

LONG BEACH LIFEGUARD EMR PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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

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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. What is the first responsibility on arriving at an emergency scene?**
 - A. Make Sure The Scene Is Safe
 - B. Assess The Patient Immediately
 - C. Start Evacuation Procedures
 - D. Call For Additional Help Without Evaluation
- 2. When applying a splint, what is essential regarding the bandages?**
 - A. Bandages should be applied to secure the splint without cutting off circulation.
 - B. Bandages should be applied as tightly as possible to immobilize.
 - C. No padding should be used.
 - D. Bandages should be wrapped only around the hand.
- 3. On arrival at an emergency scene where substance abuse is suspected, what is the priority action?**
 - A. Begin chest compressions
 - B. Summoning more advanced medical personnel
 - C. Check for a pulse
 - D. Administering naloxone
- 4. How should you respond to suspected anaphylaxis if trained to assist with an auto-injector?**
 - A. Wait and observe for 10 minutes.
 - B. Administer a first-generation antihistamine only.
 - C. Remove the patient from exposure and give water.
 - D. Call EMS, monitor the patient, and assist with an epinephrine auto-injector if trained, then transport.
- 5. What signs indicate an asthma attack in an ED-like environment and what may be done?**
 - A. Chest pain and fever; administer antibiotics.
 - B. Wheezing, shortness of breath; assist with inhaler per protocol if allowed.
 - C. Severe hypertension; administer diuretics.
 - D. Hypotension with bradycardia; perform immediate intubation.

- 6. You are preparing to care for a patient with an open fracture to an extremity. The wound is oozing blood. Which action should you do first?**
- A. Follow standard precautions
 - B. Apply direct pressure to stop bleeding
 - C. Immobilize with a splint
 - D. Check for foreign objects in the wound
- 7. AED indication**
- A. On a responsive adult who is not breathing normally.
 - B. On an unresponsive adult who is not breathing normally; apply pads as soon as available and follow device prompts.
 - C. Only after checking pulse.
 - D. After performing rescue breaths, only if the patient is in shock.
- 8. What is the recommended approach to documenting and handing off care to EMS?**
- A. Record times, patient demographics, chief complaint, vitals, treatments given, patient response, scene details, and brief handoff to EMS.
 - B. Document only final outcome.
 - C. Document only vital signs.
 - D. Hand off verbally without notes.
- 9. What is the purpose of rechecking vital signs after patient treatment?**
- A. To assess treatment effectiveness and detect deterioration or improvement.
 - B. To waste time.
 - C. To confirm the patient is unconscious.
 - D. To record unrelated data.
- 10. Which of the following is an example of a chief complaint?**
- A. The patient has a past medical history of diabetes
 - B. The patient denies chest pain
 - C. The patient is anxious about an exam
 - D. The patient reports having really severe chest pain

Answers

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

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Explanations

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1. What is the first responsibility on arriving at an emergency scene?

- A. Make Sure The Scene Is Safe**
- B. Assess The Patient Immediately
- C. Start Evacuation Procedures
- D. Call For Additional Help Without Evaluation

The first thing to do when arriving at an emergency scene is to make sure the scene is safe for you, the patient, bystanders, and responders. This protects everyone from additional harm and prevents you from becoming a second casualty, which would prevent you from effectively helping. Look for hazards like traffic, fire, water dangers, downed power lines, or unstable structures, and take appropriate steps—use protective gear, control the area, and call for help if needed—before you approach the patient. Only once safety is established should you start the patient assessment and provide care. Ignoring safety to jump straight into evaluation or evacuation can compromise both your ability to help and the patient's outcome.

2. When applying a splint, what is essential regarding the bandages?

- A. Bandages should be applied to secure the splint without cutting off circulation.**
- B. Bandages should be applied as tightly as possible to immobilize.
- C. No padding should be used.
- D. Bandages should be wrapped only around the hand.

Preserving circulation while immobilizing the limb is the key idea when applying a splint. Bandages are used to hold the splint in place and protect soft tissues, but they must be snug enough to immobilize without cutting off blood flow. After applying, check distal circulation and sensation—look for a warm color, a normal pulse, and intact feeling—to ensure no compression is occurring. Padding is important to prevent pressure points, and the wrap should secure the splint along the entire length of the injured area, not just around the hand.

3. On arrival at an emergency scene where substance abuse is suspected, what is the priority action?

- A. Begin chest compressions
- B. Summoning more advanced medical personnel**
- C. Check for a pulse
- D. Administering naloxone

The priority is to summon more advanced medical personnel. When you arrive at a scene with suspected substance abuse, bringing in ALS or other advanced responders ensures there's immediate access to airway control, ventilation support, monitoring, IV access, naloxone administration, and rapid transport. This allows you to provide essential support while awaiting or coordinating definitive care. As part of your rapid assessment, you would still check responsiveness, breathing, and pulse, but delaying to call for backup can hinder the patient's chances, since overdoses often require interventions that go beyond basic first aid. Administering naloxone is important, but it should follow proper protocol and under appropriate supervision once advanced help is en route or present. Beginning chest compressions is appropriate only if there is no pulse.

4. How should you respond to suspected anaphylaxis if trained to assist with an auto-injector?

- A. Wait and observe for 10 minutes.
- B. Administer a first-generation antihistamine only.
- C. Remove the patient from exposure and give water.
- D. Call EMS, monitor the patient, and assist with an epinephrine auto-injector if trained, then transport.**

Suspected anaphylaxis requires rapid treatment to support breathing and circulation and to prevent a rapid decline. The priority is to get advanced help while starting life-saving measures right away. If you're trained to assist with an epinephrine auto-injector, administer it as soon as you can follow the instructions, then stay with the patient to monitor their condition and provide support. Calling EMS ensures that ALS is en route if the reaction worsens or if there are airway or breathing issues, and it allows for potential additional treatments and transport to a hospital. After giving epinephrine, continue monitoring the patient and arrange for transport so they can receive definitive care and observation, since symptoms can recur or worsen after the first dose. Antihistamines alone do not treat the rapid and potentially life-threatening effects of anaphylaxis, and simply removing exposure or giving water does not address the systemic reaction.

5. What signs indicate an asthma attack in an ED-like environment and what may be done?

- A. Chest pain and fever; administer antibiotics.
- B. Wheezing, shortness of breath; assist with inhaler per protocol if allowed.**
- C. Severe hypertension; administer diuretics.
- D. Hypotension with bradycardia; perform immediate intubation.

An asthma attack in an ED setting is identified by respiratory distress with bronchospasm, most clearly wheezing and shortness of breath. The priority is rapid bronchodilation to reverse airway narrowing, so the best action is to assist with a fast-acting inhaler (or deliver via nebulizer) per your local protocol, along with oxygen if needed to maintain adequate saturation. After administering the bronchodilator, continuously reassess the patient's breathing, allow additional doses as permitted, and consider systemic steroids to reduce airway inflammation. The aim is quick relief of symptoms and prevention of deterioration, with escalation to more advanced airway support if the patient shows signs of fatigue, rising work of breathing, or declining oxygen levels. Other sketches of symptoms point to different emergencies: chest pain with fever suggests infection or cardiac issues; severe hypertension with diuretics targets blood pressure, not bronchospasm; hypotension with bradycardia requiring immediate intubation indicates impending or established airway failure rather than an initial asthma presentation.

6. You are preparing to care for a patient with an open fracture to an extremity. The wound is oozing blood. Which action should you do first?

- A. Follow standard precautions**
- B. Apply direct pressure to stop bleeding
- C. Immobilize with a splint
- D. Check for foreign objects in the wound

The first priority is protecting yourself by applying standard precautions. Before touching a bleeding wound, put on gloves (and other appropriate PPE) to reduce your risk of exposure to bloodborne pathogens. This safety step must come before any direct treatment, even though stopping bleeding is important. Once you're protected, you can proceed to control the bleeding, such as applying direct pressure to the wound, and then immobilize the limb if needed. Checking or probing the wound for objects should come after PPE and after you've begun bleeding control, and you should avoid removing any object that may be embedded.

7. AED indication

- A. On a responsive adult who is not breathing normally.
- B. On an unresponsive adult who is not breathing normally; apply pads as soon as available and follow device prompts.
- C. Only after checking pulse.
- D. After performing rescue breaths, only if the patient is in shock.**

AED is indicated for an unresponsive adult who is not breathing normally. In that situation, the priority is to start CPR and apply the pads as soon as they're available, then follow the device prompts. You don't wait to check for a pulse or to perform rescue breaths before using the AED; the machine will analyze the rhythm and tell you whether a shock is advised. Placing the pads and turning on the device should happen right away, and you continue CPR until the device directs otherwise. The other scenarios— a responsive person, or delaying for a pulse check, or waiting to perform rescue breaths first—do not meet the indication for defibrillation.

8. What is the recommended approach to documenting and handing off care to EMS?

- A. Record times, patient demographics, chief complaint, vitals, treatments given, patient response, scene details, and brief handoff to EMS.**
- B. Document only final outcome.
- C. Document only vital signs.
- D. Hand off verbally without notes.

Clear, complete handoff documentation is essential to ensure continuity of care when EMS takes over. Record the exact times of key events, patient demographics, chief complaint, vitals, treatments you administered, the patient's response to those treatments, and relevant scene details. Then provide a concise handoff summary. This combination gives EMS a precise timeline, identifies the patient, highlights what sparked the call, shows how the patient is doing now, explains what you've done, and flags any safety or environmental factors from the scene. Failing to include these elements means EMS lacks crucial context for safe and efficient continued care. For example, documenting only the final outcome or only vital signs omits how the patient got to that point and what still needs attention, while handing off verbally without notes increases the risk of miscommunication or missing important details.

9. What is the purpose of rechecking vital signs after patient treatment?

- A. To assess treatment effectiveness and detect deterioration or improvement.**
- B. To waste time.
- C. To confirm the patient is unconscious.
- D. To record unrelated data.

Rechecking vital signs after treatment focuses on how the patient responds to what you've just done. By repeating heart rate, blood pressure, respiratory rate, oxygen saturation, and mental status, you can see if the interventions are helping or if the condition is getting worse. This helps you judge treatment effectiveness and decide what to do next—continue with the same plan, adjust care, or escalate to more advanced support. For example, after giving oxygen for suspected hypoxemia, a follow-up vital check shows whether oxygen levels improve and the heart rate slows to a safer range. If the readings improve, you're seeing a positive response; if they don't or worsen, you know to modify care or seek additional help promptly. This isn't about wasting time or recording unrelated data, nor is it about confirming unconsciousness. It's about tracking the patient's current state and guiding ongoing decisions to keep them safe and stable.

10. Which of the following is an example of a chief complaint?

- A. The patient has a past medical history of diabetes
- B. The patient denies chest pain
- C. The patient is anxious about an exam
- D. The patient reports having really severe chest pain**

A chief complaint is the main symptom or reason the patient seeks care, stated in the patient's own words. Saying they have really severe chest pain directly communicates the presenting problem and drives the initial assessment and triage. Background details like past medical history (diabetes) describe ongoing conditions, not the current reason for the visit. Expressing that they deny chest pain shows the absence of the presenting symptom, not the issue at hand. An anxious feeling about an exam is an emotional state, not the health problem bringing them in. Therefore, reporting severe chest pain best exemplifies the chief complaint.

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:

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

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