

# Medical KSV Practice Exam (Sample)

## Study Guide



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

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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 preflight check for a solid-state oxygen unit?**
  - A. Location and white temperature-resistant sticker outside unit**
  - B. Battery level**
  - C. Expiration date**
  - D. Color of seal**
  
- 2. Water gel burn dressings are not appropriate for which burns?**
  - A. Third-degree burns**
  - B. First-degree burns**
  - C. Second-degree burns**
  - D. Superficial burns**
  
- 3. Who can also use the stethoscope and BP cuff in the back pocket of the IMK?**
  - A. Nurses, first responders, etc.**
  - B. Only physicians**
  - C. Passengers**
  - D. Flight attendants only**
  
- 4. Besides treating symptoms, what should FA do if food poisoning is suspected on a flight?**
  - A. Tell the captain (CA) and provide symptom details and onset; save all suspected food and give to catering; do not place suspected food in trash**
  - B. Ignore the suspicion and proceed as normal**
  - C. Administer antibiotics on board**
  - D. Call 911 immediately and evacuate the aircraft**
  
- 5. In the hydration plan for suspected cholera, how much fluid should an adult receive within four hours?**
  - A. 1 quart in 4 hours**
  - B. 2 quarts in 4 hours**
  - C. 1 gallon in 4 hours**
  - D. 2 pints in 4 hours**

- 6. What items are included in the preflight for O2 W/As?**
- A. Present, Secure, Tubing Connected and Undamaged, Gauge Full or 1500 PSI, and Strap Attached**
  - B. Gauge Full and Strap Attached Only**
  - C. Present and Untouched**
  - D. Tubing Disconnected**
- 7. What is the recommended beverage to mix with water in the cholera protocol?**
- A. Equal parts orange juice and water**
  - B. Equal parts apple juice and water**
  - C. Equal parts grape juice and water**
  - D. Equal parts milk and water**
- 8. The 3 Cs stand for which actions?**
- A. Check, Call, Care**
  - B. Care, Call, Check**
  - C. Check, Confirm, Care**
  - D. Call, Check, Cancel**
- 9. What is the correct sequence when addressing ear discomfort as described by FA?**
- A. Tell passenger to yawn, chew or swallow; then perform Valsalva maneuver**
  - B. Perform Valsalva first**
  - C. Give medication**
  - D. Ignore and continue**
- 10. What should you do if a passenger appears unconscious?**
- A. Ensure they are truly unconscious by touching their shoulder and asking 'Are you okay?'**
  - B. Declare CODE RED and location but leave to fetch help**
  - C. Check for a pulse and then wait for further instructions**
  - D. Shout loudly for attention and step away**

## Answers

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

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## **Explanations**

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## 1. What is the preflight check for a solid-state oxygen unit?

- A. Location and white temperature-resistant sticker outside unit**
- B. Battery level**
- C. Expiration date**
- D. Color of seal**

In preflight checks for a solid-state oxygen unit, the priority is to confirm the device is in the correct place and properly labeled so you know it's the approved unit and still within safe operating conditions. Checking the location ensures the unit is where it's supposed to be for proper use, accessibility, and integration with the system. The white temperature-resistant sticker outside the unit provides a quick, visible indication that the device has been reviewed for temperature safety and identification, helping prevent use of a unit that's been exposed to conditions that could affect performance. Battery level isn't inherently applicable to every solid-state oxygen unit, and expiration dates are more relevant to consumables or specific components rather than the basic safety and placement status. The color of a seal is a tamper-evident feature, but it doesn't convey whether the unit is correctly located or within safe temperature parameters.

## 2. Water gel burn dressings are not appropriate for which burns?

- A. Third-degree burns**
- B. First-degree burns**
- C. Second-degree burns**
- D. Superficial burns**

Burn depth drives how we dress and manage a burn. Water gel burn dressings are designed to keep a shallow burn moist and provide cooling, which helps with comfort and healing for minor burns that stay in the epidermis or only reach the superficial part of the dermis. But third-degree burns are full-thickness injuries that destroy both skin layers and often extend into deeper tissues. They require rapid medical evaluation and specialized care, typically with sterile, dry dressings and prompt transfer for possible surgical intervention. A gel dressing isn't enough to protect the wound, prevent infection, or permit proper assessment and timely definitive treatment, so it's not appropriate for these deep burns. For less severe burns, such dressings can be considered to aid comfort and healing, but deep, full-thickness injuries need a different approach.

**3. Who can also use the stethoscope and BP cuff in the back pocket of the IMK?**

- A. Nurses, first responders, etc.**
- B. Only physicians**
- C. Passengers**
- D. Flight attendants only**

The ability to use the stethoscope and BP cuff comes from having basic medical assessment training, not from being a physician. These tools are simple, widely taught in first aid and medical training, and are included in the IMK so that anyone on scene with appropriate training can perform a quick vitals check. That includes nurses, EMTs, paramedics, and other first responders, who may encounter a medical situation in flight and need to assess heart and lung sounds and blood pressure before more help arrives. It isn't limited to physicians, and passengers typically aren't trained to operate these devices, while flight attendants generally wouldn't be expected to use them unless they have medical training. So the best answer is that trained nurses and first responders (and other qualified personnel) can use them.

**4. Besides treating symptoms, what should FA do if food poisoning is suspected on a flight?**

- A. Tell the captain (CA) and provide symptom details and onset; save all suspected food and give to catering; do not place suspected food in trash**
- B. Ignore the suspicion and proceed as normal**
- C. Administer antibiotics on board**
- D. Call 911 immediately and evacuate the aircraft**

When food poisoning is suspected midflight, the first priority is to escalate appropriately and preserve evidence. Notify the captain and provide clear details about the passenger's symptoms and when they began. This helps the flight crew coordinate medical assistance, decide on any diversion, and communicate with ground medical support. At the same time, save all suspected food and hand it to catering to preserve for investigation; do not discard it. If possible, note what was eaten and whether others are affected. Do not administer antibiotics on board or initiate evacuation unless directed by medical professionals or the captain. The best action centers on timely escalation to the captain and preserving the suspected food to aid investigation and response.

**5. In the hydration plan for suspected cholera, how much fluid should an adult receive within four hours?**

**A. 1 quart in 4 hours**

**B. 2 quarts in 4 hours**

**C. 1 gallon in 4 hours**

**D. 2 pints in 4 hours**

The main idea here is how to start rehydration quickly in suspected cholera by replacing fluid losses over the first four hours. The best choice gives about one liter of fluid in four hours (roughly a quart) for an adult. This amount starts to restore intravascular volume promptly without overwhelming the patient, and it can be adjusted as the patient's response and ongoing losses are monitored. Giving much more than a liter in this window can risk fluid overload or electrolyte imbalance, while giving significantly less may not adequately address dehydration in these early hours. In practice, aim for about a liter in four hours and then continue to replace ongoing losses with ORS or IV fluids as needed, watching for urine output, perfusion, and clinical improvement.

**6. What items are included in the preflight for O2 W/As?**

**A. Present, Secure, Tubing Connected and Undamaged, Gauge Full or 1500 PSI, and Strap Attached**

**B. Gauge Full and Strap Attached Only**

**C. Present and Untouched**

**D. Tubing Disconnected**

A thorough preflight for an O2 setup with attachments checks all the critical readiness items at once. The idea is to confirm the equipment is ready to deliver oxygen safely and reliably. You verify that the equipment is present so you have what you need; it's secured so it won't move or detach during use; the tubing is connected and undamaged so there's a clear, leak-free path for the gas; the cylinder gauge shows a full charge (or the recommended pressure, such as 1500 psi) so you won't run out mid-use; and the strap is attached so the device stays in place on the patient or device. Why this combination is best: each element addresses a common point of failure. If any part is missing, you could be left without oxygen or with a leak, and treatment would be disrupted. The other options miss one or more of these essential checks, such as not confirming the presence of equipment, not verifying securement, or not ensuring the tubing is connected and undamaged.

**7. What is the recommended beverage to mix with water in the cholera protocol?**

- A. Equal parts orange juice and water**
- B. Equal parts apple juice and water**
- C. Equal parts grape juice and water**
- D. Equal parts milk and water**

Oral rehydration works best when the beverage used with water supplies glucose to drive sodium absorption in the intestine, along with electrolytes to replace what is lost in diarrhea. Mixing equal parts orange juice with water gives a drink that provides simple sugars for energy and some electrolytes like potassium, while remaining palatable and tolerable for many patients. This helps restore both fluid and electrolyte balance more effectively than plain water alone. Other fruit juices can have higher sugar loads or lack the electrolyte balance needed, and milk can worsen diarrhea due to lactose intolerance during gastroenteritis.

**8. The 3 Cs stand for which actions?**

- A. Check, Call, Care**
- B. Care, Call, Check**
- C. Check, Confirm, Care**
- D. Call, Check, Cancel**

The 3 Cs describe an emergency-response sequence for bystanders. Start with **Check**: quickly assess for danger and determine if the person is responsive. Ensure the scene is safe for you and others before proceeding. Then **Move to Call**: if the person is unresponsive or in urgent need, call emergency services or have someone else do it right away so professional help is on the way. Finally, **Care**: provide appropriate on-site care—such as basic first aid or CPR if trained—while you wait for responders, and follow dispatcher instructions. This order matters because safety and awareness come first, professionals should be summoned promptly, and immediate care should be given without delaying the arrival of help. Sequences that start with caring or that include unrelated steps (like cancel) don't align with how to effectively manage an emergency scene.

**9. What is the correct sequence when addressing ear discomfort as described by FA?**

- A. Tell passenger to yawn, chew or swallow; then perform Valsalva maneuver**
- B. Perform Valsalva first**
- C. Give medication**
- D. Ignore and continue**

When passengers experience ear discomfort from pressure changes, the goal is to equalize the middle-ear pressure with the ambient pressure. Start with the least invasive approach: have them yawn, chew gum, or swallow. These actions trigger the muscles that open the Eustachian tube, allowing air to flow and pressure to equalize, which often relieves the discomfort. If that doesn't help, the next step is the Valsalva maneuver. With the mouth closed and the nostrils pinched shut, they gently blow to raise the pressure in the nasopharynx and push air through the Eustachian tube into the middle ear, achieving the needed equalization. Medication isn't part of this immediate sequence, and ignoring the symptoms isn't appropriate. If pain persists or there are signs of potential barotrauma, seek medical evaluation.

**10. What should you do if a passenger appears unconscious?**

- A. Ensure they are truly unconscious by touching their shoulder and asking 'Are you okay?'**
- B. Declare CODE RED and location but leave to fetch help**
- C. Check for a pulse and then wait for further instructions**
- D. Shout loudly for attention and step away**

The essential step is to verify whether the person is responsive. Gently shake their shoulder and ask, "Are you okay?" This quick touch and verbal check confirms if they are conscious or truly unconscious. If there is no response, you immediately call for help and start the appropriate emergency actions, such as checking breathing and beginning CPR if there is no normal breathing and no pulse. Shouting for attention without confirming responsiveness and leaving the person to fetch help delays critical care, and other options either skip the responsiveness check or present delay or abandonment of the patient.

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

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

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