

MARYLAND EMT PROTOCOLS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. When should you apply traction to a splinted extremity?**
 - A. If there are signs of perfusion or neurological function
 - B. When there is severe swelling of the extremity
 - C. Immediately after splinting
 - D. When the patient expresses pain
- 2. Which of the following is not a priority designation for patients?**
 - A. Priority One
 - B. Priority Five
 - C. Priority Two
 - D. Priority Three
- 3. In case of a foreign object not embedded in the eye, what is the first step to take?**
 - A. Use a cotton swab to remove it
 - B. Flush with copious amounts of water
 - C. Apply pressure to the eye
 - D. Cover the eye with a bandage
- 4. What does category A for trauma indicate?**
 - A. Cause (intrusion, death in another vehicle)
 - B. Abnormal Vital Signs
 - C. Bodily Injuries (Bones)
 - D. Demographics (Elderly, children, pregnant)
- 5. What is one of the key observations to make in the environment when treating a patient for an apparent life-threatening event?**
 - A. Ensure the area is quiet
 - B. Document the weather conditions
 - C. Assess for evidence of trauma
 - D. Check for proper lighting

6. When performing CPR on a child, what is the compression-to-breath ratio for single rescuers?
- A. 30:2
 - B. 15:2
 - C. 20:2
 - D. 10:1
7. What percentage of body surface area does each leg represent for an adult or adolescent?
- A. 16%
 - B. 18%
 - C. 20%
 - D. 15%
8. What is the recommended action if a rescuer arrives at a scene and finds a child unresponsive?
- A. Immediate ventilation
 - B. Perform CPR before any other action
 - C. Call for help and wait
 - D. Check for responsiveness for 2 minutes
9. How should a patient with heat exhaustion be cared for?
- A. Place in a hot environment with fans
 - B. Monitor their heart rate and respiration
 - C. Provide ice water immediately
 - D. Allow them to exercise
10. What is the designation for patients with less serious but potentially life-threatening conditions?
- A. Priority One
 - B. Priority Two
 - C. Priority Three
 - D. Priority Four

Answers

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

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Explanations

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1. When should you apply traction to a splinted extremity?

- A. If there are signs of perfusion or neurological function
- B. When there is severe swelling of the extremity
- C. Immediately after splinting
- D. When the patient expresses pain

Applying traction to a splinted extremity is primarily indicated when there are signs of perfusion or neurological function in the affected limb. This is essential because the presence of blood flow and nerve function suggests that the limb is viable, meaning that it can benefit from the alignment and stabilization that traction provides. Traction is used to minimize movement at the fracture site, alleviate pain, and improve stability. Ensuring perfusion and neurological function assures that the limb is not only alive but also that any realignment performed will not further compromise blood flow or nerve integrity. In cases where there is severe swelling of the extremity, the focus would typically be on managing that condition rather than applying traction, as it could exacerbate pain and impede circulation. Similarly, applying traction immediately after splinting may not be advisable, as the splint is designed to stabilize the limb first before any additional measures like traction are taken. Pain expressed by the patient is a critical factor in assessment, but it alone does not justify the application of traction without confirming that the extremity is still receiving adequate perfusion and retains neurological function.

2. Which of the following is not a priority designation for patients?

- A. Priority One
- B. Priority Five
- C. Priority Two
- D. Priority Three

In the context of patient triage, priority designations are used to categorize patients based on the urgency of their medical needs. This system typically includes recognized categories such as Priority One, Priority Two, and Priority Three, which indicate varying levels of urgency, with Priority One representing the most critical cases that require immediate attention. Priority Five does not exist in the standard triage system, which is why it is the correct choice here. This designation could potentially cause confusion or miscommunication among medical personnel, as it is not part of the established framework used for assessing patient priority in emergency situations. Understanding the established triage categories helps ensure that patients receive appropriate and timely care based on the severity of their conditions, improving outcomes in emergency medical services.

3. In case of a foreign object not embedded in the eye, what is the first step to take?

- A. Use a cotton swab to remove it
- B. Flush with copious amounts of water
- C. Apply pressure to the eye
- D. Cover the eye with a bandage

Flushing the eye with copious amounts of water is the correct first step when dealing with a foreign object that is not embedded in the eye. This method is effective because it helps to dislodge the foreign body and wash it out without causing further irritation or damage to the eye. Using water, especially saline if available, helps to create a gentle flow that can help remove debris while also soothing any potential irritation. It is essential to avoid using a cotton swab to try and remove the object, as this can risk pushing the foreign object further into the eye or causing additional abrasions to the surface of the eye. Applying pressure could exacerbate any existing injury and lead to complications. Covering the eye with a bandage might prevent further exposure, but it does not address the immediate concern of removing the foreign object, which should be prioritized. Thus, flushing the eye is the safest and most effective first response in this situation.

4. What does category A for trauma indicate?

- A. Cause (intrusion, death in another vehicle)
- B. Abnormal Vital Signs**
- C. Bodily Injuries (Bones)
- D. Demographics (Elderly, children, pregnant)

Category A for trauma typically indicates a set of criteria that identifies the severity and urgency of a patient's condition based on specific observable signs and situation factors. In this context, it is associated with abnormal vital signs that suggest a potentially life-threatening situation requiring immediate medical attention. Vital signs such as heart rate, blood pressure, respiratory rate, and oxygen saturation are critical indicators of the patient's physiological state. Having abnormal vital signs is a key factor in determining the priority of care and the level of intervention required. For example, high or low blood pressure could signify shock, while altered respiratory rates could indicate respiratory distress or failure. This information plays a crucial role in guiding EMTs on how to prioritize treatment and transport to appropriate facilities for trauma cases. Understanding these vital signs is essential for assessing the overall condition of the patient and making informed decisions in high-stress emergency environments. Therefore, recognizing abnormal vital signs as part of the trauma assessment framework aligns with the protocols designed to ensure timely and effective patient care.

5. What is one of the key observations to make in the environment when treating a patient for an apparent life-threatening event?

- A. Ensure the area is quiet
- B. Document the weather conditions
- C. Assess for evidence of trauma**
- D. Check for proper lighting

In situations where a patient is experiencing an apparent life-threatening event, assessing for evidence of trauma is crucial. This is because trauma can significantly impact the patient's condition and requires immediate attention. Identifying any signs of injury, such as bleeding, fractures, or wounds can help prioritize treatment and interventions. Additionally, trauma findings may provide essential context regarding the cause of the medical emergency, guiding your approach to patient care and stabilizing the individual effectively. Other considerations, such as ensuring a quiet area or documenting weather conditions, although may have some relevance in certain scenarios, do not directly address the immediate needs of the patient. Proper lighting is also less critical in comparison to understanding any potential traumatic injuries that could worsen the patient's condition. Therefore, the assessment for evidence of trauma is the most relevant and critical observation in this emergency situation.

6. When performing CPR on a child, what is the compression-to-breath ratio for single rescuers?

- A. 30:2**
- B. 15:2
- C. 20:2
- D. 10:1

For single rescuers providing CPR to a child, the correct compression-to-breath ratio is 30:2. This means that for every 30 chest compressions performed, the rescuer should give 2 breaths. This ratio is established to ensure that adequate perfusion is maintained through effective chest compressions while also providing necessary ventilation through rescue breaths. The 30:2 ratio has been shown to be effective in maintaining circulation and oxygenation in pediatric patients during cardiac arrest. It is derived from guidelines provided by organizations such as the American Heart Association, which emphasizes the importance of high-quality chest compressions paired with rescue breaths to improve outcomes in cardiac arrest cases among children. Using an alternative ratio, such as 15:2 or the others presented, would not align with current guidelines for single-rescuer scenarios in pediatric CPR. While some ratios may apply to different situations or specific team-based approaches, the 30:2 ratio is the standard for a single rescuer, highlighting the vital need for chest compressions at a rate that allows for both effective circulation and adequate oxygen delivery.

7. What percentage of body surface area does each leg represent for an adult or adolescent?

- A. 16%
- B. 18%**
- C. 20%
- D. 15%

Each leg of an adult or adolescent represents 18% of the total body surface area according to the Rule of Nines, a commonly used method in emergency medicine to estimate the extent of burns. This approach divides the body into sections, each assigned a percentage that represents its contribution to the total body surface area. By understanding this percentage, EMTs and healthcare professionals can more accurately assess the severity of injuries, particularly burns. This information is crucial when determining treatment protocols and fluid resuscitation needs for patients with extensive burns, as it helps to guide clinical decisions. Knowledge of body surface area percentages is essential for effective management of burn cases, making it a critical component of EMT training and protocol adherence.

8. What is the recommended action if a rescuer arrives at a scene and finds a child unresponsive?

- A. Immediate ventilation
- B. Perform CPR before any other action**
- C. Call for help and wait
- D. Check for responsiveness for 2 minutes

When a rescuer arrives at a scene and finds a child unresponsive, performing CPR before any other action is the recommended course of action. This is based on the urgency of the situation; an unresponsive child is at immediate risk for cardiac arrest or respiratory failure, which can lead to death if not addressed promptly. In such emergencies, the key is to initiate life-saving measures as quickly as possible. Starting CPR increases the chances of survival by maintaining blood flow to vital organs until more advanced care can be provided. This is particularly important in pediatric cases, where every second counts. While calling for help is critical in emergency situations, it should be done while beginning CPR, not after. Checking for responsiveness for a prolonged time is not advisable, as any lapse can lead to further deterioration of the child's condition. Thus, the best action is to commence CPR immediately to maximize the likelihood of a positive outcome.

9. How should a patient with heat exhaustion be cared for?

- A. Place in a hot environment with fans
- B. Monitor their heart rate and respiration**
- C. Provide ice water immediately
- D. Allow them to exercise

Caring for a patient with heat exhaustion primarily involves careful monitoring of their vital signs, including heart rate and respiration. This is crucial because heat exhaustion can lead to serious complications such as heat stroke if not managed properly. Monitoring these parameters helps in assessing the severity of the condition and determining if further medical intervention is required. While hydration is important, providing ice water immediately may not be the best initial approach, as it could lead to gastrointestinal discomfort or shock in some cases. Additionally, placing the patient in a hot environment or allowing them to exercise would exacerbate their condition. Ensuring a cooler environment, encouraging fluid intake, and closely observing their response to treatment are essential steps in managing heat exhaustion effectively.

10. What is the designation for patients with less serious but potentially life-threatening conditions?

- A. Priority One
- B. Priority Two**
- C. Priority Three
- D. Priority Four

Patients classified as having less serious but potentially life-threatening conditions are designated as Priority Two. This reflects the need for these patients to receive medical attention in a timely manner, as their conditions can escalate rapidly if left untreated. The Priority Two designation indicates that while they may not require immediate life-saving interventions like Priority One patients, their situations still necessitate close monitoring and prompt treatment to prevent complications. This classification helps in triaging patients effectively during emergency scenarios, allowing responders to allocate resources and provide care based on the urgency of each patient's condition. Such a system ensures that while some patients may need immediate action, those with serious but more stable conditions are not neglected in the overall response plan.

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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