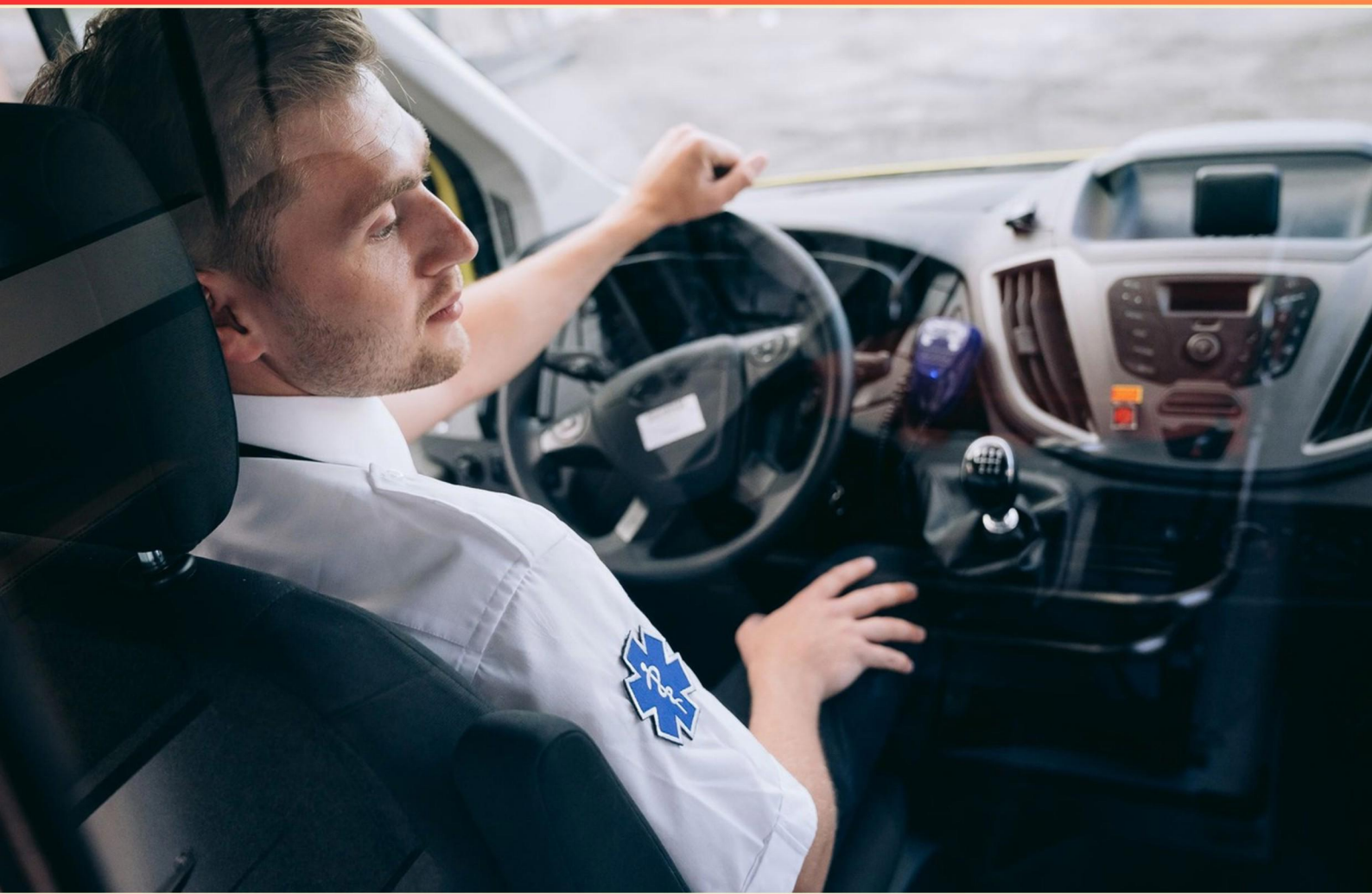


NEW ZEALAND EMT COMPUTER-AIDED DISPATCH (CAD) PRACTICE TEST (SAMPLE) STUDY GUIDE



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. How does blood typically behave during irreversible shock?**
 - A. It flows freely through arteries
 - B. It sludges and coagulates
 - C. It remains oxygen-rich
 - D. It circulates rapidly
- 2. What is a contraindication for using laryngoscope and Magill forceps?**
 - A. The patient is unconscious
 - B. The patient is conscious
 - C. The object is visible
 - D. Presence of severe trauma
- 3. In what position should the head be when using a laryngoscope and Magill forceps?**
 - A. Head tilted forward
 - B. Head extended
 - C. Head turned to the side
 - D. Head tucked down
- 4. What is an indication for using a laryngoscope and Magill forceps in cases of foreign body airway obstruction?**
 - A. Patient is conscious and responsive
 - B. Patient is unconscious and the object cannot be removed with a finger sweep
 - C. Presence of severe allergic reaction
 - D. The patient has a history of asthma
- 5. What is unique about medication delivery for CORD patients?**
 - A. The use of larger doses
 - B. Titrating oxygen saturation from 88-92%
 - C. Administering only oral medications
 - D. Using non-invasive ventilation techniques exclusively

- 6. During which stage of birth does the baby's head flex?**
- A. Descent
 - B. Engagement
 - C. Flexion
 - D. Extension
- 7. Which pathology characteristic is NOT associated with asthma?**
- A. Mucous plugging
 - B. Bronchospasm
 - C. Chest tightness
 - D. Oedema
- 8. Which sign may indicate a concussion in a patient?**
- A. Fever
 - B. Memory loss
 - C. Chest pain
 - D. Persistent cough
- 9. What is a contraindication for applying a cervical collar?**
- A. Conscious patient
 - B. Unconscious patient
 - C. Mild neck pain
 - D. Patient with a headache
- 10. What role does the hypothalamus play in the human body?**
- A. Regulates blood pressure
 - B. Controls body temperature
 - C. Manages sleep cycles
 - D. Affects hormonal balances

Answers

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

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Explanations

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1. How does blood typically behave during irreversible shock?

- A. It flows freely through arteries
- B. It sludges and coagulates**
- C. It remains oxygen-rich
- D. It circulates rapidly

In cases of irreversible shock, blood behavior changes significantly due to the body's compromised physiological state. During irreversible shock, the mechanisms that maintain adequate circulation and oxygenation begin to fail. As a result, blood can become thickened and more viscous, leading to a phenomenon known as "sludging." This sludging occurs because of a combination of factors, including decreased perfusion, which causes a deficiency in nutrients and oxygen to tissues, as well as the onset of acidosis and the depletion of certain substances like clotting factors. Coagulation processes can also be activated, which further contributes to the thickening of blood. This increased viscosity can severely impair the ability of blood to flow freely through the vascular system, exacerbating tissue hypoxia and leading to further organ dysfunction. The other options do not accurately reflect the pathophysiological changes that occur during irreversible shock. Blood does not flow freely through arteries, nor does it remain oxygen-rich. Instead, the compromised circulation leads to ineffective transport of oxygen and nutrients. Rapid circulation is also not typical, as the circulatory system struggles to maintain adequate flow due to the combined effects of poor perfusion and increased blood viscosity.

2. What is a contraindication for using laryngoscope and Magill forceps?

- A. The patient is unconscious
- B. The patient is conscious**
- C. The object is visible
- D. Presence of severe trauma

Using a laryngoscope and Magill forceps is contraindicated when the patient is conscious because both of these tools are designed for use in situations where the airway needs to be secured in a typically unconscious patient. When a patient is conscious, there is a risk of gagging, airway spasm, or other reflexes that could lead to complications such as aspiration or injury to the airway during the procedure. Additionally, conscious patients may not tolerate the invasive nature of these instruments well, as they can provoke anxiety or discomfort, leading to further complications. The intent of these tools is to facilitate airway management in patients who are unable to maintain their own airway due to unresponsiveness or other critical conditions, making their use inappropriate in a conscious patient who can still manage their airway. In contrast, the presence of severe trauma or visible objects in the airway might warrant the use of these tools, but this comes with its own considerations and may not always be straightforward, depending on the specific circumstantial factors at play.

3. In what position should the head be when using a laryngoscope and Magill forceps?

- A. Head tilted forward
- B. Head extended**
- C. Head turned to the side
- D. Head tucked down

When using a laryngoscope and Magill forceps, it is essential for the head to be in an extended position. This head extension helps to align the oral, pharyngeal, and laryngeal axes, facilitating a clearer view of the vocal cords during intubation. In this position, the airway becomes more accessible, enabling the clinician to insert the laryngoscope blade effectively and visualize the structures needed for intubation. Having the head extended straightens the pathway for the tube to follow, minimizing the risk of trauma or obstruction. Proper alignment can significantly enhance the success rate of the procedure and reduce complications, making this positioning critical for effective airway management.

4. What is an indication for using a laryngoscope and Magill forceps in cases of foreign body airway obstruction?

- A. Patient is conscious and responsive
- B. Patient is unconscious and the object cannot be removed with a finger sweep**
- C. Presence of severe allergic reaction
- D. The patient has a history of asthma

The appropriate indication for using a laryngoscope and Magill forceps in cases of foreign body airway obstruction is when the patient is unconscious and the object cannot be removed with a finger sweep. In situations where a foreign body is obstructing the airway of an unconscious patient, more advanced intervention is necessary to ensure the airway is opened and the obstruction is cleared. Using a laryngoscope allows the healthcare provider to visualize the airway and locate the foreign object more clearly, while Magill forceps provide the necessary grip to retrieve the object safely. This method is particularly crucial in unconscious patients, as they lack protective reflexes, increasing the risk of aspiration and further airway compromise. Other scenarios, such as a conscious and responsive patient, may allow for other interventions, such as the Heimlich maneuver, rather than advanced airway techniques. The presence of a severe allergic reaction or a history of asthma may complicate treatment planning, but do not inherently indicate the need for laryngoscopy and forceps for foreign body removal. Hence, the context provided confirms that option B is the most suitable indication for the use of these tools in the specified emergency situation.

5. What is unique about medication delivery for CORD patients?

- A. The use of larger doses
- B. Titrating oxygen saturation from 88-92%**
- C. Administering only oral medications
- D. Using non-invasive ventilation techniques exclusively

The unique aspect of medication delivery for Chronic Obstructive Respiratory Disease (CORD) patients involves titrating oxygen saturation levels to a range of 88-92%. This approach is specifically designed to minimize the risk of hypercapnia, a condition where carbon dioxide builds up in the bloodstream. In patients with CORD, high levels of oxygen can suppress their respiratory drive, potentially leading to respiratory failure. Therefore, maintaining an oxygen saturation level within this targeted range helps to ensure that these patients receive adequate oxygen without compromising their ability to breathe effectively. The other options do not align with the best practices for managing CORD patients. For instance, administering larger doses of medication is not a general principle for managing CORD, nor is the use of only oral medications; CORD management may require various routes of administration depending on the clinical scenario. Similarly, while non-invasive ventilation techniques can be beneficial, they are not the exclusive method for these patients and are used selectively based on individual needs and conditions.

6. During which stage of birth does the baby's head flex?

- A. Descent
- B. Engagement
- C. Flexion**
- D. Extension

The stage of birth during which the baby's head flexes is flexion. This stage is crucial as it involves the baby's chin moving closer to the chest, which allows for a smaller diameter to navigate through the birth canal more effectively. This flexion position facilitates the alignment of the baby's head with the axis of the pelvis, helping to ease the passage during delivery. As a result, it plays a significant role in the overall birth process by aiding in both descent and eventual delivery. During this stage, the flexion of the head is essential to optimize the space for birth, making it a critical aspect that contributes to the progression of labor and delivery.

7. Which pathology characteristic is NOT associated with asthma?

- A. Mucous plugging
- B. Bronchospasm
- C. Chest tightness**
- D. Oedema

Chest tightness is a common symptom experienced by individuals with asthma, but it is not classified as a pathology characteristic. Pathology characteristics refer to the physical changes and conditions within the body that relate directly to the disease process. In the context of asthma, mucous plugging, bronchospasm, and oedema are all recognizable pathological features. Mucous plugging occurs when excess mucus production leads to obstruction of the airways, making it difficult to breathe. Bronchospasm is the tightening of the muscles surrounding the airways, leading to narrowed passages and increased resistance to airflow. Oedema refers to swelling due to fluid accumulation in the airways, which can further contribute to obstruction and difficulty in breathing. In contrast, chest tightness is a subjective symptom, experienced by patients as a feeling of pressure in the chest, but it does not represent a measurable pathological change or characteristic in the way that the other options do. Therefore, it is accurately identified as not being a pathology characteristic associated with asthma.

8. Which sign may indicate a concussion in a patient?

- A. Fever
- B. Memory loss**
- C. Chest pain
- D. Persistent cough

Memory loss is a key indicator of a concussion, which is a type of traumatic brain injury that can occur following a blow to the head or a sudden jolt to the body that causes the brain to move within the skull. Concussions can affect cognitive functions, leading to symptoms such as confusion, difficulty concentrating, and memory impairment. In the context of a concussion, memory loss specifically may manifest as difficulty remembering events immediately before or after the injury, which is commonly referred to as retrograde or anterograde amnesia. The other symptoms listed—fever, chest pain, and persistent cough—are not typically associated with concussions. Fever may indicate an unrelated infection or illness, chest pain often points to cardiovascular or respiratory issues, and a persistent cough might suggest a respiratory condition. Thus, memory loss stands out as a direct indicator of potential brain injury in cases of concussion.

9. What is a contraindication for applying a cervical collar?

- A. Conscious patient
- B. Unconscious patient**
- C. Mild neck pain
- D. Patient with a headache

Applying a cervical collar is primarily intended to immobilize the head and neck in cases of potential spinal injury. The correct choice identifies unconscious patients as a contraindication for applying a cervical collar due to specific concerns regarding airway management. In an unconscious individual, there is a heightened risk that the airway may be compromised. If a cervical collar is applied without proper considerations, it could make it more difficult for rescuers to ensure that the patient's airway remains secure and clear. Additionally, unconscious patients may have altered muscle tone or reflexes, which could complicate the application of a collar and might not provide the needed stabilization for someone who is unresponsive. Conscious patients, those with mild neck pain, and those with headaches do not necessarily have a direct contraindication for the use of a cervical collar, as they can communicate their symptoms and cooperate with medical staff, allowing for a proper assessment and management of their condition.

10. What role does the hypothalamus play in the human body?

- A. Regulates blood pressure
- B. Controls body temperature**
- C. Manages sleep cycles
- D. Affects hormonal balances

The hypothalamus plays a crucial role in maintaining homeostasis in the human body, which includes regulating body temperature. It acts as the body's thermostat, receiving input from temperature receptors throughout the body and initiating responses to either increase or decrease body temperature as needed. For example, when the body temperature rises, the hypothalamus triggers mechanisms such as sweating and vasodilation to cool the body down. Conversely, if the temperature falls, it can induce shivering and vasoconstriction to generate and conserve heat. This temperature regulation is vital for normal physiological functioning and overall health. While other options mention important functions that the hypothalamus can influence, the specific role of controlling body temperature is a primary function that highlights the importance of the hypothalamus in maintaining a stable internal environment.

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://nzemtcad.examzify.com>

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

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