

# New York City REMAC Paramedic Credentialing Practice Test (Sample)

## Study Guide



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

**This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## 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.**

## 7. Use Other Tools

**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!**

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## **Questions**

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- 1. How should a paramedic document patient care?**
  - A. Verbally summarizing to the team after care**
  - B. Accurately and legibly in a timely manner**
  - C. Using shorthand and abbreviations for efficiency**
  - D. Documenting at the end of the shift for all cases**
- 2. According to protocol, what is the maximum on-scene time for suspected stroke from door to door?**
  - A. 20 min**
  - B. 30 min**
  - C. 40 min**
  - D. 50 min**
- 3. What does the secondary assessment involve?**
  - A. Rapidly stabilizing the patient**
  - B. Conducting a detailed evaluation of the patient post-primary assessment**
  - C. Performing CPR**
  - D. Only administering medications**
- 4. What is a contraindication for the use of nitroglycerin according to REMAC?**
  - A. Recent phosphodiesterase-5 inhibitor use**
  - B. History of asthma**
  - C. Severe dehydration**
  - D. Old age**
- 5. What should be the primary action when a patient's airway is obstructed?**
  - A. Check for breathing**
  - B. Perform abdominal thrusts**
  - C. Administer oxygen**
  - D. Begin chest compressions**

**6. How often should vital signs be reassessed in a critically unstable patient?**

- A. Every 10 minutes**
- B. Every 15 minutes**
- C. Continuously**
- D. At the end of the shift**

**7. What should be done regarding a traumatic amputation with respect to tourniquet application in the field?**

- A. Convert tourniquet to direct pressure**
- B. Remove the tourniquet after 30 minutes**
- C. Leave the tourniquet in place until hospital arrival**
- D. Change limb position for blood flow**

**8. What is the appropriate response for a penetrating trauma patient who does not show neurological deficits?**

- A. Monitor vital signs only**
- B. Prepare for immediate surgery**
- C. Transport without intervention**
- D. Assess for signs of shock**

**9. Which trio of symptoms is identified as Beck's triad in blunt cardiac tamponade?**

- A. Fever, tachycardia, and confusion**
- B. Hypotension, muffled heart sounds, and jugular venous distension**
- C. Chest pain, dyspnea, and cyanosis**
- D. Bradycardia, fainting, and chest tightness**

**10. How should a paramedic assess a patient's airway?**

- A. Listen for lung sounds and check blood pressure**
- B. Look for obstructions, listen for breathing sounds, and feel for air movement**
- C. Ask the patient to speak and check for swelling**
- D. Perform a blind insertion of an airway adjunct**

## **Answers**

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

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## **Explanations**

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## 1. How should a paramedic document patient care?

- A. Verbally summarizing to the team after care
- B. Accurately and legibly in a timely manner**
- C. Using shorthand and abbreviations for efficiency
- D. Documenting at the end of the shift for all cases

Documenting patient care accurately and legibly in a timely manner is critical in the field of emergency medical services. This process serves several important functions: it ensures that there is a clear record of the patient's condition and the care provided, facilitates communication among healthcare providers, and can significantly impact patient outcomes. Proper documentation allows for continuity of care, as subsequent providers will need to understand what interventions were performed, the patient's response, and any changes in their condition during transport or treatment. Timeliness is especially significant in the fast-paced environment of emergency care, as delays in documentation can lead to missed information or miscommunication. When documentation is completed properly, it ensures that the care provided is accurately represented and can be used for legal and quality assurance purposes. In contrast, other options may compromise the effectiveness and reliability of the documentation process. Verbal summaries lack the permanence and detail necessary for comprehensive records, while shorthand and abbreviations might lead to misinterpretation. Documenting at the end of the shift could result in forgotten details or inaccuracies, undermining the reliability of the patient care record. Thus, the emphasis on accurate, legible, and timely documentation is paramount for the safety and well-being of patients.

## 2. According to protocol, what is the maximum on-scene time for suspected stroke from door to door?

- A. 20 min
- B. 30 min**
- C. 40 min
- D. 50 min

The maximum on-scene time for suspected stroke from door to door is 30 minutes, as timely intervention is crucial in stroke management. The primary goal in these situations is to minimize any delay in patient care to preserve brain function. The 30-minute timeframe is designed to ensure that patients can receive the necessary evaluation, treatment, and transport to a facility capable of providing definitive care swiftly. In the case of a suspected stroke, time is of the essence due to the potential for irreversible brain damage as a result of ischemia or hemorrhage. This tight timeline helps facilitate quicker access to treatments, such as thrombolytic therapy, which are most effective when administered as soon as possible after the onset of symptoms. Adhering to this protocol ultimately contributes to better patient outcomes and enhances the chances of a full recovery.

### 3. What does the secondary assessment involve?

- A. Rapidly stabilizing the patient**
- B. Conducting a detailed evaluation of the patient post-primary assessment**
- C. Performing CPR**
- D. Only administering medications**

The secondary assessment is a crucial component in the patient evaluation process, occurring after the primary assessment has been conducted. It involves a detailed and systematic examination of the patient to identify any additional injuries or medical conditions that may not have been immediately apparent during the initial evaluation. This second phase of assessment includes gathering more comprehensive vital signs, taking a focused history, and performing a thorough physical examination based on the findings from the primary assessment and the mechanism of injury. By conducting this detailed evaluation, healthcare providers can develop an appropriate and focused treatment plan, ensuring that all aspects of a patient's condition are addressed. This methodical approach is particularly important in complex cases where multiple issues may be present. Other options such as stabilizing the patient, administering medications, or performing CPR are essential aspects of patient care but do not specifically define the actions taken during the secondary assessment. These actions may be necessary as part of immediate care or response to specific conditions, but they do not encompass the detailed evaluation process that characterizes the secondary assessment.

### 4. What is a contraindication for the use of nitroglycerin according to REMAC?

- A. Recent phosphodiesterase-5 inhibitor use**
- B. History of asthma**
- C. Severe dehydration**
- D. Old age**

The use of nitroglycerin is contraindicated in patients who have used phosphodiesterase-5 inhibitors, such as sildenafil (Viagra), tadalafil (Cialis), or vardenafil (Levitra), within the last 24 to 48 hours. This combination can lead to severe hypotension because both nitroglycerin and phosphodiesterase-5 inhibitors cause vasodilation. When used together, they can cause an excessive drop in blood pressure that could be life-threatening. Understanding the pharmacological interactions is essential for paramedics. Phosphodiesterase-5 inhibitors enhance the effects of nitric oxide, and when nitroglycerin is administered to these patients, it amplifies this vasodilatory effect, leading to significant cardiovascular risks. The other options do not represent absolute contraindications for the use of nitroglycerin. A history of asthma is typically not an issue, as nitroglycerin does not have adverse effects directly related to asthma. Severe dehydration might raise concerns about blood volume and perfusion status but does not specifically contraindicate nitroglycerin use. Similarly, age itself does not present a contraindication; the primary considerations involve overall health, co-morbid conditions, and medication interactions like those seen

**5. What should be the primary action when a patient's airway is obstructed?**

- A. Check for breathing**
- B. Perform abdominal thrusts**
- C. Administer oxygen**
- D. Begin chest compressions**

When a patient's airway is obstructed, the primary action should be to perform abdominal thrusts. This technique, often referred to as the Heimlich maneuver, is designed to expel an object that is blocking the airway, allowing the patient to breathe again. The abdominal thrusts create pressure that can forcefully push the object out of the airway, restoring airflow. Checking for breathing, while important in assessing the situation, is secondary to the immediate need to clear an obstruction. Administering oxygen is not effective in cases of airway obstruction, as the oxygen cannot reach the lungs if the airway is blocked. Similarly, beginning chest compressions is indicated when a patient is in cardiac arrest, but it does not address the immediate need to clear an obstructed airway. Therefore, performing abdominal thrusts is the critical action that should be taken in this scenario.

**6. How often should vital signs be reassessed in a critically unstable patient?**

- A. Every 10 minutes**
- B. Every 15 minutes**
- C. Continuously**
- D. At the end of the shift**

In critically unstable patients, continuous reassessment of vital signs is essential due to the dynamic nature of their condition. Vital signs, including heart rate, blood pressure, respiratory rate, and oxygen saturation, can change rapidly in these patients, indicating fluctuation in their clinical status. Continuous monitoring allows medical personnel to quickly identify deterioration or improvement, ensuring timely intervention. Regular intervals, such as every 10 or 15 minutes, may not be sufficient for a patient whose condition can evolve rapidly within those time frames. Similarly, assessing vital signs only at the end of the shift poses a significant risk, as critical changes could occur during that period without being detected. Continuous monitoring, therefore, is the most appropriate approach in these scenarios to ensure immediate response and management of the patient's needs.

**7. What should be done regarding a traumatic amputation with respect to tourniquet application in the field?**

- A. Convert tourniquet to direct pressure**
- B. Remove the tourniquet after 30 minutes**
- C. Leave the tourniquet in place until hospital arrival**
- D. Change limb position for blood flow**

In cases of traumatic amputation, applying a tourniquet is a critical step to control severe bleeding. Leaving the tourniquet in place until hospital arrival is essential for several reasons. When a tourniquet is applied, it effectively occludes blood flow to the affected limb, preventing further blood loss and increasing the chances of survival. In the pre-hospital setting, medical personnel may encounter situations where definitive surgical intervention cannot be immediately provided. Hence, maintaining the tourniquet ensures that the patient remains hemodynamically stable until they are able to receive more comprehensive treatment at a hospital. Moreover, removing a tourniquet prematurely, such as after 30 minutes or converting it to direct pressure, could lead to a rapid return of blood flow that might cause significant hemorrhage and potentially threaten the patient's life. Changing the position of the limb in hopes of improving blood flow is not advisable, as this could also compromise the effectiveness of the tourniquet and increase bleeding risk. The decision to keep the tourniquet in place is based on established guidelines which prioritize controlling bleeding and preserving life until more advanced care can be provided.

**8. What is the appropriate response for a penetrating trauma patient who does not show neurological deficits?**

- A. Monitor vital signs only**
- B. Prepare for immediate surgery**
- C. Transport without intervention**
- D. Assess for signs of shock**

The appropriate response for a penetrating trauma patient who does not show neurological deficits is to assess for signs of shock. In cases of penetrating trauma, even if a patient demonstrates no neurological impairment, it is crucial to evaluate their hemodynamic status. Penetrating injuries can potentially damage major blood vessels or organs, leading to internal bleeding and subsequent shock, which could manifest as altered vital signs such as tachycardia, hypotension, or changes in skin perfusion and temperature. Conducting a thorough assessment for shock enables the healthcare provider to identify any need for immediate interventions, such as fluid resuscitation or blood transfusion, that could be vital to the patient's survival. This proactive step is essential in trauma care, as the condition can deteriorate rapidly. Monitoring vital signs only may miss critical changes that indicate worsening status, while transporting without any intervention might delay necessary care. Preparing for immediate surgery could be warranted in specific cases, but without clear signs of instability, a complete assessment for shock is the most appropriate initial action.

**9. Which trio of symptoms is identified as Beck's triad in blunt cardiac tamponade?**

- A. Fever, tachycardia, and confusion**
- B. Hypotension, muffled heart sounds, and jugular venous distension**
- C. Chest pain, dyspnea, and cyanosis**
- D. Bradycardia, fainting, and chest tightness**

Beck's triad is specifically associated with cardiac tamponade and is characterized by three main symptoms: hypotension, muffled heart sounds, and jugular venous distension. Each component of this triad is crucial for recognizing the condition. Hypotension occurs due to the accumulation of fluid in the pericardial space, which exerts pressure on the heart and limits its ability to pump effectively, resulting in low blood pressure. Muffled heart sounds can be detected upon auscultation as the fluid surrounding the heart dampens the sound of the heart's normal function. Jugular venous distension happens as elevated pressure in the pericardial cavity impedes the heart's ability to fill during diastole, leading to increased venous pressure and visible distension of the jugular veins. The combination of these three symptoms signals the need for immediate intervention, as blunt cardiac tamponade can lead to severe hemodynamic instability and requires urgent care. This is why this trio of symptoms is recognized and taught as part of the clinical identification of cardiac tamponade.

**10. How should a paramedic assess a patient's airway?**

- A. Listen for lung sounds and check blood pressure**
- B. Look for obstructions, listen for breathing sounds, and feel for air movement**
- C. Ask the patient to speak and check for swelling**
- D. Perform a blind insertion of an airway adjunct**

Assessing a patient's airway is a critical skill for a paramedic, as it directly impacts the patient's ability to breathe and receive oxygen. The correct approach involves a systematic evaluation that includes inspecting for any visible obstructions, listening for breathing sounds to determine if air is moving in and out, and feeling for air movement from the patient's mouth or nose. By looking for obstructions, such as foreign objects or tissue swelling, the paramedic can identify immediate threats to airway patency.

Listening for breathing sounds provides vital information regarding the adequacy of ventilation and any underlying respiratory issues. Feeling for air movement confirms that the airway is not only open but also functioning correctly, which is essential for effective patient management. This comprehensive assessment ensures that paramedics can respond rapidly to any airway issues, providing necessary interventions like suctioning or airway adjuncts to secure the airway effectively. In this context, other options do not encompass the thorough evaluation needed, as they either focus on irrelevant aspects or lack the depth required for proper airway assessment.

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

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

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