

# Kern County Protocols Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

**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

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>16</b>

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 the first intervention for respiratory compromise or stridor in ALS burns?**
  - A. Administer morphine**
  - B. ET intubation and administer versed**
  - C. Administer ketamine**
  - D. Infuse fentanyl**
  
- 2. How are medication dosages adjusted for children according to Kern County Protocols?**
  - A. Based on the child's age alone**
  - B. Based on standardized adult dosages**
  - C. Calculated based on the child's weight and age-related guidelines**
  - D. Determined by observation of symptoms**
  
- 3. What should be done with a stinger from a bee sting?**
  - A. Pull it out with fingers**
  - B. Scrape it out**
  - C. Apply pressure to keep it lodged in**
  - D. Leave it alone**
  
- 4. What is an important step in caring for patients with respiratory distress?**
  - A. Providing psychological support only**
  - B. Monitoring pulse oximetry continuously**
  - C. Waiting for symptoms to resolve**
  - D. Transporting without assessment**
  
- 5. Which of the following is an indication for advanced life support measures?**
  - A. Patient is responsive but in pain**
  - B. Patient presents with unresponsive and not breathing**
  - C. Patient is conscious but weak**
  - D. Patient complains of mild anxiety**

**6. When preparing for TCP, which parameter should be set to the minimum level initially?**

- A. Heart rate**
- B. Current**
- C. Voltage**
- D. Duration**

**7. When can patients skip directly to a Burn Center?**

- A. Only when they have minor injuries**
- B. When they have any level of burn**
- C. When there is a significant amount of total body surface area affected**
- D. Only if the individual requests it**

**8. What must happen before resuscitation efforts can be deemed unnecessary in certain cases?**

- A. Patient must be in a public space**
- B. Patient must be unresponsive for at least 60 seconds**
- C. Patient must be assessed for crew safety considerations**
- D. Patient must display visible signs of injury**

**9. For patients experiencing upper respiratory distress, what specific intervention should be prioritized?**

- A. Administering oral medications**
- B. Administer high-flow oxygen and assess for the need for advanced airway management**
- C. Positioning the patient upright only**
- D. Monitoring the patient's heart rate**

**10. What should be done if pulse oximetry is below 94% in an allergic reaction?**

- A. Transport the patient immediately**
- B. Administer supplemental oxygen**
- C. Perform CPR**
- D. Give epinephrine immediately**

## **Answers**

SAMPLE

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

SAMPLE

## **Explanations**

SAMPLE

## 1. What is the first intervention for respiratory compromise or stridor in ALS burns?

- A. Administer morphine
- B. ET intubation and administer versed**
- C. Administer ketamine
- D. Infuse fentanyl

The first intervention for respiratory compromise or stridor in patients with ALS burns is ET intubation and administering versed. In cases of respiratory compromise, particularly due to upper airway obstruction such as stridor, securing the airway is of utmost importance to ensure adequate oxygenation and ventilation. Endotracheal (ET) intubation is a critical procedure that allows for direct access to the airway and provides a means for mechanical ventilation if necessary. It's especially crucial in burn victims, as their airways may be compromised due to swelling or damage from inhalation injuries. Additionally, administering Versed, a benzodiazepine, can provide sedation and anxiolysis during the intubation process, making the procedure more tolerable for the patient and decreasing the likelihood of complications. The combination of these interventions prioritizes the patient's safety and a stable airway in a potentially life-threatening situation. Other interventions like administering morphine, ketamine, or infusing fentanyl might have their roles in pain management or sedation, but they do not address the immediate need to secure the airway in the presence of respiratory compromise or stridor. In emergencies involving airway management, the priority must always be securing the airway first.

## 2. How are medication dosages adjusted for children according to Kern County Protocols?

- A. Based on the child's age alone
- B. Based on standardized adult dosages
- C. Calculated based on the child's weight and age-related guidelines**
- D. Determined by observation of symptoms

Medication dosages for children are specifically calculated based on the child's weight and age-related guidelines. This approach takes into consideration the fact that children metabolize medications differently than adults and that their physiological characteristics can vary widely. Weight is a critical factor because it provides a more accurate basis for determining the appropriate dosage that will ensure efficacy while minimizing the risk of adverse effects. Age-related guidelines are also essential because they reflect developmental changes that can affect how a child responds to medication. This combined assessment helps healthcare providers tailor treatment to meet the unique needs of pediatric patients, ensuring that the dosage is safe and effective. Proper dosing prevents under-treatment or over-treatment, which can lead to complications or ineffective treatment outcomes. Using age alone or standardized adult dosages does not account for these critical factors, and determining dosages based solely on observation of symptoms lacks the precision needed for safe medication management in children.

### 3. What should be done with a stinger from a bee sting?

- A. Pull it out with fingers
- B. Scrape it out**
- C. Apply pressure to keep it lodged in
- D. Leave it alone

When dealing with a bee sting, the stinger should be removed promptly to minimize the amount of venom that enters the body. Scraping it out is the recommended method because it allows for the removal of the stinger without squeezing the venom sac, which could release more venom into the skin. Using a fingernail or a flat object like a credit card to scrape the stinger out is effective and helps prevent additional venom exposure, as it avoids applying pressure that could worsen the sting. Other methods, such as pulling it out with fingers, can increase the risk of venom release, while applying pressure to keep it lodged in or leaving it alone can exacerbate the reaction and prolong discomfort. Therefore, scraping the stinger out is the best practice for first aid treatment after a bee sting.

### 4. What is an important step in caring for patients with respiratory distress?

- A. Providing psychological support only
- B. Monitoring pulse oximetry continuously**
- C. Waiting for symptoms to resolve
- D. Transporting without assessment

Monitoring pulse oximetry continuously is crucial in the care of patients experiencing respiratory distress. This step allows healthcare providers to measure the patient's oxygen saturation levels in real time, offering essential information about how well oxygen is being delivered to the body. Maintaining adequate oxygen saturation is vital in preventing complications that can result from insufficient oxygen supply, such as hypoxia or respiratory failure. Continuous monitoring provides insight into the effectiveness of interventions and can guide further treatment decisions, ensuring that the patient's respiratory status is closely observed and managed appropriately. The other options do not address the immediate needs of a patient in respiratory distress effectively. Providing psychological support alone falls short of addressing the physical health concerns that dominate a situation of respiratory failure. Waiting for symptoms to resolve without action could lead to a deterioration in the patient's condition, as timely interventions based on monitoring are required. Additionally, transporting a patient without prior assessment omits critical steps to evaluate their respiratory status and may overlook the need for immediate interventions. Therefore, continuous monitoring of pulse oximetry stands out as a necessary and proactive measure in managing respiratory distress.

**5. Which of the following is an indication for advanced life support measures?**

- A. Patient is responsive but in pain**
- B. Patient presents with unresponsive and not breathing**
- C. Patient is conscious but weak**
- D. Patient complains of mild anxiety**

The indication for advanced life support measures is when a patient is unresponsive and not breathing. This situation represents a critical emergency where immediate intervention is necessary to restore breathing and circulation, as the patient is unable to maintain their airway or breathe on their own. Advanced life support can include procedures such as intubation or the use of medications and defibrillation, which are essential for managing life-threatening conditions. In contrast, the other scenarios describe patients who have varying degrees of responsiveness and are able to breathe, albeit with discomfort, weakness, or anxiety. These conditions may require assessment and possibly basic support or comfort measures, but they do not indicate an immediate need for advanced life support. Therefore, the unresponsive state coupled with the absence of breathing signifies the critical need for intervention that advanced life support provides.

**6. When preparing for TCP, which parameter should be set to the minimum level initially?**

- A. Heart rate**
- B. Current**
- C. Voltage**
- D. Duration**

Setting the current to the minimum level initially is crucial for safety and to ensure patient comfort when preparing for Transcutaneous Pacing (TCP). Starting with the minimum current allows the clinician to establish the threshold at which the pacing captures the heart without causing excessive discomfort or potential harm to the patient. This incremental approach helps avoid causing pain or distress, particularly since TCP involves delivering electrical pulses to stimulate the heart. Additionally, this practice aligns with standard protocols, which emphasize responsiveness to the patient's unique physiological responses. Once the minimum current is established, it can be adjusted as necessary to ensure effective pacing while maintaining patient safety. This method ensures that the pacing is effective without overshooting the required energy, which can lead to complications or adverse reactions in the patient.

## 7. When can patients skip directly to a Burn Center?

- A. Only when they have minor injuries
- B. When they have any level of burn
- C. When there is a significant amount of total body surface area affected**
- D. Only if the individual requests it

Patients can skip directly to a Burn Center when there is a significant amount of total body surface area affected because this indicates a more serious condition that requires specialized care. Burn Centers are equipped to handle severe burns, including those that cover a large percentage of the body, as well as associated complications like fluid resuscitation, infection control, and advanced wound care. In cases of minor injuries, the standard protocol typically involves starting care at a lower-level facility unless other criteria are met. A patient with any level of burn may not always need specialized care, as minor burns can often be treated effectively in other medical facilities. Additionally, an individual requesting to go directly to a Burn Center does not always indicate a medical necessity; the need for treatment at such a facility is based on the severity and extent of the burns rather than purely on patient preference. Therefore, significant total body surface area involvement is a critical factor that warrants referral to a Burn Center.

## 8. What must happen before resuscitation efforts can be deemed unnecessary in certain cases?

- A. Patient must be in a public space
- B. Patient must be unresponsive for at least 60 seconds
- C. Patient must be assessed for crew safety considerations**
- D. Patient must display visible signs of injury

Resuscitation efforts can be deemed unnecessary when crew safety is prioritized and assessed first. This is crucial because safety considerations ensure that the healthcare providers are not putting themselves in harm's way while trying to assist a patient. If a scene is deemed unsafe due to factors such as violence, hazardous materials, or other dangerous conditions, initiating resuscitation could put lifesaving responders at risk, compromising their ability to help not only the patient but potentially others at the scene as well. It's important to note that the other options, while they may relate to different aspects of patient assessment or situational awareness, do not specifically address the critical need to ensure safety for those providing aid. Resuscitation procedures focus on patient assessment and the presence of clinical signs, but assessing crew safety must come first in any emergency response scenario.

**9. For patients experiencing upper respiratory distress, what specific intervention should be prioritized?**

- A. Administering oral medications**
- B. Administer high-flow oxygen and assess for the need for advanced airway management**
- C. Positioning the patient upright only**
- D. Monitoring the patient's heart rate**

Prioritizing the administration of high-flow oxygen and assessing for the need for advanced airway management is critical for patients experiencing upper respiratory distress. This approach addresses the immediate need for adequate oxygenation, which is fundamental in managing respiratory distress. When a patient is in respiratory distress, their ability to maintain proper oxygen levels can be compromised, making it imperative to provide high-flow oxygen as a first step in stabilizing their condition. This intervention helps ensure that vital organs receive the necessary oxygen to function effectively. Furthermore, assessing the need for advanced airway management is crucial, as it prepares the healthcare provider to intervene quickly if the patient's condition worsens or if they are unable to maintain their airway on their own. Other interventions, such as administering oral medications or simply monitoring the heart rate, may be important in a broader treatment plan but do not address the urgent need for oxygen support and airway management in a timely manner. Positioning the patient upright can be beneficial, but it should not be the sole focus without ensuring adequate oxygenation is being provided. Thus, administering high-flow oxygen and preparing for potential airway interventions are the prioritized steps in effectively managing upper respiratory distress.

**10. What should be done if pulse oximetry is below 94% in an allergic reaction?**

- A. Transport the patient immediately**
- B. Administer supplemental oxygen**
- C. Perform CPR**
- D. Give epinephrine immediately**

When pulse oximetry readings fall below 94% during an allergic reaction, administering supplemental oxygen is the correct response. This level indicates that the patient may not be receiving adequate oxygenation, which can occur due to respiratory compromise commonly associated with allergic reactions, particularly anaphylaxis. Providing supplemental oxygen helps to increase the oxygen saturation levels in the blood, improving tissue oxygenation and potentially stabilizing the patient's condition until further intervention can be provided or transport occurs. In cases of an allergic reaction, particularly if there's concern for airway edema or anaphylaxis, oxygen support is crucial to prevent further complications and support the patient's respiratory function. While immediate transport or epinephrine administration may also be necessary based on the severity of the reaction, the first step in addressing low oxygen saturation is to ensure that the patient is getting sufficient oxygen. The other options, while important in their own contexts, do not specifically address the immediate need created by a low pulse oximetry reading. Administering epinephrine and performing CPR may be critical in unrelated life-threatening scenarios, but in this case, the priority is to provide supplemental oxygen to ensure the patient maintains adequate oxygen levels.

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

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

**SAMPLE**