only after about 30 seconds of effective ventilation if the heart rate remains below 60. Epinephrine via an endotracheal tube is reserved for persistent bradycardia or cardiac arrest after basic resuscitation steps have been attempted. So the emphasis here is on timely, effective ventilation with high oxygen content at the appropriate rate, rather than starting chest compressions or giving meds right away.

6. In a mass casualty incident, what is the goal of triage?

- A. Prioritize treatment by severity
- B. Quickly move patients to hospital without prioritization
- C. Sort by priority to maximize survivors given limited resources**
- D. Randomly assign patients to care

In a mass casualty incident, triage aims to allocate scarce resources to save the greatest number of people. This means sorting patients by who can benefit most from immediate care given what is available, so the overall number of survivors is maximized. It's not simply about treating the most severely injured first, because some patients with severe injuries may not benefit from rapid intervention when resources are limited. Likewise, rushing everyone to hospital without prioritization or assigning care randomly wastes limited supplies and time and lowers overall outcomes. So triage focuses on directing care to those most likely to survive with the care that can be provided now, and it often involves re-evaluating patients as the situation and resources change.

7. Which age range is listed as an indication for spinal motion restriction?

- A. Age less than 3 years or greater than 65 years**
- B. Age between 20 and 40
- C. Age between 3 and 65
- D. Age over 80

Spinal motion restriction is used when there's a potential for cervical spine injury and we want to limit movement to protect the spinal cord during assessment and transport. Age extremes are singled out because these groups are both more vulnerable to cervical injuries and less able to reliably participate in an exam or maintain proper alignment. In younger children, especially under 3, the head is large relative to the body and the neck is more susceptible to injury with trauma; cooperation for a thorough cervical exam is limited, so immobilization helps prevent secondary injury while evaluation proceeds. In older adults, typically over 65, bone density is lower and degenerative changes are common, so even low-energy trauma can cause cervical fractures or instability; immobilization provides a precautionary measure until injury can be ruled out. Thus, listing those age ranges as indications recognizes the higher risk and diagnostic uncertainty in these groups, making them the best choice for automatic spinal motion restriction.

8. What is the purpose of pre-notifying the hospital in suspected stroke?

- A. To expedite definitive treatment at the receiving facility**
- B. To inform family members
- C. To schedule a follow-up appointment
- D. To delay treatment

Pre-notification is about getting the hospital ready ahead of arrival when stroke is suspected. It triggers the stroke protocol so the right team is mobilized, the CT scanner and imaging workflow are prepared, and IV access and labs are ready, allowing evaluation and treatment to begin as soon as the patient arrives. The goal is to shorten door-to-needle time and overall treatment time because every minute counts in stroke, with faster treatment reducing brain injury and improving outcomes. It isn't about informing family or delaying care; it's about speeding up care to deliver definitive treatment as quickly as possible. Share essential details like estimated arrival time and last known well, plus presenting symptoms and relevant history, so the hospital can act immediately.

9. In trauma assessment, what is the purpose of the MOI assessment?

- A. To anticipate associated injuries and guide examination and treatment.**
- B. To determine patient sleep quality.
- C. To assess the patient's nutritional status.
- D. To decide the transport destination based on distance.

Mechanism of injury assessment helps you anticipate associated injuries and guide examination and treatment. By analyzing how the injury occurred—the energy involved, directions of force, and impact points—you can predict injuries that may not be immediately obvious and tailor your exam to those risks. This insight shapes what you look for during the primary and focused assessments, what imaging or treatments you prioritize, and how you immobilize or manage the patient. For example, a high-energy vehicle crash raises suspicion for chest, spinal, or internal organ injuries even if the patient seems stable, while a fall from height prompts careful evaluation of head, neck, spine, and torso trauma. The other options—sleep quality, nutritional status, or transport destination based on distance—don't guide the immediate trauma assessment and treatment in the same way.

10. How should bleeding be controlled initially on a trauma patient?

- A. Direct pressure to the wound, elevate the extremity if possible, and apply a tourniquet only after direct pressure fails or for life-threatening hemorrhage.**
- B. Apply a tourniquet first before direct pressure.
- C. Immediately apply cold packs without pressure.
- D. Ignore bleeding and focus on airway.

Controlling external bleeding starts with direct pressure on the wound. Firm, direct pressure helps form a clot and physically tamponades the injured vessels, stopping most bleeds quickly. Elevating the injured limb, if feasible, can reduce blood flow and further slow bleeding, as long as it doesn't risk additional injury (like a fracture or spinal injury). A tourniquet is a last-resort measure: apply it only if direct pressure cannot control the bleeding or the hemorrhage is life-threatening despite pressure. Place the tourniquet proximal to the wound and tighten until bleeding stops, but don't rely on it before trying direct pressure. Cold packs don't control bleeding and delaying pressure is not helpful.

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