

NREMT CARDIOLOGY & RESUSCITATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://nremtcardiologyresuscitation.examzify.com>



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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. Why is it important to clear the area before using an AED?**
 - A. To ensure a clear view of the patient
 - B. To prevent injury to rescuers or bystanders from electrical discharge
 - C. To allow other medical personnel access to the scene
 - D. To take a moment to assess the scene
- 2. A 62-year-old male passed out while at the gym. After administering oxygen, what is the best course of action?**
 - A. Transport him supine.
 - B. Administer aspirin.
 - C. Transport him in Fowler's position.
 - D. Administer oral glucose.
- 3. What should be a priority when assessing a patient with signs of inadequate perfusion and syncopal episodes due to medication changes?**
 - A. Call for a helicopter
 - B. Begin a full assessment
 - C. Administer oxygen
 - D. Encourage the patient to drink fluids
- 4. While waiting for help at a swimming pool with an unresponsive obese male, what should you do?**
 - A. Attach the AED and analyze his rhythm.
 - B. Withhold resuscitation efforts.
 - C. Ventilate him.
 - D. Secure him to a long backboard and perform chest compressions.
- 5. After achieving ROSC in an unresponsive patient, what is the next step if her vital signs show a weak pulse and she is apneic?**
 - A. Place her in the recovery position and begin to cool her.
 - B. Continue to assist her ventilation.
 - C. Assess her tidal volume and SpO2 level.
 - D. Disconnect the AED.

- 6. In performing basic life support, what is the primary goal of chest compressions?**
- A. to clear obstructed airways.
 - B. to circulate oxygenated blood.
 - C. to stimulate a breathing response.
 - D. to provide cardiac therapy.
- 7. An 11-year-old male loses consciousness during soccer play. He had experienced dizziness and chest pain. What should be your initial action?**
- A. Administer oxygen by nasal cannula
 - B. Place him in a position of comfort
 - C. Transport him fully immobilized
 - D. Monitor his vital signs closely
- 8. When should you withhold CPR?**
- A. If the patient is breathing normally
 - B. If the scene is unsafe or if the patient has obvious signs of death
 - C. If the patient expresses a wish not to be resuscitated
 - D. If you feel exhausted and unable to continue
- 9. A 61-year-old female presents with chest pain and has a history of cardiac disease. What condition do you suspect?**
- A. costochondritis.
 - B. congestive heart failure.
 - C. acute coronary syndrome.
 - D. hypertensive crisis.
- 10. What may be a complication of improper CPR technique?**
- A. Hypotension
 - B. Rib fractures or lung injury
 - C. Cardiac arrest
 - D. Pneumothorax

Answers

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

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Explanations

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1. Why is it important to clear the area before using an AED?

- A. To ensure a clear view of the patient
- B. To prevent injury to rescuers or bystanders from electrical discharge**
- C. To allow other medical personnel access to the scene
- D. To take a moment to assess the scene

Clearing the area before using an AED (Automated External Defibrillator) is crucial primarily to prevent injury to rescuers or bystanders from electrical discharge. The use of an AED involves delivering an electrical shock to restore a normal heart rhythm in a person experiencing sudden cardiac arrest. If the area is crowded or if there are people too close to the patient, there is a risk that they could inadvertently come into contact with the patient or the AED during the shock delivery. Electrical discharges can be dangerous, and ensuring that no one is in contact with the patient or the AED when the shock is delivered is essential for safety. Thus, creating a clear space minimizes the risk of inadvertent injuries caused by the AED's electrical discharge, allowing the device to function as intended without posing additional risks to the people on the scene. This emphasis on safety underscores the importance of following protocols in emergency situations to protect both the patient receiving care and those providing assistance.

2. A 62-year-old male passed out while at the gym. After administering oxygen, what is the best course of action?

- A. Transport him supine.**
- B. Administer aspirin.
- C. Transport him in Fowler's position.
- D. Administer oral glucose.

Transporting the patient supine is appropriate in this scenario due to a few critical considerations. When a patient experiences syncope, or fainting, it is essential to ensure that their body is positioned in a way that promotes circulation and prevents any potential complications from falling or being in a vertical position. The supine position allows for optimal blood flow to vital organs, especially the brain, and reduces the risk of additional falls or injury. It also facilitates easier monitoring of vital signs and airway management, should the patient's condition deteriorate. In this case, after administering oxygen (which is commonly done for any patient showing signs of decreased perfusion or oxygenation), maintaining the patient in a supine position helps ensure that they remain stable and reduces the risk of fainting again. Regarding the other options: administering aspirin is typically indicated in cases of suspected myocardial infarction but not for general syncope and may not be appropriate without further assessment. Fowler's position, while beneficial in some respiratory distress situations, could compromise circulation following a syncope event. Administering oral glucose is indicated for known hypoglycemia, but without evidence of low blood sugar, this intervention is not warranted, especially since the patient just lost consciousness. Therefore, transporting the patient supine is

3. What should be a priority when assessing a patient with signs of inadequate perfusion and syncopal episodes due to medication changes?

- A. Call for a helicopter
- B. Begin a full assessment
- C. Administer oxygen**
- D. Encourage the patient to drink fluids

In cases of inadequate perfusion and syncopal episodes, administering oxygen is a critical priority. Oxygen is essential for maintaining cellular metabolism and preventing further complications due to hypoxia. When a patient shows signs of inadequate perfusion, it indicates that their body may not be receiving enough oxygenated blood to function properly. By administering supplemental oxygen, you can help improve tissue oxygenation, potentially stabilize the patient's condition, and prevent further episodes of syncope or other complications. Oxygen therapy can be particularly important if the medication changes have led to cardiovascular effects or if the patient has underlying respiratory issues. Providing oxygen can also buy time while further assessments and interventions are carried out to determine the underlying cause of the patient's symptoms. While assessing the patient is important, the immediate need to ensure adequate oxygen delivery to the tissues takes precedence. Other options, like encouraging fluid intake or calling for a helicopter, may be appropriate later in the process or in specific contexts, but they do not address the acute need for oxygenation as directly as administering oxygen does.

4. While waiting for help at a swimming pool with an unresponsive obese male, what should you do?

- A. Attach the AED and analyze his rhythm.
- B. Withhold resuscitation efforts.
- C. Ventilate him.**
- D. Secure him to a long backboard and perform chest compressions.

In the scenario presented, selecting to ventilate the unresponsive obese male is appropriate for several reasons. The priority in a situation involving an unresponsive individual is to assess the airway and ensure adequate ventilation. Given that the patient is unresponsive, his ability to breathe on his own is compromised, which necessitates immediate intervention to provide artificial ventilation. Ventilation is critical in the event of respiratory failure or cardiac arrest, especially in an obese patient, who may have an increased risk of complications due to excess weight affecting the ability to ventilate effectively. By providing ventilation, you help ensure that oxygen is delivered to the vital organs, which is crucial in a rescue scenario while waiting for emergency services to arrive. Additionally, it is important to note that attaching the AED and analyzing the rhythm should only be done if there is no pulse and the patient is in a cardiac arrest situation. It may be more suitable to begin CPR (which includes both chest compressions and ventilation) before focusing solely on rhythm analysis, especially if resources are limited. While securing the individual to a long backboard could be part of management in certain scenarios—particularly if spinal injury is suspected—prioritizing ventilation is essential for restoring breathing and oxygenation. Resuscitation efforts should not be withheld

5. After achieving ROSC in an unresponsive patient, what is the next step if her vital signs show a weak pulse and she is apneic?

- A. Place her in the recovery position and begin to cool her.
- B. Continue to assist her ventilation.
- C. Assess her tidal volume and SpO2 level.**
- D. Disconnect the AED.

In the scenario of achieving Return of Spontaneous Circulation (ROSC) in an unresponsive patient with a weak pulse and apneic status, the next appropriate step is to assess her tidal volume and SpO2 level. This is crucial because even though the patient has a weak pulse signifying some return of circulation, her absence of spontaneous breathing indicates that she is not ventilating adequately. Assessing tidal volume involves checking the effectiveness of breaths provided if you are assisting her ventilation. It helps ensure that adequate oxygen is being delivered to the lungs. The measurement of SpO2 is equally important, as it provides an indication of the patient's oxygen saturation levels and can guide further interventions, especially in a situation where the patient is not breathing on her own. These assessments inform the healthcare provider whether to continue assisting ventilations, make changes to the ventilatory support, or consider further interventions like intubation, if the patient's condition warrants it. Thus, ensuring oxygenation and ventilation is paramount in the post-resuscitation care of the patient.

6. In performing basic life support, what is the primary goal of chest compressions?

- A. to clear obstructed airways.
- B. to circulate oxygenated blood.**
- C. to stimulate a breathing response.
- D. to provide cardiac therapy.

The primary goal of chest compressions during basic life support is to circulate oxygenated blood to vital organs, especially the brain and heart. When a person experiences cardiac arrest, the heart stops pumping blood effectively, leading to a lack of oxygen in the bloodstream. By performing chest compressions, emergency responders can artificially create blood flow, which helps maintain a level of oxygen delivery to these critical areas, delaying the onset of irreversible brain damage and preserving the possibility of successful resuscitation. This process is vital because even if the airway remains unobstructed, without effective circulation, the body cannot receive the oxygen it needs to function. Therefore, while addressing the airway and other aspects are important in a full resuscitation effort, the immediate and crucial objective of chest compressions is to ensure that blood is circulated properly throughout the body during cardiac arrest.

7. An 11-year-old male loses consciousness during soccer play. He had experienced dizziness and chest pain. What should be your initial action?

- A. Administer oxygen by nasal cannula
- B. Place him in a position of comfort**
- C. Transport him fully immobilized
- D. Monitor his vital signs closely

In a scenario where an 11-year-old male loses consciousness during physical activity and has experienced symptoms like dizziness and chest pain, the initial action should focus on ensuring his safety and comfort. Placing him in a position of comfort allows for the evaluation of his condition while preventing potential injury if he remains in a compromised posture. This position can help facilitate breathing and circulation, which is crucial for a patient who has lost consciousness. It provides a better anatomical alignment of the airway, especially when there is a risk of vomit or airway obstruction due to loss of responsiveness. Administering oxygen might be necessary later, but it is not the immediate priority because ensuring he is stable and safe takes precedence in the management of an unconscious individual. Similarly, transporting him fully immobilized could be appropriate, but it should only be done if there is suspicion of a spinal injury, which is not indicated in this case from the provided symptoms. Monitoring vital signs is essential but after ensuring the patient's comfort and establishing an airway, as vital signs can be reassessed continuously while monitoring overall responsiveness.

8. When should you withhold CPR?

- A. If the patient is breathing normally
- B. If the scene is unsafe or if the patient has obvious signs of death**
- C. If the patient expresses a wish not to be resuscitated
- D. If you feel exhausted and unable to continue

Withholding CPR is appropriate when the scene is unsafe or when the patient exhibits obvious signs of death. In the context of emergency medical services and resuscitation, safety is paramount. If the scene poses a danger to the rescuer or patient, it is crucial to avoid advancing into a situation that could lead to further harm. Additionally, obvious signs of death—such as rigor mortis, decapitation, or putrefaction—indicate that resuscitative efforts would be futile; therefore, CPR should not be initiated in such circumstances. Evaluating the situation is essential in emergency response, and both safety and the presence of clear indicators of death must guide the decision to withhold CPR. In contrast, the situation where a patient is breathing normally suggests that they do not require CPR, and a patient's expressed wish not to be resuscitated should ideally be supported by advance directives or legal documentation. The consideration of personal exhaustion, while important, does not typically influence the decision to withhold CPR; rather, rescuers should assess whether they can continue or should seek assistance if fatigued.

9. A 61-year-old female presents with chest pain and has a history of cardiac disease. What condition do you suspect?

- A. costochondritis.
- B. congestive heart failure.
- C. acute coronary syndrome.**
- D. hypertensive crisis.

In this scenario, the patient's age, gender, history of cardiac disease, and presentation of chest pain strongly indicate acute coronary syndrome (ACS). ACS is a term that encompasses a range of conditions related to the reduction of blood flow to the heart muscle, which can manifest as unstable angina or myocardial infarction (heart attack). Given the age and cardiac history of the patient, ACS becomes a relevant concern because older individuals with pre-existing cardiac conditions are at a heightened risk for these types of events. Chest pain is often the primary symptom of ACS, and it can present in various ways—such as pressure, tightness, or aching in the chest—which may radiate to the arm, jaw, or back. The urgency in addressing ACS cannot be overstated, as timely intervention can significantly improve outcomes and reduce mortality. While costochondritis involves inflammation of the cartilage connecting the ribs to the sternum and might cause chest pain, it is not as likely in this context given the significant history and risk factors. Congestive heart failure typically presents with symptoms such as shortness of breath and swelling, not primarily chest pain. Similarly, while a hypertensive crisis can cause chest pain, it is accompanied by severely elevated blood pressure and other symptoms that are not

10. What may be a complication of improper CPR technique?

- A. Hypotension
- B. Rib fractures or lung injury**
- C. Cardiac arrest
- D. Pneumothorax

Improper CPR technique can lead to rib fractures or lung injury due to the force applied during chest compressions. When chest compressions are administered incorrectly—such as compressing too hard, at the wrong angle, or not allowing for proper chest recoil—the ribs can sustain fractures. Additionally, if the compressions are excessively forceful or improperly timed, there is a risk of causing injury to the lungs, which may result in complications like pneumothorax or lung contusions. It's essential to follow guidelines for CPR to minimize the risk of such complications while still effectively maintaining blood flow to vital organs. Proper technique not only helps in achieving the best outcomes for the patient but also protects the rescuer from potential liability or moral distress associated with causing physical harm.

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://nremtcardiologyresuscitation.examzify.com>

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

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