

NEW YORK CITY REMAC PARAMEDIC CREDENTIALING PRACTICE TEST (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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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 immediate action to be taken in the event of a controlled substance count discrepancy?**
 - A. Notify supervisor and document
 - B. Conduct a personal inventory
 - C. Submit a report to law enforcement
 - D. Postpone the shift
- 2. Under what circumstance does HIPAA allow disclosure without patient consent?**
 - A. Research purposes
 - B. Billing
 - C. Public health concerns
 - D. Information sharing with family members
- 3. What is the next step for a 12-year-old with severe asthma who is unresponsive to three nebulizer treatments and IM epinephrine?**
 - A. Administer magnesium sulphate 40 mg/kg IV
 - B. Provide heliox
 - C. Prepare for RSI
 - D. Give theophylline
- 4. Which medication is the first-line antihypertensive treatment for hypertensive encephalopathy?**
 - A. Metoprolol IV
 - B. Nitroglycerin
 - C. Labetalol IV
 - D. Amlodipine
- 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. Which phase of care does the 'golden hour' primarily emphasize?**
- A. Post-transport care
 - B. Immediate pre-hospital care
 - C. Long-term rehabilitation
 - D. Routine assessment
- 7. What are the two main types of respiratory failure?**
- A. Obstructive failure and central failure
 - B. Oxygenation failure and ventilation failure
 - C. Acute failure and chronic failure
 - D. Partial failure and total failure
- 8. What is the aerosolized medication recommended for moderate croup with stridor at rest?**
- A. Albuterol 2.5 mg
 - B. Racemic epinephrine 0.5 mL 2.25% in 2.5 mL NS
 - C. Normal saline 3% solution
 - D. Dexamethasone 0.6 mg/kg
- 9. What is the recommended transport destination for a burn patient with 30% TBSA partial thickness circumferential arm burns?**
- A. Local hospital
 - B. Regional burn centre
 - C. Pediatric intensive care unit
 - D. Trauma center
- 10. What is the purpose of triage tags in emergency situations?**
- A. To document all patient information after treatment
 - B. To identify patient status and priority for treatment
 - C. To ensure transportation logistics are met
 - D. To provide a record of medications administered

Answers

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

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Explanations

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1. What is the immediate action to be taken in the event of a controlled substance count discrepancy?

- A. Notify supervisor and document**
- B. Conduct a personal inventory
- C. Submit a report to law enforcement
- D. Postpone the shift

The immediate action to be taken in the event of a controlled substance count discrepancy is to notify a supervisor and document the situation. This step is crucial because it ensures that the discrepancy is officially logged and addressed in a timely manner. By informing a supervisor, appropriate protocols can be initiated to investigate the discrepancy, assess any potential risks, and determine if further actions are needed, such as an inventory check or an investigation. Documenting the discrepancy provides a clear record of the incident, which is essential for accountability and for following any required reporting procedures. This ensures that there is transparency in the handling of controlled substances and helps maintain compliance with regulations. While conducting a personal inventory, submitting a report to law enforcement, and postponing the shift could be considered in the broader context of addressing the issue, the first and most critical action is to inform a supervisor. This priority helps maintain safety and adherence to organizational policies regarding controlled substances right away.

2. Under what circumstance does HIPAA allow disclosure without patient consent?

- A. Research purposes
- B. Billing**
- C. Public health concerns
- D. Information sharing with family members

The situation in which HIPAA allows disclosure without patient consent is related to billing and payment operations. Under HIPAA regulations, healthcare providers are permitted to share patient information with health plans and other entities for the purposes of obtaining payment for services rendered. This is crucial for ensuring that providers can receive compensation for their services and maintain their financial viability. While other circumstances may allow for disclosures without consent, such as public health concerns, they do not directly relate to the provision of care that is linked to billing. HIPAA includes specific provisions for public health disclosures that aim to control disease outbreaks or report health hazards, but these are separate from the day-to-day billing practices that healthcare providers engage in. Consequently, the ability to share information for billing purposes reflects a fundamental aspect of healthcare operations, emphasizing the need for effective billing processes while still adhering to patient privacy regulations.

3. What is the next step for a 12-year-old with severe asthma who is unresponsive to three nebulizer treatments and IM epinephrine?

- A. Administer magnesium sulphate 40 mg/kg IV**
- B. Provide heliox
- C. Prepare for RSI
- D. Give theophylline

When a 12-year-old patient with severe asthma has shown an unresponsive reaction to multiple nebulizer treatments and IM epinephrine, the clinical situation suggests that the asthma exacerbation is significantly severe and may warrant aggressive treatment options. Administering magnesium sulfate is a well-established intervention for patients experiencing severe asthma exacerbations that do not respond to initial therapies. Magnesium sulfate acts as a bronchodilator and can reduce airway inflammation, thus helping to alleviate the obstructive processes in the airways associated with asthma. The recommended dosage is often 2 grams IV, which can be repeated, depending on the clinical guidelines followed. This intervention can be particularly beneficial in the setting of severe bronchospasm, especially when conventional treatments have failed. In association with the other options, although heliox can be helpful in certain cases due to its low density facilitating easier breathing, it may not be the first-line intervention following the failure of initial treatments. Preparing for rapid sequence intubation (RSI) may be necessary in the event of impending respiratory failure but should only be executed after other interventions have proved to be inadequate. Theophylline is a bronchodilator as well, but it has largely fallen out of favor in acute settings due to its side effect profile and

4. Which medication is the first-line antihypertensive treatment for hypertensive encephalopathy?

- A. Metoprolol IV
- B. Nitroglycerin
- C. Labetalol IV**
- D. Amlodipine

The first-line antihypertensive treatment for hypertensive encephalopathy is labetalol administered intravenously. Labetalol is a combination alpha and beta-adrenergic antagonist that effectively lowers blood pressure without causing significant reflex tachycardia, which can be a concern with other antihypertensive medications. Its dual action helps to provide rapid blood pressure control, which is critical in the context of hypertensive emergencies like encephalopathy, where the aim is to decrease blood pressure quickly to prevent further neurological damage. This condition is characterized by a severe elevation in blood pressure that can result in cerebral edema and neurological impairment. Labetalol's efficacy in rapidly lowering systemic vascular resistance while providing some heart rate control makes it particularly suitable for managing these acute situations. Other medications listed, such as metoprolol, nitroglycerin, and amlodipine, are not first-line choices in this context. Metoprolol is primarily a selective beta-1 blocker that may not provide sufficient blood pressure reduction in acute emergencies. Nitroglycerin is generally utilized for myocardial ischemia rather than direct blood pressure management in encephalopathy. Amlodipine is a calcium channel blocker suited for chronic hypertension but does not provide the

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. Which phase of care does the 'golden hour' primarily emphasize?

- A. Post-transport care
- B. Immediate pre-hospital care**
- C. Long-term rehabilitation
- D. Routine assessment

The 'golden hour' primarily emphasizes immediate pre-hospital care, which refers to the critical first hour after a traumatic injury. This concept underscores the importance of rapid assessment, intervention, and transport of the patient to a medical facility. During this time, prompt actions taken by first responders, such as securing the airway, stopping external bleeding, and ensuring proper stabilization, can significantly influence patient outcomes. The focus on the golden hour is rooted in trauma care protocols that highlight how time-sensitive interventions during this period are most effective at improving survival rates and reducing complications. Rapid transfer to a hospital where definitive care can be provided is essential, which is why immediate pre-hospital care is the correct answer. Other options entail phases of care that do not directly relate to this critical initial period following injury.

7. What are the two main types of respiratory failure?

- A. Obstructive failure and central failure
- B. Oxygenation failure and ventilation failure**
- C. Acute failure and chronic failure
- D. Partial failure and total failure

The two main types of respiratory failure are categorized into oxygenation failure and ventilation failure. Oxygenation failure occurs when there is inadequate oxygen transfer from the alveoli into the blood. This type of failure can lead to hypoxemia, where the arterial blood oxygen levels drop too low to meet the body's needs. Ventilation failure, on the other hand, refers to insufficient carbon dioxide removal from the body. This can result from conditions that impair the ability to breathe effectively, leading to hypercapnia or elevated levels of carbon dioxide in the bloodstream. Understanding the distinction between these two types is crucial for appropriate diagnosis and treatment of respiratory conditions. While other options may touch on related aspects of respiratory comorbidities or classifications, they do not accurately represent the primary categorizations of respiratory failure as defined in medical terminology.

8. What is the aerosolized medication recommended for moderate croup with stridor at rest?

- A. Albuterol 2.5 mg
- B. Racemic epinephrine 0.5 mL 2.25% in 2.5 mL NS**
- C. Normal saline 3% solution
- D. Dexamethasone 0.6 mg/kg

For moderate croup with stridor at rest, the recommended treatment includes the use of aerosolized racemic epinephrine. This medication is indicated because it works as a bronchodilator and provides temporary relief from airway swelling, which is a characteristic of croup. Racemic epinephrine helps to constrict the blood vessels in the airway, reducing edema and the associated stridor, thereby improving the child's ability to breathe comfortably. The dosing of racemic epinephrine is often 0.5 mL of a 2.25% solution diluted in 2.5 mL of normal saline, making it effective for this specific situation. This treatment can rapidly alleviate symptoms while the patient is being assessed and managed further. Other options may play a role in the overall treatment of croup but are not appropriate for this immediate intervention. Albuterol is primarily a bronchodilator used in conditions like asthma and does not effectively address the inflammation associated with croup. Normal saline 3% solution is a hypertonic saline used to help with pulmonary edema but lacks the specific action needed for croup treatment. Dexamethasone, while an important steroid for reducing inflammation, is typically given orally or intravenously rather than aerosolized and

9. What is the recommended transport destination for a burn patient with 30% TBSA partial thickness circumferential arm burns?

- A. Local hospital
- B. Regional burn centre**
- C. Pediatric intensive care unit
- D. Trauma center

A burn patient with 30% Total Body Surface Area (TBSA) partial thickness circumferential arm burns requires specialized care due to the significant extent and nature of the injuries. The recommendation for transport to a regional burn center is based on several factors. Burn centers are equipped with the resources, expertise, and specialized staff to manage complex burn injuries effectively. They have advanced capabilities for burn treatment, including wound management, pain control, fluid resuscitation, and the potential for surgical interventions such as skin grafts. Circumferential burns, particularly on limbs, present unique risks, including potential compartment syndrome due to swelling that can compromise blood flow and lead to serious complications. In contrast, while local hospitals may be able to provide initial treatment for burns, they often lack the specialized training and facilities necessary to handle extensive or complicated burns, especially those involving significant TBSA. Transporting the patient directly to a burn center ensures that they receive the most appropriate and timely care tailored to their needs. Other choices, such as a pediatric intensive care unit or a trauma center, may not have the same specialized focus on burn injuries, making a regional burn center the most suitable destination.

10. What is the purpose of triage tags in emergency situations?

- A. To document all patient information after treatment
- B. To identify patient status and priority for treatment**
- C. To ensure transportation logistics are met
- D. To provide a record of medications administered

The purpose of triage tags in emergency situations is to identify patient status and prioritize treatment. In mass casualty incidents or emergencies, it is crucial for first responders to quickly assess and categorize victims based on the severity of their injuries. Triage tags are color-coded or labeled accordingly, allowing medical personnel to easily determine which patients need immediate care and which can wait for treatment. This system is vital for managing multiple patients effectively, ensuring that those with life-threatening conditions receive prompt attention, while also streamlining the treatment process. Triage tags help maintain order and facilitate clear communication among rescue and medical teams, ultimately improving the efficiency of emergency medical response. While documenting patient information, meeting transportation logistics, and recording medications are important aspects of patient care, they do not specifically address the immediate need for prioritizing treatment in an emergency situation as triage tags do.

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://nycremacparamediccred.examzify.com>

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

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