

LAFD EMS Revised Patient Disposition Policy (PDP) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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

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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. Which statement best describes the PDP's handling of cardiac emergencies?**
 - A. They are found in Section A**
 - B. They are not covered by the PDP**
 - C. They are only for pediatric patients**
 - D. They require a separate policy entirely**

- 2. When dispatched resources differ from the appropriate service level, members shall request the correct resources through which entity and bulletin?**
 - A. Metropolitan Fire Communications, Departmental Bulletin No. 19-21**
 - B. City Police Dispatch, Bulletin 2-99**
 - C. LA County EMS Office, Policy 5-12**
 - D. Hospital Communications Desk, Intranet Bulletin**

- 3. A 12-year-old with 12% TBSA 2nd-degree burns qualifies for Major/Critical burns criteria?**
 - A. Yes**
 - B. No**
 - C. Only if 3rd-degree present**
 - D. Only if >15% TBSA**

- 4. Which extremity injury clearly triggers trauma-center transport?**
 - A. Amputation proximal to the wrist or ankle**
 - B. Minor cut with no bleeding**
 - C. Superficial abrasion**
 - D. Non-displaced toe fracture**

- 5. Which PDP section should you consult to understand vital sign-related requirements?**
 - A. Section E**
 - B. Section A**
 - C. Section B**
 - D. Section D**

- 6. What is the provider impression?**
- A. The Department member's impression of the patient's primary problem or most significant acute condition.**
 - B. A detailed diagnosis.**
 - C. A summary of allowed medications.**
 - D. A list of chief complaints.**
- 7. What is the EMS Bureau phone number?**
- A. 213-978-3885**
 - B. 213-555-0101**
 - C. 213-555-0111**
 - D. 213-978-1111**
- 8. In an Allergic Reaction patient, which scenario requires ALS transport?**
- A. Mild hives only**
 - B. Obvious throat/facial swelling or shortness of breath**
 - C. No airway symptoms**
 - D. Only itching without swelling**
- 9. A patient with a 12-lead interpretation of Injury, Ischemia, or Infarct is considered high risk for an acute cardiac event. What must be done to complete an AMA in this case?**
- A. Base station contact and physician over-read**
 - B. Immediate private transport without physician review**
 - C. No base station contact is required**
 - D. Transport without completing the AMA**
- 10. Which Treatment Protocol applies to Alcohol Intoxication when refusing transport?**
- A. TP 1241, Overdose/Poisoning/Ingestion**
 - B. TP 1010, Medical Illness**
 - C. TP 1200, Cardiac**
 - D. TP 9999, Administrative**

Answers

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

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Explanations

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1. Which statement best describes the PDP's handling of cardiac emergencies?

- A. They are found in Section A**
- B. They are not covered by the PDP**
- C. They are only for pediatric patients**
- D. They require a separate policy entirely**

The main idea being tested is where cardiac emergencies are documented within the PDP and how that placement guides consistent disposition decisions. Cardiac emergencies are addressed in a designated part of the PDP, so responders have a clear, standardized path for on-scene management and transport decisions. Putting this guidance in Section A ensures quick access to the criteria that determine where a patient should be transported and what actions to take, aligning care with facility capabilities and time-sensitive needs. This avoids implying they're excluded, limited to pediatric patients, or requiring a separate policy, and it keeps guidance consistent across all cardiac events.

2. When dispatched resources differ from the appropriate service level, members shall request the correct resources through which entity and bulletin?

- A. Metropolitan Fire Communications, Departmental Bulletin No. 19-21**
- B. City Police Dispatch, Bulletin 2-99**
- C. LA County EMS Office, Policy 5-12**
- D. Hospital Communications Desk, Intranet Bulletin**

When the units assigned don't match the needed service level, the correct path is to contact Metropolitan Fire Communications and follow Departmental Bulletin No. 19-21. This channel and bulletin provide the standardized, on-scene escalation process for requesting the appropriate resources, ensuring the right level of response is mobilized quickly and consistently. Using the designated dispatch center keeps communication clear and coordinated, reducing delays or mismatches in capabilities. The other options aren't the approved mechanism for this escalation. City Police Dispatch is a different agency and not the EMS resource coordination point. The LA County EMS Office policy is a broader policy document at the county level, not the specific internal dispatch escalation procedure. The Hospital Communications Desk via an intranet bulletin isn't the field resource request channel used to alter dispatched units.

3. A 12-year-old with 12% TBSA 2nd-degree burns qualifies for Major/Critical burns criteria?

- A. Yes**
- B. No**
- C. Only if 3rd-degree present**
- D. Only if >15% TBSA**

In pediatric burn care, major/critical designation is driven by the extent of the burn (TBSA) rather than by depth alone. For children, burns that involve 10% or more of the total body surface area are considered major. A 12-year-old with 12% TBSA burns meets that threshold even though the burns are 2nd-degree, because the total area involved is sufficiently large to raise risk of fluid loss, infection, and complications, requiring more intensive care or transfer to a burn center. The options suggesting it's not major or that the threshold is higher (e.g., 15%) don't fit pediatric criteria, and depth alone (being 2nd-degree) does not negate the need for major-status when TBSA is above 10%.

4. Which extremity injury clearly triggers trauma-center transport?

- A. Amputation proximal to the wrist or ankle**
- B. Minor cut with no bleeding**
- C. Superficial abrasion**
- D. Non-displaced toe fracture**

Limb-threatening injuries require immediate trauma-center transport, because they demand rapid access to surgical care and advanced resources. An amputation proximal to the wrist or ankle is the clearest example of a limb-threatening injury: it involves major tissue loss, a high risk of life-threatening hemorrhage, and potential vascular and nerve damage that need urgent assessment and interventions at a trauma center. The other options describe injuries that are typically non-life-threatening and can usually be managed with standard ED care, such as a minor cut with no bleeding, a superficial abrasion, or a non-displaced toe fracture.

5. Which PDP section should you consult to understand vital sign-related requirements?

- A. Section E**
- B. Section A**
- C. Section B**
- D. Section D**

Vital signs drive disposition decisions and the criteria that determine transport or non-transport. The section labeled Section E is where the PDP lays out the vital sign requirements, including what needs to be obtained, acceptable ranges, thresholds that trigger specific actions, and the resulting disposition pathways. Referring to Section E ensures you follow the official guidance for stability and decision-making based on vitals. The other sections address different topics and don't provide the specific vital sign criteria you need for these decisions.

6. What is the provider impression?

- A. The Department member's impression of the patient's primary problem or most significant acute condition.**
- B. A detailed diagnosis.
- C. A summary of allowed medications.
- D. A list of chief complaints.

The provider impression is the clinician's concise assessment of the patient's primary problem or most significant acute condition, based on the history, exam, and vital signs. It isn't a full, detailed diagnosis or a medication list. It guides treatment priorities, decisions about transport or destination, and what the receiving facility should prepare for. For example, a patient with chest pain and abnormal ECG findings might have an impression of suspected acute coronary syndrome; someone with fever, altered mental status, and hypotension might have an impression of possible sepsis with altered mental status. The impression captures the likely issue behind the symptoms, not every symptom on the patient's list.

7. What is the EMS Bureau phone number?

- A. 213-978-3885**
- B. 213-555-0101
- C. 213-555-0111
- D. 213-978-1111

Remember the EMS Bureau has a specific main contact line for policy questions and administration inquiries. The correct number is 213-978-3885. This is the official line listed for the EMS Bureau, so using it ensures your message reaches the correct desk promptly. The other options differ in digits or use a 555 prefix, which do not correspond to the bureau's official line and wouldn't connect you there.

8. In an Allergic Reaction patient, which scenario requires ALS transport?

- A. Mild hives only
- B. Obvious throat/facial swelling or shortness of breath**
- C. No airway symptoms
- D. Only itching without swelling

Airway involvement in an allergic reaction is the trigger for ALS transport. When there is obvious throat or facial swelling or shortness of breath, the patient may be experiencing anaphylaxis with potential airway compromise, requiring rapid airway assessment, possible airway management, IV access, and advanced monitoring and medications en route. In contrast, mild hives, no airway symptoms, or itching alone indicate limited involvement and do not necessitate the advanced capabilities of ALS.

9. A patient with a 12-lead interpretation of Injury, Ischemia, or Infarct is considered high risk for an acute cardiac event. What must be done to complete an AMA in this case?

- A. Base station contact and physician over-read**
- B. Immediate private transport without physician review**
- C. No base station contact is required**
- D. Transport without completing the AMA**

When a 12-lead shows Injury, Ischemia, or Infarct, the patient is high risk for an acute cardiac event. In this situation, completing an AMA requires physician oversight. Contact the base station and obtain a physician over-read to review the ECG and the patient's status, ensure the patient understands the risk, and document informed refusal if transport is declined. This physician input provides medical justification and helps protect both the patient and EMS personnel. Without base station contact and a physician over-read, the AMA is not appropriate for a high-risk cardiac patient.

10. Which Treatment Protocol applies to Alcohol Intoxication when refusing transport?

- A. TP 1241, Overdose/Poisoning/Ingestion**
- B. TP 1010, Medical Illness**
- C. TP 1200, Cardiac**
- D. TP 9999, Administrative**

Alcohol intoxication is treated as a toxin exposure resulting from ingestion. In the LAFD EMS PDP framework, cases involving substances taken into the body fall under the Overdose/Poisoning/Ingestion protocol. This protocol provides guidance for on-scene assessment, monitoring, safety considerations, and disposition decisions when a patient refuses transport. It specifically addresses the scenario of ingestion-related intoxication and the need to document capacity and ensure safe patient management on scene. The other protocols cover non-ingestion medical illnesses, cardiac conditions, or administrative tasks, which are not the appropriate framework for an intoxication scenario with refusal of transport.

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://lafdemsrevisedpdp.examzify.com>

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

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