

NASSAU COUNTY EMT PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. For an open neck injury with heavy bleeding, which dressing is recommended?**
 - A. Dry gauze
 - B. Gauze with tape
 - C. Occlusive dressing
 - D. No dressing

- 2. Draw sheet method reduces:**
 - A. Friction
 - B. Time
 - C. Noise
 - D. Distance

- 3. For a severe nosebleed without C-spine injury, appropriate treatment includes**
 - A. Pinching nostrils and leaning forward
 - B. Tilting head back and pinching nostrils
 - C. Nose plug and lying down
 - D. Heat to the nose while breathing through mouth

- 4. Contraction of the right ventricle causes:**
 - A. Blood to flow into the systemic circulation
 - B. Blood to flow into the coronary circulation
 - C. Blood to flow into the cerebral circulation
 - D. Blood to flow into the pulmonary circulation

- 5. Full-thickness burns are best described as which of the following?**
 - A. Painless area with leathery texture
 - B. Areas with blisters and intact nerves
 - C. Deep, dry, leathery tissue with insensate sensation
 - D. Superficial reddening

- 6. What is the most appropriate chest-pain question to ask a patient with no shortness of breath?**
- A. Is your pain relieved by rest?
 - B. Do you have any heart problems or take any medications?
 - C. Have you eaten today?
 - D. Do you have any allergies?
- 7. A 30-year-old man was rescued after being lost in the woods for about 18 hours in 30°F (-1°C). He is unconscious and apneic. In the warmed ambulance, what should you do during the primary assessment?**
- A. Assess for a carotid pulse for up to 45 seconds.
 - B. Begin CPR immediately without checking pulse.
 - C. Check for a radial pulse.
 - D. Wait for spontaneous respirations.
- 8. You notice the chest compression rate is slowing during CPR. What should you say to offer constructive feedback?**
- A. You need to compress at a rate of 100 to 120 per minute
 - B. Take longer pauses between compressions
 - C. Increase depth to 3 inches
 - D. Reduce the rate to 60 per minute
- 9. Rapid defibrillation is a link in the adult Chain of Survival. Why is this important to survival?**
- A. It prevents airway obstruction
 - B. It eliminates the abnormal heart rhythm
 - C. It improves oxygenation
 - D. It reduces brain injury time
- 10. Standing orders and protocols describe what type of medical direction?**
- A. Online
 - B. Offline
 - C. On-site
 - D. No medical direction

Answers

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

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Explanations

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1. For an open neck injury with heavy bleeding, which dressing is recommended?

- A. Dry gauze
- B. Gauze with tape
- C. Occlusive dressing**
- D. No dressing

Sealing a bleeding neck wound to prevent air from entering the wound while helping to control hemorrhage is what the dressing should do. An occlusive dressing provides a tight seal over the wound, which helps keep blood in and air out as you apply pressure and prepare for transport. This is more effective for an open neck injury than a simple dry gauze or a gauze secured with tape that may not seal completely, and leaving the wound bare offers no protection. After applying initial direct pressure with sterile gauze, covering with an occlusive dressing gives the best chance to control bleeding and protect the airway.

2. Draw sheet method reduces:

- A. Friction**
- B. Time
- C. Noise
- D. Distance

Moving a patient with a draw sheet focuses on reducing friction and the resulting shear forces on the skin during repositioning. Placing a sheet under the patient lets you slide them smoothly rather than dragging their body across the bed, distributing the load and minimizing resistance at the skin-bed interface. That reduction in friction protects the patient from skin injury and tissue damage. The technique isn't primarily about cutting time, noise, or distance, but about safer, easier movement through less friction.

3. For a severe nosebleed without C-spine injury, appropriate treatment includes

- A. Pinching nostrils and leaning forward**
- B. Tilting head back and pinching nostrils
- C. Nose plug and lying down
- D. Heat to the nose while breathing through mouth

Controlling an anterior nosebleed relies on tamponade with direct pressure and preventing blood from draining toward the airway. Pinching the soft part of the nostrils while the head is kept forward allows a clot to form and reduces ongoing bleeding. Leaning forward stops blood from running back to the throat, which helps prevent choking or vomiting and keeps the airway clearer. Tilting the head back or lying flat is not advised because it can cause blood to be swallowed or aspirated. Heat to the nose or using a simple nose plug alone doesn't reliably stop a severe bleed. If the bleeding lasts more than several minutes of continuous pressure, seek further care for possible nasal packing or additional treatment.

4. Contraction of the right ventricle causes:

- A. Blood to flow into the systemic circulation
- B. Blood to flow into the coronary circulation
- C. Blood to flow into the cerebral circulation
- D. Blood to flow into the pulmonary circulation**

Contraction of the right ventricle sends blood to the lungs through the pulmonary circulation. When the right ventricle contracts, blood is ejected into the pulmonary trunk and then the pulmonary arteries, carrying deoxygenated blood to the lungs for gas exchange. This pathway is distinct from the systemic circulation, which is driven by the left ventricle to the entire body; coronary circulation supplies the heart muscle itself; and cerebral circulation refers to blood flow to the brain.

5. Full-thickness burns are best described as which of the following?

- A. Painless area with leathery texture
- B. Areas with blisters and intact nerves
- C. Deep, dry, leathery tissue with insensate sensation**
- D. Superficial reddening

Full-thickness burns involve all layers of the skin (and often deeper tissues). The hallmark is a dry, hard, leathery area called eschar, with little to no sensation because the nerve endings have been destroyed. That combination—deep tissue destruction, dry leathery tissue, and insensate sensation—best describes a full-thickness burn. Describing it as deep, dry, leathery tissue with lost sensation captures why these burns require more than just topical care; they typically need surgical intervention such as grafting. In contrast, blisters with intact nerves indicate a less deep burn (partial-thickness), superficial reddening points to a superficial burn (first-degree), and a painless but not leathery area doesn't convey the full depth and lack of sensation that define full-thickness injuries.

6. What is the most appropriate chest-pain question to ask a patient with no shortness of breath?

- A. Is your pain relieved by rest?
- B. Do you have any heart problems or take any medications?**
- C. Have you eaten today?
- D. Do you have any allergies?

The key idea is to quickly establish whether there's a preexisting heart condition and what medications the patient is taking, because that context directly affects both the likelihood that the chest pain is cardiac and how you manage it on scene. Asking about heart problems or current medications gives you essential information: a history of cardiac disease raises suspicion for ACS, and knowing their meds (such as nitrates, beta blockers, anticoagulants, or aspirin) informs treatment decisions and potential risks or contraindications. Other questions like whether rest relieves the pain, or whether they ate today, or allergies, can be helpful later, but they don't provide as immediate a link to cardiac risk and appropriate EMS actions.

7. A 30-year-old man was rescued after being lost in the woods for about 18 hours in 30°F (-1°C). He is unconscious and apneic. In the warmed ambulance, what should you do during the primary assessment?

A. Assess for a carotid pulse for up to 45 seconds.

B. Begin CPR immediately without checking pulse.

C. Check for a radial pulse.

D. Wait for spontaneous respirations.

In a cold, hypothermic patient, the heart often beats very weakly and pulse signals can be extremely hard to detect. During the primary assessment, you should check for a carotid pulse for as long as necessary—up to 45 seconds—to avoid missing a faint pulse. If a pulse is present, provide rescue breaths; if no pulse is detected after that extended check, begin CPR. Radial pulses are unreliable in this situation, and you should not wait for spontaneous respirations since the patient is apneic. This approach helps ensure you don't delay life-saving interventions in a hypothermic collapse.

8. You notice the chest compression rate is slowing during CPR. What should you say to offer constructive feedback?

A. You need to compress at a rate of 100 to 120 per minute

B. Take longer pauses between compressions

C. Increase depth to 3 inches

D. Reduce the rate to 60 per minute

Maintaining an effective CPR rhythm is essential because blood flow depends on a steady, fast tempo. Current guidelines call for about 100 to 120 chest compressions per minute. When the rate slows, you're delivering fewer compressions each minute, which reduces overall perfusion to the heart and brain and can worsen outcomes. So, the constructive feedback should focus on restoring that tempo to the guideline range, for example by saying we need to compress at 100 to 120 per minute and using a metronome or a rhythmic cue to keep pace. The other options don't address the rate effectively: taking longer pauses between compressions stops the flow and lowers perfusion; increasing depth addresses depth, not rate (and 3 inches isn't the point of the feedback about rate); reducing the rate to 60 per minute is too slow and also decreases blood flow.

9. Rapid defibrillation is a link in the adult Chain of Survival. Why is this important to survival?

A. It prevents airway obstruction

B. It eliminates the abnormal heart rhythm

C. It improves oxygenation

D. It reduces brain injury time

Rapid defibrillation targets a heart in ventricular fibrillation or pulseless ventricular tachycardia, where the heart is quivering and not pumping blood. The shock stops this chaotic electrical activity, giving the heart a chance to restart with an organized, effective rhythm. This immediate reset is what makes defibrillation so life-saving in sudden cardiac arrest, because it restores the possibility of blood flow to the brain and other organs and improves the chances of a return of spontaneous circulation. While rapid defibrillation also helps reduce brain injury by shortening the time the brain goes without perfusion, its direct action is eliminating the abnormal rhythm so the heart can resume a steady heartbeat.

10. Standing orders and protocols describe what type of medical direction?

- A. Online
- B. Offline**
- C. On-site
- D. No medical direction

Offline medical direction. Standing orders and protocols are preapproved guidelines from the medical director that allow EMS personnel to perform specific treatments in the field without needing real-time orders. This enables quick, consistent care based on standard practices for common emergencies. Online medical direction, by contrast, requires a physician to provide orders in real time via radio or phone, which is not what standing orders are. No medical direction would mean there's no oversight at all, which isn't the case here because standing orders are a formal form of medical direction.

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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://nassaucountyemt.examzify.com>

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

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