New York State Basic Emergency Medical Technician (EMT-B) Practice Exam (Sample)

Study Guide

Everything you need from our exam experts!

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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

1. When using a non-rebreather mask with an oxygen reservoir, what is the appropriate liter flow setting?

A. 5 l/min

B. 10 l/min

C. 15 l/min

D. 20 l/min

2. What is the correct sequence and number of vertebrae sections?

A. Cervical (7), thoracic (5), lumbar (12), sacral (5), coccygeal (4)

B. Cervical (5), thoracic (12), lumbar (7), sacral (4), coccygeal (5)

C. Cervical (12), thoracic (4), lumbar (7), sacral (5), coccygeal (5)

D. Cervical (7), thoracic (12), lumbar (5), sacral (4), coccygeal (3)

3. What is considered a critical burn injury?

A. Burns of the arms.

B. Full thickness burns involving the trunk.

C. Partial thickness burns on limbs.

D. Burns on lower extremities only.

4. What anatomical term indicates the front of the body?

A. Posterior

B. Ventral

C. Anterior

D. Distal

5. Which areas of the spine contain 5 vertebrae each?

A. Cervical and Thoracic

B. Thoracic and Lumbar

C. Lumbar and Sacral

D. Cervical and Sacral

6. When spinal injuries are suspected, the EMS provider should FIRST:

- **A. Hyperextend the neck to secure the airway**
- **B. Determine the extent of the paralysis**
- **C. Apply an extrication collar**
- **D. Apply manual stabilization and secure the airway**

7. What is a pre-hospital care report (PCR) considered to be?

- **A. Inadmissible in a court of law**
- **B. Research document only**
- **C. Part of the patient's hospital chart**
- **D. Public property**

8. Which assessment is crucial for a victim with a suspected spinal injury?

- **A. Check pulse and respiratory rate.**
- **B. Check for consciousness and orientation.**
- **C. Assess for entry and exit wounds.**
- **D. Stabilize the spine before moving.**

9. What is the recommended procedure for the transportation of a severed limb to the hospital?

- **A. Wrap the limb in sterile gauze, seal in a plastic bag, and put it on ice**
- **B. Wrap the limb in sterile gauze, seal in a plastic bag, and keep it cool**
- **C. Place the limb directly in saline solution**
- **D. Wrap the limb in dry cloth and carry it in the hand**

10. In an unwitnessed collapse scenario, what is the first step you should take?

- **A. Call for help**
- **B. Give 2 minutes of CPR before leaving to activate the emergency response system**
- **C. Start compressions immediately**
- **D. Check for responsiveness**

Answers

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

Explanations

1. When using a non-rebreather mask with an oxygen reservoir, what is the appropriate liter flow setting?

A. 5 l/min

B. 10 l/min

C. 15 l/min

D. 20 l/min

Using a non-rebreather mask with an oxygen reservoir is an effective way to deliver high concentrations of oxygen to a patient who is in respiratory distress or experiencing hypoxia. The appropriate liter flow setting for this mask is typically around 15 liters per minute. This flow rate is necessary to ensure that the oxygen reservoir bag remains inflated during the patient's inhalation, allowing them to receive a high concentration of oxygen (usually 80-100%). When the flow is set at 15 liters per minute, it compensates for the oxygen that the patient inhales and helps to maintain the reservoir's volume, preventing it from collapsing when the patient breathes in. Setting the liter flow lower than this, such as at 5 or 10 liters per minute, can result in inadequate oxygen delivery and may cause the reservoir bag to deflate, ultimately reducing the effectiveness of the non-rebreather mask. Although a flow of 20 liters per minute may provide a surplus of oxygen, it is generally unnecessary and not typically required for effective therapy via the non-rebreather mask.

2. What is the correct sequence and number of vertebrae sections?

A. Cervical (7), thoracic (5), lumbar (12), sacral (5), coccygeal (4)

B. Cervical (5), thoracic (12), lumbar (7), sacral (4), coccygeal (5)

C. Cervical (12), thoracic (4), lumbar (7), sacral (5), coccygeal (5)

D. Cervical (7), thoracic (12), lumbar (5), sacral (4), coccygeal (3)

The correct sequence and number of vertebrae sections are crucial to understanding human anatomy, particularly in the context of emergency medical services. The human vertebral column is composed of several regions: - The cervical section consists of 7 vertebrae, commonly referred to as C1 to C7. This section supports the head and allows for its range of motion. - Following the cervical section, the thoracic region contains 12 vertebrae, labeled T1 to T12. These vertebrae articulate with the ribs and form the mid-back portion. - The lumbar region comprises 5 vertebrae, labeled L1 to L5. This area is responsible for bearing the majority of the body's weight and allows for a greater range of motion compared to the thoracic spine. - The sacral section is made up of 5 fused vertebrae, collectively known as the sacrum. This region connects the spine to the pelvis. - Finally, the coccygeal section includes typically 4 fused bones known as the coccyx or tailbone, although this number can vary slightly among individuals. The provided answer reflects the accurate nomenclature and number of vertebrae in each section, which is foundational knowledge for EMTs. Understanding

3. What is considered a critical burn injury?

A. Burns of the arms.

B. Full thickness burns involving the trunk.

C. Partial thickness burns on limbs.

D. Burns on lower extremities only.

A critical burn injury is defined primarily by the depth and extent of the burn as well as the location on the body. Full thickness burns, also known as third-degree burns, extend through all layers of the skin and can damage underlying tissues. When these burns involve the trunk, they pose significant risks because the trunk contains vital organs and plays a crucial role in regulating body temperature and providing support for bodily functions. Injuries in this area can lead to severe complications such as fluid loss, infection, and potentially life-threatening systemic responses. The serious underlying damage caused by full thickness burns over such a large and critical area emphasizes the need for immediate and advanced medical treatment. Therefore, burns involving the trunk are recognized as part of the criteria for critical burn injuries due to their potential for serious consequences and the urgent care they require. In contrast, other types of burn injuries listed, such as burns of the arms or partial thickness burns on limbs, generally do not carry the same level of risk for systemic problems or complications as full thickness burns on the trunk. Burns limited to the lower extremities, while potentially serious, are typically less critical than those involving more central areas of the body like the trunk.

4. What anatomical term indicates the front of the body?

A. Posterior

B. Ventral

C. Anterior

D. Distal

The term that indicates the front of the body is "anterior." In anatomical terminology, "anterior" refers to the positioning that is toward the front of the body when in the standard anatomical position, which is standing upright with arms at the sides and palms facing forward. This serves as a foundational concept in understanding human anatomy and is essential for effectively communicating the locations of structures or injuries. "Ventral" also refers to a similar concept as it often pertains to the belly side of an organism, but "anterior" specifically denotes the front in a more general context applicable to humans. "Posterior" describes the back of the body, while "distal" indicates a position further from the point of attachment or origin (such as the limbs relative to the torso). Understanding these terms provides clarity in describing anatomical locations and is crucial for EMTs when assessing and communicating about patients.

5. Which areas of the spine contain 5 vertebrae each?

A. Cervical and Thoracic

B. Thoracic and Lumbar

C. Lumbar and Sacral

D. Cervical and Sacral

The lumbar and sacral regions of the spine are known to consist of 5 and 5 vertebrae respectively. The lumbar spine is made up of five vertebrae that are larger and designed to bear more weight, allowing for greater mobility and the support necessary for various movements. The sacral region, which is at the base of the spine, is typically composed of five fused vertebrae that form a single structure known as the sacrum. While in childhood, the sacral vertebrae are separate, they fuse together as a person matures, creating one solid bone that connects the spine to the pelvis. Understanding the vertebral makeup of the spine is crucial as it relates to conditions involving back pain, structural issues, and the overall biomechanics of the human body. This knowledge also supports the assessment and treatment approaches an EMT may need to employ when addressing spinal injuries. The cervical spine consists of seven vertebrae, while the thoracic spine has twelve, which clarifies why those regions do not apply to this question.

6. When spinal injuries are suspected, the EMS provider should FIRST:

A. Hyperextend the neck to secure the airway

B. Determine the extent of the paralysis

C. Apply an extrication collar

D. Apply manual stabilization and secure the airway

When spinal injuries are suspected, prioritizing patient stabilization is essential before any further interventions. Applying manual stabilization of the head and neck is critical as it minimizes any potential movement that could exacerbate a spinal injury. This action helps to protect the spinal cord while ensuring that the airway is secured. After this step, other interventions, such as applying an extrication collar, can follow. However, manual stabilization must occur first to keep the spine in a neutral position and limit any movement that could lead to further injury. Ensuring that the airway is secure is also paramount, especially in trauma cases, as compromised airway management can have dire consequences. The emphasis on stability and maintaining a secure airway underscores the principle of providing safe and effective patient care in emergency situations.

7. What is a pre-hospital care report (PCR) considered to be?

A. Inadmissible in a court of law

B. Research document only

C. Part of the patient's hospital chart

D. Public property

The pre-hospital care report (PCR) is considered to be part of the patient's hospital chart because it provides a detailed account of the patient's condition and the care provided during transport to a medical facility. This documentation is crucial for a number of reasons: it ensures continuity of care by informing hospital staff about the patient's status at the time of transport, facilitates accurate medical decision-making, and serves as a permanent record of the pre-hospital care provided. By integrating the PCR into the hospital chart, it allows for comprehensive documentation of the patient's medical history, treatment received, and any changes in their condition, which can be vital for ongoing medical treatment and legal considerations surrounding the care that was delivered. This relationship to the hospital chart underscores the importance of accurate and thorough documentation in pre-hospital emergency medical services.

8. Which assessment is crucial for a victim with a suspected spinal injury?

A. Check pulse and respiratory rate.

B. Check for consciousness and orientation.

C. Assess for entry and exit wounds.

D. Stabilize the spine before moving.

In the case of a victim with a suspected spinal injury, stabilizing the spine before any movement is critical to prevent further injury. The spinal cord is a delicate structure, and movement without proper stabilization can exacerbate any potential injury, leading to permanent damage or paralysis. When a spinal injury is suspected, it is imperative to minimize any movement that could impact the spine. This involves using appropriate immobilization techniques, such as a neck collar and a backboard, to ensure that the spine is kept in a neutral position. Stabilization helps to protect the spinal cord from additional trauma and is a fundamental step in the management of such injuries. While assessing pulse, respiratory rate, consciousness, and orientation are indeed vital parts of patient assessment and management, they are secondary to ensuring the spine is stabilized in cases of suspected spinal injuries. Similarly, assessing for entry and exit wounds is important in trauma care but does not take precedence over spinal stabilization.

9. What is the recommended procedure for the transportation of a severed limb to the hospital?

A. Wrap the limb in sterile gauze, seal in a plastic bag, and put it on ice

B. Wrap the limb in sterile gauze, seal in a plastic bag, and keep it cool

C. Place the limb directly in saline solution

D. Wrap the limb in dry cloth and carry it in the hand

The recommended procedure for the transportation of a severed limb includes wrapping the limb in sterile gauze and sealing it in a plastic bag to protect it from contamination and to preserve its condition during transport. Keeping the limb cool is crucial because it helps to slow down the decomposition process and preserves the tissue as much as possible for reattachment if that's feasible. Using a sterile environment minimizes the risk of infection, which is paramount for any potential surgical intervention later. While ice can be effective in cooling down temperatures, it's vital that the limb does not come into direct contact with ice or water, as this can cause frostbite and further damage to the tissue. Instead, placing the wrapped limb in a cool environment (like an ice pack) without direct contact aligns with preserving the tissue's viability. This method ensures that the severed limb remains in the best possible condition until it reaches the hospital, where medical professionals can evaluate and potentially reattach the limb. The other methods, such as placing the limb directly in saline solution or carrying it in a dry cloth, lack the appropriate protective and cooling measures necessary for effective transport and preservation.

10. In an unwitnessed collapse scenario, what is the first step you should take?

A. Call for help

B. Give 2 minutes of CPR before leaving to activate the emergency response system

C. Start compressions immediately

D. Check for responsiveness

In an unwitnessed collapse scenario, the first step you should take is to check for responsiveness. This is crucial because it helps to determine whether the person is conscious, responsive, and potentially able to breathe on their own. Assessing responsiveness allows you to evaluate the victim's condition and decide the appropriate next steps in providing care. If the person is unresponsive, it indicates a more serious situation where immediate action is necessary, such as activating the emergency response system and potentially beginning CPR. Ensuring that the person is truly unresponsive also minimizes the chance of overlooking someone who may be in need of different first aid measures. Checking for responsiveness is fundamental in emergency medical protocols and serves as the initial step in the assessment of any patient following a collapse.

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://newyorkstate-emtb.examzify.com

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