

NEW MEXICO SCOPE OF PRACTICE EMT PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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. Which environment safety considerations require extra caution for EMS responders?**
 - A. Hazardous materials incidents
 - B. Extreme temperatures
 - C. Active crime scenes
 - D. Hazardous materials incidents, extreme temperatures, and active crime scenes
- 2. In a suspected spinal injury during transfer, which sequence should be followed?**
 - A. Remove immobilization to speed transfer.
 - B. Proceed without stabilization.
 - C. Immobilize without stabilization.
 - D. Manual in-line stabilization, then cervical collar, and immobilize to spine board.
- 3. What is the appropriate approach to a patient experiencing a generalized seizure?**
 - A. Protect from injury, do not insert objects in the mouth, time the seizure, and transport if it lasts longer than a few minutes or recurs
 - B. Restrain the patient immediately and attempt to forcefully stop the seizure
 - C. Place a tongue blade between the teeth
 - D. Administer glucose orally
- 4. What is the overarching aim of New Mexico EMS prehospital care?**
 - A. To provide rapid, safe, and effective prehospital care and transportation to appropriate facilities.
 - B. To maximize the time on scene regardless of patient condition.
 - C. To limit patient access to care.
 - D. To document weather conditions at the scene.
- 5. EMT-B are allowed to obtain a patient's ECGs for paramedics on-scene.**
 - A. False
 - B. True
 - C. Only with paramedics
 - D. Only at hospital

- 6. Which document guides end-of-life decisions for seriously ill patients in NM EMS?**
- A. Advance directive.
 - B. Living Will.
 - C. POLST (Physician Orders for Life-Sustaining Treatment).
 - D. DNR order.
- 7. The indication for glucose administration is symptomatic hypoglycemia in a patient who can do what?**
- A. Read aloud
 - B. Stand unassisted
 - C. Protect their airway
 - D. Stand still
- 8. What is the typical sequence of steps in an EMS emergency assessment?**
- A. Scene safety, history, primary survey, secondary survey, ongoing monitoring, transport.
 - B. Scene safety, primary survey, history, secondary survey, ongoing monitoring, transport.
 - C. Scene safety, secondary survey, primary survey, history, transport, ongoing monitoring.
 - D. Primary survey only, with no history.
- 9. How do EMS teams typically communicate with hospitals?**
- A. Cell phone not secure and recorded
 - B. Repeater radios
 - C. Email hospital
 - D. MED channel
- 10. Ipratropium (Atrovent) indications include which of the following?**
- A. Conjunctive therapy with Albuterol for wheezing in asthma, COPD, and anaphylaxis (only after Epi is given)
 - B. Monotherapy for asthma
 - C. Oral treatment for COPD
 - D. Allergic rhinitis management

Answers

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

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Explanations

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1. Which environment safety considerations require extra caution for EMS responders?

- A. Hazardous materials incidents
- B. Extreme temperatures
- C. Active crime scenes

D. Hazardous materials incidents, extreme temperatures, and active crime scenes

Environment safety means recognizing hazards at the scene and taking steps to protect yourself and patients. Hazardous materials incidents demand awareness of potential chemical exposure, the use of appropriate PPE, maintaining a safe distance, and coordination with HazMat teams for decontamination and prevention of spread. Extreme temperatures affect both patient and responder safety, so you must monitor for heat or cold stress, manage exposure time in PPE, ensure hydration and rest, and use cooling or warming measures as needed. Active crime scenes require scene security and coordination with law enforcement, maintaining personal safety, preserving evidence, and avoiding unnecessary exposure until the area is secured. Because all of these situations add significant risk and require specific precautions, addressing hazardous materials, extreme temperatures, and active crime scenes together represents the full scope of environment safety you must consider in the field.

2. In a suspected spinal injury during transfer, which sequence should be followed?

- A. Remove immobilization to speed transfer.
- B. Proceed without stabilization.
- C. Immobilize without stabilization.

D. Manual in-line stabilization, then cervical collar, and immobilize to spine board.

Maintaining the spine in a neutral, aligned position during transfer is essential to prevent worsening a suspected spinal injury. The best approach starts with manual in-line stabilization, keeping the head and neck in line with the spine while you control movement. Once that stable position is maintained by a responder holding the head steady, apply a cervical collar to immobilize the neck further. After the collar is in place, transfer the patient onto a spine board and secure them with straps to keep the head, neck, and torso immobilized in that same position. Throughout the move, avoid twisting, bending, or flexing the spine, and coordinate with your partner to minimize any movement. This sequence ensures continuous protection of the spinal axis from recognition through immobilization. Alternatives that remove immobilization, skip stabilization, or immobilize without maintaining stabilization all allow movement of the head and neck, increasing the risk of further injury during transfer.

3. What is the appropriate approach to a patient experiencing a generalized seizure?

- A. Protect from injury, do not insert objects in the mouth, time the seizure, and transport if it lasts longer than a few minutes or recurs
- B. Restrain the patient immediately and attempt to forcefully stop the seizure
- C. Place a tongue blade between the teeth
- D. Administer glucose orally

When a patient is having a generalized seizure, the priority is safety and ensuring the airway remains open while assessing whether the seizure is ongoing. The best approach is to protect the patient from injury by clearing nearby hazards and cushioning the head, but do not restrain them or try to stop the seizure. Importantly, do not place any object in the mouth or use a tongue blade; this can cause injury or airway obstruction and is not recommended during a seizure. Time how long the seizure lasts from onset. This helps determine whether the patient needs urgent transport. Transport should be arranged if the seizure lasts longer than a few minutes or if it recurs without the patient regaining awareness between episodes, because prolonged or repeated seizures can indicate status epilepticus and require advanced care. After the seizure ends, monitor airway and breathing, place the patient on their side in the recovery position if there are no injuries or vomiting, and be prepared to suction or provide oxygen if needed. Glucose by mouth is not given during a seizure; assess glucose after the event and follow protocol for any hypoglycemia treatment if the patient is awake and able to swallow. This approach protects the patient, preserves the airway, and ensures timely medical evaluation if the seizure is prolonged or recurrent.

4. What is the overarching aim of New Mexico EMS prehospital care?

- A. To provide rapid, safe, and effective prehospital care and transportation to appropriate facilities.
- B. To maximize the time on scene regardless of patient condition.
- C. To limit patient access to care.
- D. To document weather conditions at the scene.

The aim is to deliver rapid, safe, and effective care in the field and get the patient to the right facility for definitive treatment. In practice this means quickly identifying and treating life threats, securing the airway and breathing, controlling bleeding, and supporting circulation, all while minimizing delays that could worsen outcomes. Decisions about where to transport are guided by the patient's condition and the capability of facilities to provide the needed care, so the patient reaches an appropriate destination as fast as possible. The emphasis is on balancing speed with safety and quality of care, not simply rushing the scene or keeping patients there longer without benefit.

5. EMT-B are allowed to obtain a patient's ECGs for paramedics on-scene.

- A. False
- B. True
- C. Only with paramedics
- D. Only at hospital

A field 12-lead ECG can be obtained by an EMT-B to support paramedics on-scene. This data gathering is part of how EMT-Bs help rapidly identify cardiac issues and relay critical information to the ALS team or medical control. By placing the leads, recording the tracing, and transmitting it, the EMT-B provides essential information that can guide immediate decisions—such as STEMI activation and appropriate transport—without needing the hospital setting. The EMT-B's role is to acquire and relay the ECG data rather than interpret it in depth, which is handled by the paramedics or physicians.

6. Which document guides end-of-life decisions for seriously ill patients in NM EMS?

- A. Advance directive.
- B. Living Will.
- C. POLST (Physician Orders for Life-Sustaining Treatment).**
- D. DNR order.

In EMS, end-of-life decisions are carried by clear, portable medical orders that EMS can act on in the field. The POLST form—Physician Orders for Life-Sustaining Treatment—is designed for that purpose. It translates patient goals into concrete orders that travel with the patient and are immediately recognizable by responders, specifying what life-sustaining interventions should or should not be used (such as CPR, intubation, ventilation, feeding, antibiotics), and it is signed by a clinician to be valid across care settings. This makes POLST the most practical choice for guiding care in emergencies, because it provides actionable instructions that EMS can follow right away. An advance directive or living will states general wishes, but they may not be readily available, specific, or easily interpretable in the field. A DNR order focuses only on whether CPR should be attempted and doesn't address other treatments or care preferences. In NM EMS, POLST is the document that best communicates and enforces the patient's end-of-life preferences in urgent situations.

7. The indication for glucose administration is symptomatic hypoglycemia in a patient who can do what?

- A. Read aloud
- B. Stand unassisted
- C. Protect their airway**
- D. Stand still

Oral glucose for symptomatic hypoglycemia is given only when the patient can protect their airway, meaning they are awake enough to swallow and won't aspirate if nausea or vomiting occurs. If airway protection is compromised, giving oral glucose isn't safe, and you would use an alternative approach such as IV dextrose or glucagon per protocol. The other options don't relate to the safety of swallowing or preventing aspiration, so they don't indicate readiness to receive oral glucose.

8. What is the typical sequence of steps in an EMS emergency assessment?

- A. Scene safety, history, primary survey, secondary survey, ongoing monitoring, transport.
- B. Scene safety, primary survey, history, secondary survey, ongoing monitoring, transport.**
- C. Scene safety, secondary survey, primary survey, history, transport, ongoing monitoring.
- D. Primary survey only, with no history.

In EMS, the sequence starts by making the scene safe and then focusing on the primary survey to quickly identify and treat life threats (airway, breathing, circulation, disability, exposure). This order matters because addressing any airway or breathing or severe bleeding problems first can prevent rapid deterioration, and you can't rely on a useful history while a patient is unstable. Once those urgent issues are managed, you collect the patient's history to uncover information that guides care (for example, allergies, medications, past conditions, and events leading to the current problem). After that, you perform a secondary survey to thoroughly assess for injuries or conditions not immediately life-threatening and to gather broader vitals and findings in a systematic, head-to-toe manner. Finally, you maintain ongoing monitoring to detect any changes and proceed with transport to an appropriate facility.

9. How do EMS teams typically communicate with hospitals?

- A. Cell phone not secure and recorded
- B. Repeater radios
- C. Email hospital
- D. MED channel**

In EMS, communication with the receiving hospital is done on a dedicated medical channel on the radios—the MED channel. This channel is set aside specifically for prehospital-to-hospital information, so crews can relay patient findings, vitals, treatments given, ETA, and any orders from the hospital in real time. It's designed for reliability and clarity in a clinical handoff, and it aligns with established protocols used by EMS and hospital staff. Using the MED channel is preferred over cell phones or email because it provides immediate, two-way radio communication that's appropriate for urgent information and is supported by the EMS radio system. Repeater radios are tools that extend reach and ensure the MED channel can be heard over longer distances, but the essential concept is the designated MED channel itself. Email and cell phones are not standard for real-time, urgent transport communications due to potential delays, privacy concerns, and coverage issues.

10. Ipratropium (Atrovent) indications include which of the following?

- A. Conjunctive therapy with Albuterol for wheezing in asthma, COPD, and anaphylaxis (only after Epi is given)**
- B. Monotherapy for asthma
- C. Oral treatment for COPD
- D. Allergic rhinitis management

Ipratropium works as a short-acting anticholinergic bronchodilator that is used as an add-on to a beta-agonist like albuterol to relieve bronchospasm. In the emergency setting, it's most effective when given together with albuterol for wheezing related to asthma or COPD, providing additional bronchodilation beyond what albuterol alone achieves. It can also be considered after epinephrine in anaphylaxis if bronchospasm persists, since epinephrine is first-line but may be supplemented with ipratropium to further open the airways. This makes the combination with albuterol for wheezing in asthma and COPD, and use after epi for anaphylaxis, the best fit for its indications. It's not used as monotherapy for asthma, it isn't given orally, and while intranasal ipratropium exists for rhinorrhea, that's a different preparation and context from the inhaled form used for bronchospasm.

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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://nmscopeofpracticeemt.examzify.com>

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

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