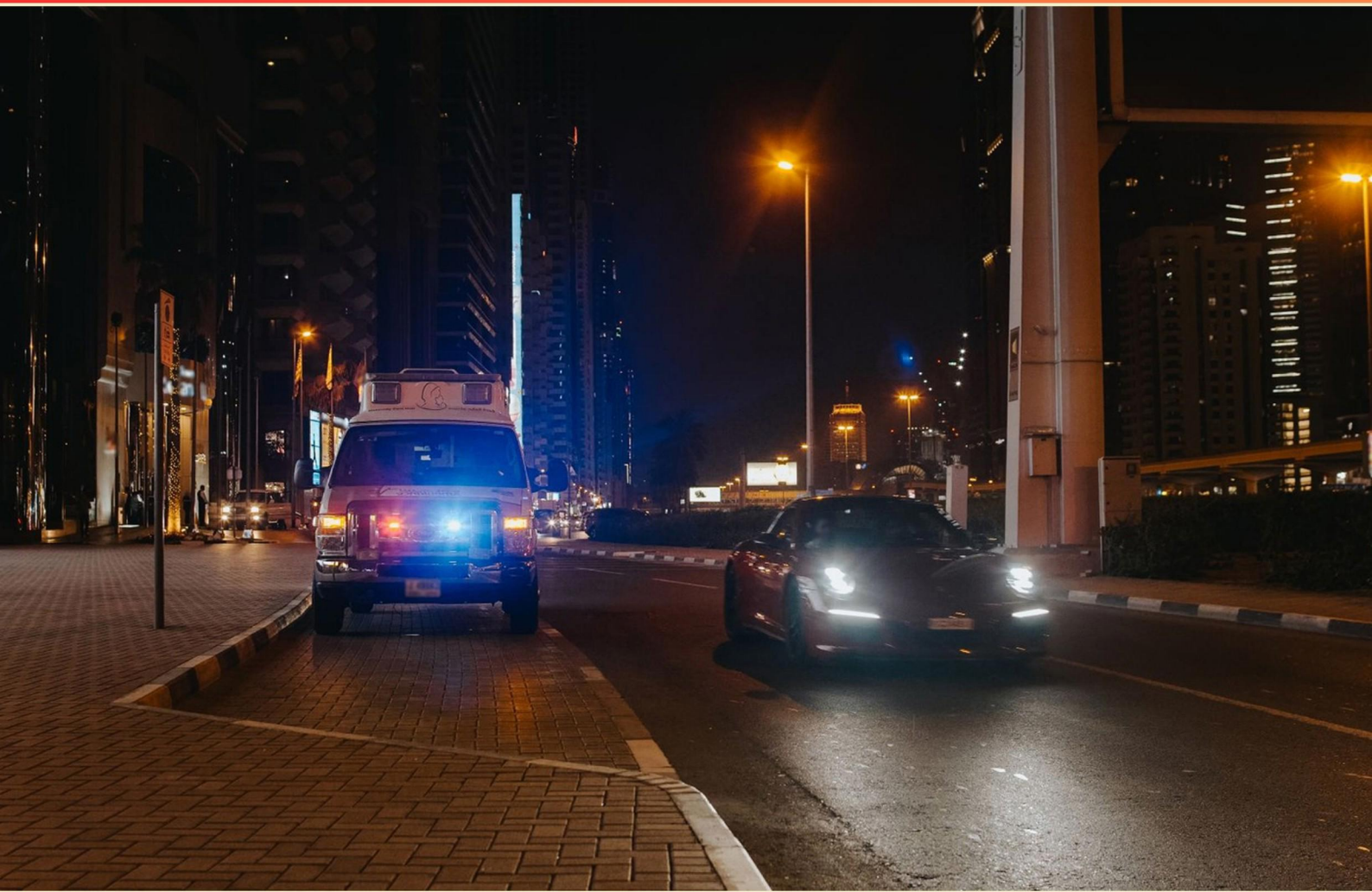


LAFD EMS REVISED PATIENT DISPOSITION POLICY (PDP) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://lafdemsrevisedpdp.examzify.com>



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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. In Section C: Other situations, which item describes a suspected fracture proximal to the knees or elbows?**
 - A. Chest wall pain due to trauma
 - B. Single extremity fracture suspected (proximal to knees/elbows)
 - C. Temporary loss of consciousness
 - D. Age $\geq$ 70 years (excludes minor trauma)
- 2. Pelvic fracture criterion exclusion?**
 - A. Isolated hip fracture from a ground level fall
 - B. Pelvic instability with bleeding
 - C. Open pelvic fracture
 - D. Pelvic fracture with neurovascular compromise
- 3. Section E identifies requirements and guidelines associated with what?**
 - A. patient vital signs
 - B. medication administration
 - C. documentation of consent
 - D. scene safety
- 4. Which of the following is NOT a valid Base Hospital contact trigger during an AMA?**
 - A. For conditions indicated with a red asterisk (*) in Sections A, B or C.
 - B. When indicated by the DHS Treatment Protocols.
 - C. Whenever an audio recording of the patient's AMA refusal is desired, or RN/MD input is requested.
 - D. Because the patient refuses to sign a consent form.
- 5. In LA County DHS Trauma Center Decision Scheme, the first step is?**
 - A. Physiological Assessment
 - B. Mechanism of Injury
 - C. Scene Safety
 - D. Triage Color Code

- 6. Which section addresses pediatric medical center and pediatric trauma center placements?**
- A. Section A
 - B. Section B
 - C. Section C
 - D. Section D
- 7. If there is no law enforcement on scene, which specialized resources may be requested for psychiatric crisis transport?**
- A. APRU, ADRU, or FRV
 - B. LAPD units
 - C. EMS helicopter
 - D. Private security
- 8. If a patient refuses transportation for any condition listed, who must perform the AMA?**
- A. EMTs may perform AMAs
 - B. Paramedics must perform AMAs
 - C. Nurses must perform AMAs
 - D. Police must perform AMAs
- 9. The PDP cites policy 814 as the exception to Traumatic Arrest classification for death pronouncement in the field. Which policy number provides this exception?**
- A. 814
 - B. 510
 - C. 702
 - D. 915
- 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. B
2. A
3. A
4. D
5. A
6. A
7. A
8. B
9. A
10. A

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Explanations

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1. In Section C: Other situations, which item describes a suspected fracture proximal to the knees or elbows?

- A. Chest wall pain due to trauma
- B. Single extremity fracture suspected (proximal to knees/elbows)**
- C. Temporary loss of consciousness
- D. Age $\geq$ 70 years (excludes minor trauma)

In this item the focus is on locating a fracture near the major joints, specifically proximal to the knees or elbows. Proximal to the knee means the upper leg area around the femur, and proximal to the elbow means the upper arm area near the shoulder. Describing a single extremity fracture suspected in that proximal region directly matches a scenario where one limb is suspected to be fractured in the near-joint area, which is exactly what this option conveys. The other choices describe conditions that aren't about a suspected fracture in a limb near the joints: chest wall pain from trauma points to the chest rather than a limb fracture; temporary loss of consciousness is a neurological/event scenario not related to a suspected fracture; and age $\geq$ 70 years with minor trauma references a patient population or trauma threshold, not the location and type of injury described.

2. Pelvic fracture criterion exclusion?

- A. Isolated hip fracture from a ground level fall**
- B. Pelvic instability with bleeding
- C. Open pelvic fracture
- D. Pelvic fracture with neurovascular compromise

The key idea is to recognize what counts as a true pelvic injury for the pelvic fracture criterion. These criteria apply to injuries involving the pelvic ring and its stability. An isolated hip fracture from a ground-level fall is not a pelvic fracture—it's a fracture of the proximal femur, with the pelvis remaining intact—so it is excluded from the pelvic fracture criterion. In contrast, pelvic instability with bleeding, an open pelvic fracture, and a pelvic fracture with neurovascular compromise all involve disruption or serious injury to the pelvic ring and therefore meet the pelvic fracture criterion. This distinction matters for appropriate triage and management decisions.

3. Section E identifies requirements and guidelines associated with what?

- A. patient vital signs**
- B. medication administration
- C. documentation of consent
- D. scene safety

The section in question focuses on the requirements and guidelines for patient vital signs. Vital signs—heart rate, blood pressure, respiratory rate, temperature, and oxygen saturation—are central to initial assessment and ongoing monitoring. This area would cover how and when to take them, safe and accurate techniques, and how to document and interpret the values to guide treatment decisions and transport needs. Understanding this helps clinicians quickly identify deterioration, ensure consistent measurement practices, and communicate findings effectively. The other topics—medication administration, documentation of consent, and scene safety—are addressed in separate sections with different focuses, so describing patient vital signs best matches what Section E covers.

4. Which of the following is NOT a valid Base Hospital contact trigger during an AMA?

- A. For conditions indicated with a red asterisk (*) in Sections A, B or C.
- B. When indicated by the DHS Treatment Protocols.
- C. Whenever an audio recording of the patient's AMA refusal is desired, or RN/MD input is requested.
- D. Because the patient refuses to sign a consent form.**

The situation hinges on what actually prompts medical oversight during an AMA. Base Hospital contact is triggered by specific clinical or documentation needs: conditions marked with a red asterisk in Sections A, B, or C; instructions from DHS Treatment Protocols; or situations where you want an audio recording of the AMA refusal or you need RN/MD input. These triggers ensure there's professional medical direction and proper documentation for discharging a patient against medical advice. Signing a consent form is an administrative action, not a clinical trigger for medical control. The patient's decision not to sign does not by itself create new medical concerns or require physician or nurse input through Base Hospital. Therefore, this option is not a valid Base Hospital contact trigger during an AMA.

5. In LA County DHS Trauma Center Decision Scheme, the first step is?

- A. Physiological Assessment**
- B. Mechanism of Injury
- C. Scene Safety
- D. Triage Color Code

The first step in the LA County DHS Trauma Center Decision Scheme is to assess physiologic status. This means checking vital signs and mental status to quickly identify life-threatening instability. If the patient is unstable—for example, hypotensive, shows signs of poor perfusion, or altered consciousness—the highest-priority action is to transport to a trauma center without delay. When physiologic status is stable, you then consider other factors like mechanism of injury and potential anatomical injuries to guide the transport decision. Scene safety is always important, but within this scheme the initial decision point focuses on physiology, not on scene safety or triage color coding.

6. Which section addresses pediatric medical center and pediatric trauma center placements?

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

The question tests where in the PDP the rules for directing pediatric patients to specialized facilities are described. In this policy, the guidance on designated centers for children—such as pediatric medical centers and pediatric trauma centers—is laid out in the initial section. That section sets up facility designations and the criteria for routing pediatric patients to those centers, so it's the reference you use to determine appropriate patient disposition for pediatric needs. Other sections focus on different topics (like general transport guidelines or adult facility designations) and don't specifically address pediatric center placements, which is why the first section is the correct place to find this information. When studying, look for headings or language about pediatric care designations and transport routing to understand where these decisions are documented.

7. If there is no law enforcement on scene, which specialized resources may be requested for psychiatric crisis transport?

A. APRU, ADRU, or FRV

B. LAPD units

C. EMS helicopter

D. Private security

When a psychiatric crisis requires transport and there is no law enforcement on scene, the best option is to request specialized crisis-transport resources that are trained specifically for handling mental-health crises and safe patient transport. These units—APRU, ADRU, or FRV—are equipped and staffed to manage de-escalation, safety, and medical needs of psychiatric patients during transport, ensuring the patient can be moved to an appropriate facility without the involvement of police escort. LAPD units would involve law enforcement presence, which isn't necessary here and could complicate or escalate a crisis, especially if there's no on-scene threat requiring police support. An EMS helicopter is typically reserved for high-acuity medical evacuations or situations where air transport is necessary, not standard psychiatric transports, and it adds logistically and clinically unnecessary complexities. Private security lacks medical training and authority for EMS transport, so it isn't the appropriate resource for meeting the clinical and safety needs of psychiatric crisis transport. Using specialized crisis transport units ensures appropriate clinical care, safety, and efficient coordination with mental-health facilities.

8. If a patient refuses transportation for any condition listed, who must perform the AMA?

A. EMTs may perform AMAs

B. Paramedics must perform AMAs

C. Nurses must perform AMAs

D. Police must perform AMAs

Paramedics must perform AMAs because the on-scene clinician with medical authority is responsible for assessing the patient's capacity, explaining the risks of refusing transport, and properly documenting the refusal. The paramedic's role includes obtaining informed consent, witnessing signatures, and ensuring the patient understands the consequences of not being transported, which provides the necessary medical-legal protection for EMS. EMTs may handle many on-scene tasks, but the formal AMA documentation and the on-scene decision-making about refusal fall under the paramedic's scope. Nurses are hospital staff and aren't the providers on EMS scenes. Police may assist with safety, but they do not perform the AMA documentation.

9. The PDP cites policy 814 as the exception to Traumatic Arrest classification for death pronouncement in the field. Which policy number provides this exception?

A. 814

B. 510

C. 702

D. 915

This question is about identifying which policy within the PDP creates the field death pronouncement exception for Traumatic Arrest. The exception is defined by a policy numbered 814. The PDP explicitly cites this policy as the one that allows the field pronouncement under specific traumatic arrest circumstances. The other policy numbers apply to different guidelines and do not establish this particular exception, so they don't fit the scenario.

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.

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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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