

# Los Angeles County Paramedic Accreditation Practice Test (Sample)

## Study Guide



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

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# 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>

# 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

- 1. If a competent adult wishes to leave against medical advice, what is your next step?**
  - A. Document the refusal**
  - B. Contact base**
  - C. Provide information about risks**
  - D. Restrict movement**
- 2. When should you report suspected child abuse to Child Protective Services?**
  - A. At the end of the shift**
  - B. After assessing the patient's safety**
  - C. Immediately**
  - D. After consulting with a physician**
- 3. Which device is LACo approved for airway management in emergency situations?**
  - A. Bag-valve mask**
  - B. King LT-S**
  - C. Nasal Cannula**
  - D. Endotracheal tube**
- 4. What is the maximum recommended time for a tourniquet to be applied?**
  - A. 1 hour**
  - B. 2 hours**
  - C. 3 hours**
  - D. 4 hours**
- 5. What is a key consideration in performing CPR on an adult?**
  - A. Providing high-quality chest compressions at a rate of 100 to 120 compressions per minute**
  - B. Giving breaths before compressions**
  - C. Switching roles every 5 minutes**
  - D. Using a lower compression rate for older adults**

- 6. What is the absolute indication for a time-sensitive transport to a Stroke Receiving Center?**
- A. ST elevation on the ECG**
  - B. High blood pressure**
  - C. Sudden headache**
  - D. Severe confusion**
- 7. In a case involving a 75-year-old female with altered mental status, what are the primary and secondary provider impressions?**
- A. Stroke and dehydration**
  - B. Sepsis and ALOC**
  - C. Pneumonia and confusion**
  - D. Heart failure and shock**
- 8. What is an advanced airway management technique used by paramedics?**
- A. Bag-valve-mask ventilation**
  - B. Endotracheal intubation**
  - C. Nasopharyngeal airway insertion**
  - D. Tracheostomy**
- 9. Which two assessments are critical in determining the effectiveness of CPR?**
- A. Blood pressure reading and breathing rate**
  - B. Pulse check and monitoring for signs of return of spontaneous circulation (ROSC)**
  - C. Medication administration and airway management**
  - D. Skin temperature and patient responsiveness**
- 10. Which of the following is NOT a priority for the Incident Commander during a mass casualty incident?**
- A. Resource allocation**
  - B. Incident command structure**
  - C. Patient transportation logistics**
  - D. Weather monitoring**



## **Answers**

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

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## **Explanations**

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**1. If a competent adult wishes to leave against medical advice, what is your next step?**

- A. Document the refusal**
- B. Contact base**
- C. Provide information about risks**
- D. Restrict movement**

The appropriate next step when a competent adult wishes to leave against medical advice is to provide information about the risks involved. This is crucial because it ensures that the patient is fully informed about the potential consequences of their decision. As a healthcare provider, it is important to communicate the possible medical risks they might face by leaving, such as worsening of their condition, lack of follow-up care, or complications that could arise without treatment. This step is important for both ethical and legal reasons. Ethically, it respects the patient's autonomy while also ensuring they are making an informed decision. Legally, documenting that the patient was informed of the risks can protect the healthcare provider and the facility in case the patient experiences adverse outcomes after leaving. While documenting the refusal is an important action to take, it should come after ensuring that the patient understands what they may be risking. Contacting the base may also be necessary in certain circumstances, but the imperative at the moment of the patient's request is to provide that crucial information. Restricting movement is not appropriate since the patient has the right to refuse care as long as they are competent to make that decision.

**2. When should you report suspected child abuse to Child Protective Services?**

- A. At the end of the shift**
- B. After assessing the patient's safety**
- C. Immediately**
- D. After consulting with a physician**

The appropriate course of action when suspecting child abuse is to report it immediately. Child Protective Services (CPS) is designed to respond quickly to allegations of abuse to ensure the safety and well-being of the child involved. Delay in reporting can pose significant risks, as the child may continue to be in danger during the time it takes to file a report. Immediate reporting allows the authorities to initiate an investigation as soon as possible, which is essential because evidence can be lost or the situation of the child can worsen if authorities are not alerted right away. By prioritizing immediate action, you contribute to potential interventions that could protect the child from further harm. In circumstances where the safety of the patient is assessed after the fact or an individual seeks consultation with a physician before reporting, this may slow down the process of getting help for the child, which can be detrimental in urgent situations involving abuse. Integrating swift reporting into the protocol for suspected child abuse ensures that the needs of vulnerable children are addressed as quickly as possible.

**3. Which device is LACo approved for airway management in emergency situations?**

- A. Bag-valve mask**
- B. King LT-S**
- C. Nasal Cannula**
- D. Endotracheal tube**

The King LT-S is an advanced airway management device that is specifically designed for use in emergency situations, allowing for rapid and effective ventilation. This device, a type of supraglottic airway, is advantageous because it does not require direct visualization of the vocal cords for placement, which can be particularly beneficial in time-sensitive and potentially chaotic emergency environments. The King LT-S provides a secure airway and facilitates positive pressure ventilation, which can significantly improve oxygenation in patients who are unable to maintain their airway or are in respiratory distress. Its design allows for a simple insertion, making it practical for paramedics who may have to work quickly and efficiently in the field. While the bag-valve mask is essential for managing airways and is widely used, it requires effective mask seal and proper technique, which can be challenging in some cases. The nasal cannula, although useful for providing supplemental oxygen, is not adequate for creating an airway but primarily assists with oxygenation. Endotracheal tubes provide a definitive airway but require more training and skill to place correctly, particularly in emergency situations where quick action is critical.

**4. What is the maximum recommended time for a tourniquet to be applied?**

- A. 1 hour**
- B. 2 hours**
- C. 3 hours**
- D. 4 hours**

The maximum recommended time for a tourniquet to be applied is typically up to 2 hours. This time frame is based on the balance between controlling life-threatening hemorrhage and the potential for tissue damage and complications due to prolonged ischemia. When a tourniquet is applied, it stops blood flow to the area below the injury, which is crucial during traumatic situations where severe bleeding needs to be managed quickly. However, after a certain time, it increases the risk of muscle and nerve damage, as well as other complications such as compartment syndrome. While some studies suggest that in certain cases, tourniquets may be left in place longer under close medical supervision, the standard recommendation remains around 2 hours for effectiveness and patient safety. The other durations mentioned may exceed safe limits for ischemia and tissue viability, hence not being the best response to the question.

**5. What is a key consideration in performing CPR on an adult?**

- A. Providing high-quality chest compressions at a rate of 100 to 120 compressions per minute**
- B. Giving breaths before compressions**
- C. Switching roles every 5 minutes**
- D. Using a lower compression rate for older adults**

When performing CPR on an adult, a key consideration is to provide high-quality chest compressions at a rate of 100 to 120 compressions per minute. This rate is critical because research has shown that effective chest compressions can significantly improve the chances of survival following a cardiac arrest. The focus on maintaining an adequate depth (at least 2 inches) and allowing full chest recoil is equally important to enhance blood flow during compressions. The recommended compression rate helps maximize the blood flow to the heart and brain, ensuring critical organs receive the oxygen they need during this life-threatening situation. Maintaining this rhythm is crucial for fostering optimal outcomes in resuscitation efforts. This guideline has been strongly emphasized in recent CPR training protocols to ensure that responders are equipped to act swiftly and effectively. In contrast, the other options do not align with current CPR practices or guidelines for adults, and they may lead to ineffective resuscitation efforts. The emphasis on providing ventilations before compressions, for example, is outdated in adult CPR protocols.

**6. What is the absolute indication for a time-sensitive transport to a Stroke Receiving Center?**

- A. ST elevation on the ECG**
- B. High blood pressure**
- C. Sudden headache**
- D. Severe confusion**

An absolute indication for time-sensitive transport to a Stroke Receiving Center is severe confusion, as it can be a significant indicator of a potential acute stroke. The presence of severe confusion suggests that the patient may be experiencing serious neurological deficits, which could be due to a hemorrhagic or ischemic stroke. Rapid assessment and intervention are critical in such cases, as timely treatment can significantly improve patient outcomes and reduce the risk of long-term disability. The emphasis on severe confusion aligns with protocols that prioritize immediate transport to specialized care when a patient shows signs of possible stroke, as recognizing these symptoms can lead to prompt and life-saving interventions. Other considerations regarding timing and effectiveness of treatments, such as the administration of thrombolytics for ischemic stroke, become vital. Other options like ST elevation on the ECG, high blood pressure, and sudden headache may be concerning in various contexts, but they do not specifically denote an urgent need for transport to a Stroke Receiving Center like severe confusion does. ST elevation typically pertains to cardiac events rather than strokes, high blood pressure can have numerous underlying causes and may be managed in different ways, and while a sudden headache can be serious, it does not always indicate a stroke without accompanying neurological deficits or significant other symptoms.

**7. In a case involving a 75-year-old female with altered mental status, what are the primary and secondary provider impressions?**

- A. Stroke and dehydration**
- B. Sepsis and ALOC**
- C. Pneumonia and confusion**
- D. Heart failure and shock**

In cases involving an elderly patient with altered level of consciousness (ALOC), sepsis is a critical condition to consider as it can often present with confusion and changes in mental status, particularly in older adults. This demographic is more susceptible to infections that can lead to sepsis due to factors such as weakened immune systems and the prevalence of comorbidities. The primary provider impression should typically focus on a significant and potentially life-threatening condition, which in this instance is sepsis. The secondary provider impression involves ALOC, as the patient's altered mental state is a key symptom associated with the underlying illness. Sepsis can induce changes in mental status because it impairs cerebral perfusion and oxygenation as the body responds to infection, thereby explaining why altered mental status is a prominent feature. The other options, while they present conditions associated with older adults, do not directly tie together the combination of sepsis as a primary impression along with ALOC in the context of this question. Each of these alternatives presents valid considerations but may not encapsulate the most immediate concerns regarding the overall clinical picture that a provider must assess.

**8. What is an advanced airway management technique used by paramedics?**

- A. Bag-valve-mask ventilation**
- B. Endotracheal intubation**
- C. Nasopharyngeal airway insertion**
- D. Tracheostomy**

Endotracheal intubation is an advanced airway management technique used by paramedics to secure the airway of patients who are unable to maintain their own airway, particularly in cases of respiratory failure or compromised consciousness. This procedure involves the insertion of a tube into the trachea through the mouth (or sometimes the nose) to provide a clear airway for ventilation and protect against aspiration. By establishing an endotracheal tube, paramedics can ensure effective ventilation and oxygenation, which is critical in emergency situations. This technique requires specific training and skills, as it involves recognizing anatomical landmarks, understanding the physiology of the airway, and performing the procedure with precision to minimize potential complications. In contrast, while bag-valve-mask ventilation and nasopharyngeal airway insertion are important airway management techniques, they do not provide the same level of airway security and are typically classified as basic airway management options. A tracheostomy, while also classified as an advanced procedure, is more invasive and is generally reserved for long-term airway management in specific clinical scenarios rather than immediate emergency care.

**9. Which two assessments are critical in determining the effectiveness of CPR?**

- A. Blood pressure reading and breathing rate**
- B. Pulse check and monitoring for signs of return of spontaneous circulation (ROSC)**
- C. Medication administration and airway management**
- D. Skin temperature and patient responsiveness**

The effectiveness of cardiopulmonary resuscitation (CPR) is primarily assessed through two critical evaluations: checking for a pulse and observing for signs of return of spontaneous circulation (ROSC). A pulse check is essential because it provides immediate feedback on whether the heart is beginning to regain functionality after CPR has been initiated. If a pulse is detected, it indicates that blood flow has been restored, which is a primary goal of performing CPR. Monitoring for signs of ROSC is equally vital. ROSC is the period during which the heart starts to beat effectively on its own after being in a state of cardiac arrest. Indicators of ROSC may include the presence of a pulse, improvements in blood pressure, or changes in patient responsiveness or breathing patterns. Identifying these signs allows healthcare providers to determine if their resuscitation efforts are fruitful and inform subsequent treatment strategies. The other assessments listed, such as blood pressure or breathing rate, while important in overall patient assessment, do not provide immediate indicators of the success of CPR. Similarly, medication administration and airway management, though integral to comprehensive emergency care, do not directly measure the effectiveness of chest compressions and ventilations provided during CPR. Skin temperature and patient responsiveness can aid in assessing the overall condition of the

**10. Which of the following is NOT a priority for the Incident Commander during a mass casualty incident?**

- A. Resource allocation**
- B. Incident command structure**
- C. Patient transportation logistics**
- D. Weather monitoring**

In the context of a mass casualty incident (MCI), the primary focus of the Incident Commander (IC) is to manage the situation efficiently and effectively to ensure the safety of all responders and victims. This involves several critical priorities that guide the IC's decisions and actions. Resource allocation is a top priority for the IC as they need to ensure that the right resources, including personnel, equipment, and medical supplies, are deployed effectively where they are most needed. Additionally, establishing an incident command structure is fundamental in coordinating the response efforts and facilitating communication among various teams and agencies involved in the response. Patient transportation logistics is also a crucial responsibility for the IC. The timely movement of patients to appropriate medical facilities can significantly affect outcomes, especially in an MCI where there are numerous casualties to manage. In contrast, while weather conditions can affect operations, they are not typically deemed a priority for the IC during the immediate response phase of an MCI. The focus tends to concentrate on the immediate tactical needs of managing resources, communication, and patient care rather than monitoring weather, which may be important but does not have the same level of urgency in the moment of crisis. Thus, the monitoring of weather would not be seen as a primary responsibility in the initial phases of managing



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

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