

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



SAMPLE STUDY GUIDE WITH LIMITED 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. 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 an important consideration when managing a hypothermic patient in cardiac arrest?**
 - A. Minimize physical activity
 - B. Administer warm fluids immediately
 - C. Check blood glucose levels frequently
 - D. Adjust CPR depth

- 2. 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

- 3. What is the primary difference between a STEMI and an NSTEMI?**
 - A. A STEMI shows ST segment elevation on an ECG indicating a full blockage
 - B. Both STEMI and NSTEMI show ST segment elevation
 - C. An NSTEMI shows ST segment elevation indicating a full blockage
 - D. STEMI indicates no blockage while NSTEMI indicates a full blockage

- 4. What is the definition of 'rescue breathing'?**
 - A. Delivering breaths to a patient who is breathing
 - B. Delivering breaths to a patient who is not breathing but has a pulse
 - C. Providing chest compressions
 - D. Giving supplemental oxygen to a patient

- 5. How can paramedics ensure handoff communication is effective during transitions in care?**
 - A. By providing verbal instructions only
 - B. By using standardized communication tools
 - C. By minimizing documentation during handoffs
 - D. By relying solely on patient history

- 6. What is the next drug administered for beta-blocker overdose in cases of bradycardia?**
- A. Glucagon 5 mg IV
 - B. Atropine 0.5 mg IV
 - C. Adrenaline 1 mg IV
 - D. Calcium chloride 1 g IV
- 7. What is the recommended initial fluid bolus for a patient with ST-segment elevation and hypotension?**
- A. 20 mL/kg normal saline
 - B. 30 mL/kg normal saline
 - C. 40 mL/kg normal saline
 - D. 10 mL/kg normal saline
- 8. A child presenting with moderate stridor and difficulty breathing should primarily receive what treatment?**
- A. Corticosteroids only
 - B. Humidified oxygen
 - C. Aerosolized racemic epinephrine
 - D. Intravenous fluids
- 9. What is the ideal time frame for effective reperfusion therapy for STEMI?**
- A. Within 30 minutes
 - B. Within 90 minutes
 - C. Within 3 hours
 - D. Within 24 hours
- 10. What percentage of the standard knowledge questions covers adult medical topics?**
- A. 15%
 - B. 35%
 - C. 10%
 - D. 25%

Answers

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

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Explanations

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1. What is an important consideration when managing a hypothermic patient in cardiac arrest?

- A. Minimize physical activity**
- B. Administer warm fluids immediately
- C. Check blood glucose levels frequently
- D. Adjust CPR depth

Minimizing physical activity in a hypothermic patient in cardiac arrest is crucial because excessive movement can potentially exacerbate the patient's condition. In cases of hypothermia, the body is already in a compromised state, and maintaining as stable a condition as possible is essential. Physical activity can lead to further heat loss, which is detrimental in this context. In addition, it is important to remember that hypothermic patients often exhibit altered physiology, including bradycardia and low metabolic rates. Therefore, any unnecessary movement could lead to the risk of further cooling the body and complicating resuscitation efforts. Consequently, minimizing movement helps to focus on stabilizing the patient and preserving vital signs during resuscitation efforts.

2. 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.

3. What is the primary difference between a STEMI and an NSTEMI?

- A. A STEMI shows ST segment elevation on an ECG indicating a full blockage**
- B. Both STEMI and NSTEMI show ST segment elevation
- C. An NSTEMI shows ST segment elevation indicating a full blockage
- D. STEMI indicates no blockage while NSTEMI indicates a full blockage

The primary distinction between a STEMI (ST-Elevation Myocardial Infarction) and an NSTEMI (Non-ST-Elevation Myocardial Infarction) lies in the presence of ST segment elevation on an electrocardiogram (ECG). In a STEMI, there is a significant elevation in the ST segment, which signals a complete blockage of a coronary artery and indicates that there is an extensive area of heart muscle at risk due to lack of blood flow. This condition requires immediate intervention to restore blood flow and minimize heart damage. In contrast, NSTEMI is characterized by the absence of ST segment elevation. While NSTEMI indicates some level of myocardial injury, it generally involves either partial blockage or transient ischemia. It can be associated with elevated cardiac biomarkers but does not produce the same urgent ECG changes that necessitate immediate revascularization procedures like a STEMI. Thus, the correct answer effectively captures the critical difference between the two types of myocardial infarctions by highlighting the presence of ST segment elevation in STEMI, which is essential for understanding the urgency of treatment required for each condition.

4. What is the definition of 'rescue breathing'?

- A. Delivering breaths to a patient who is breathing
- B. Delivering breaths to a patient who is not breathing but has a pulse**
- C. Providing chest compressions
- D. Giving supplemental oxygen to a patient

Rescue breathing is defined as delivering breaths to a patient who is not breathing but still has a pulse. This technique is essential in emergency situations where a patient has experienced respiratory arrest but retains cardiac function. The goal of rescue breathing is to provide oxygen to the lungs and ultimately to the body's tissues and organs, while allowing the heart to continue pumping blood. In this scenario, it is crucial to recognize the distinction between a patient who is breathing and one who is not. While a patient who is breathing may require assistance in different ways (such as supplemental oxygen), they do not need rescue breaths. Providing chest compressions is part of CPR and is performed on a patient who is unresponsive and has no pulse, therefore not applicable to rescue breathing. Giving supplemental oxygen is helpful in many respiratory situations, but it does not replace the need for rescue breathing when a person has stopped breathing altogether. Thus, option B accurately captures the purpose and methodology of rescue breathing.

5. How can paramedics ensure handoff communication is effective during transitions in care?

- A. By providing verbal instructions only
- B. By using standardized communication tools**
- C. By minimizing documentation during handoffs
- D. By relying solely on patient history

Using standardized communication tools is essential for ensuring effective handoff communication during transitions in care. These tools provide a structured approach to sharing critical information between healthcare providers, which helps to reduce the likelihood of errors and miscommunication. Standardized communication methods, such as the SBAR (Situation, Background, Assessment, Recommendation) framework or checklists, facilitate comprehensive and clear exchanges of pertinent patient information, promote consistency, and help all parties involved understand their roles during the handoff. Moreover, employing standardized tools encourages paramedics to cover all necessary aspects of patient care, including the patient's condition, treatment administered, and ongoing needs. This structured communication not only improves the quality of information transferred but also enhances teamwork and collaboration among the healthcare team, ultimately leading to better patient outcomes.

6. What is the next drug administered for beta-blocker overdose in cases of bradycardia?

- A. Glucagon 5 mg IV**
- B. Atropine 0.5 mg IV
- C. Adrenaline 1 mg IV
- D. Calcium chloride 1 g IV

In the context of a beta-blocker overdose accompanied by bradycardia, administering glucagon is the recommended course of action. Glucagon works by increasing heart rate and improving cardiac output, as it effectively counters the effects of beta-blocker toxicity. It stimulates the adenylate cyclase pathway, ultimately leading to increased levels of cyclic AMP in cardiomyocytes, which enhances myocardial contractility and can alleviate bradycardia. Glucagon is particularly advantageous in this scenario because it does not rely on beta-adrenergic receptors to function, making it suitable in situations where those receptors are inhibited due to the effects of beta-blockers. Consequently, when bradycardia results from an overdose of beta-blocking agents, glucagon can effectively mitigate these effects and restore heart rate. The alternatives offered, while relevant in other contexts, do not specifically address the mechanism or treatment efficacy against beta-blocker overdose.

7. What is the recommended initial fluid bolus for a patient with ST-segment elevation and hypotension?

- A. 20 mL/kg normal saline
- B. 30 mL/kg normal saline**
- C. 40 mL/kg normal saline
- D. 10 mL/kg normal saline

The recommended initial fluid bolus for a patient with ST-segment elevation and hypotension is 30 mL/kg of normal saline. This volume is considered appropriate to achieve adequate intravascular volume, which is especially crucial in cases of hypotension associated with conditions like ST-segment elevation myocardial infarction (STEMI). In such scenarios, rapid fluid resuscitation is needed to restore blood pressure and improve perfusion to vital organs. A bolus of 30 mL/kg provides a substantial volume that typically supports hemodynamic stability by helping to increase stroke volume and cardiac output. It is essential to monitor the patient's response closely, as fluid needs can vary based on individual circumstances, especially considering the risks of fluid overload. This guideline aligns with current resuscitation protocols, which emphasize the importance of early and aggressive volume resuscitation in patients presenting with hypotension due to conditions like STEMI. Choosing a bolus that is too low could lead to inadequate resuscitation, while very high volumes may pose unnecessary risks of complications.

8. A child presenting with moderate stridor and difficulty breathing should primarily receive what treatment?

- A. Corticosteroids only
- B. Humidified oxygen
- C. Aerosolized racemic epinephrine**
- D. Intravenous fluids

A child exhibiting moderate stridor and difficulty breathing is likely experiencing upper airway obstruction, often due to conditions such as croup or an allergic reaction. In this scenario, the priority is to reduce airway swelling and improve breathing. Aerosolized racemic epinephrine is a bronchodilator that acts quickly to constrict blood vessels in the upper airway, thereby reducing edema and swelling. This can effectively relieve stridor and associated respiratory distress. Corticosteroids are also beneficial for inflammatory conditions but may take longer to exert their effects compared to aerosolized racemic epinephrine. While humidified oxygen can help with overall comfort and hydration of the airways, it does not directly address the underlying issue of airway swelling that is causing the moderate stridor. Intravenous fluids, while crucial for certain medical conditions, are not appropriate as a first-line treatment for airway obstruction and would not treat the immediate respiratory distress. Thus, aerosolized racemic epinephrine stands out as the immediate treatment choice to provide rapid relief for moderate stridor and breathing difficulties in this pediatric patient.

9. What is the ideal time frame for effective reperfusion therapy for STEMI?

- A. Within 30 minutes
- B. Within 90 minutes**
- C. Within 3 hours
- D. Within 24 hours

The ideal time frame for effective reperfusion therapy for ST-Elevation Myocardial Infarction (STEMI) is within 90 minutes. This timeframe is critical because the heart muscle is at significant risk of damage during a myocardial infarction, and timely intervention can significantly reduce the extent of this damage. Research and clinical guidelines recommend that reperfusion therapy—either through percutaneous coronary intervention (PCI) or thrombolytics—should ideally be administered as quickly as possible, typically within 90 minutes of a patient's first medical contact. This is because the sooner the blocked coronary artery is opened, the less myocardial tissue is lost, leading to better outcomes for the patient, including reduced mortality and improved overall heart function. While it is true that some studies have suggested benefits up to three hours and even beyond, the greatest potential for preserving heart muscle and improving patient outcomes is realized within that 90-minute window. Prompt reperfusion therapy helps to restore blood flow to the heart, minimizing ischemic damage. Therefore, achieving this timely intervention is a crucial goal in the management of STEMI patients.

10. What percentage of the standard knowledge questions covers adult medical topics?

- A. 15%
- B. 35%**
- C. 10%
- D. 25%

The correct answer indicates that 35% of the standard knowledge questions focus on adult medical topics. This percentage signifies a substantial portion of the exam is dedicated to adult medical issues, reflecting their importance in paramedic practice. Understanding the complexities of adult patients, including their unique physiological responses, common medical emergencies, and relevant assessment techniques, is crucial for effective patient care. The significant allocation of questions to adult medical topics underscores the necessity for paramedics to be well-versed in managing adult patients, which may include conditions such as cardiac events, respiratory issues, and comprehensive trauma scenarios. A solid grasp of these areas ensures that paramedics can provide high-quality pre-hospital care and make informed clinical decisions in the field. Other answer choices represent lower percentages, which do not accurately capture the emphasis placed on adult medical topics in paramedic training and assessments. Recognizing the proportion of questions allocated to this area can help candidates prioritize their study focus, ensuring they are adequately prepared for real-world medical emergencies.

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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