

OFD PROTOCOLS 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 should EMS personnel do within 2 minutes of arrival at a hospital?

- A. Call the ED physician for orders.
- B. Notify security to clear the area.
- C. Interface with the charge nurse or designee to give a verbal report.
- D. Fill out transfer forms before seeing patient.

2. What is deep sedation?

- A. A drug-induced depression of consciousness where patients cannot be easily aroused but respond to repeated or painful stimulation
- B. A drug-induced state where patients are fully awake and alert
- C. A drug-induced state with normal arousal to gentle touch
- D. A state of no sedation

3. What is the dosage of Amiodarone for persistent VF/pVT?

- A. 300 mg IV/IO, consider repeat 150 mg once
- B. 150 mg IV/IO, repeat 300 mg
- C. 450 mg IV/IO, no repeat
- D. 1 mg/kg IV/IO

4. If ST elevation is noted in inferior leads, what additional step should be taken?

- A. Call for CT angiography
- B. Administer aspirin
- C. Obtain V4R lead
- D. Administer nitroglycerin

5. Which documentation establishes the physician on scene is authorized to supervise on-site care?

- A. Their personal business card
- B. Documentation of their status as a physician (copy of medical license)
- C. A hospital badge
- D. A notarized letter from the hospital administrator

- 6. What should be assessed in a patient with suspected stroke?**
- A. Blood glucose level and stroke alert screen
 - B. Brain imaging tests
 - C. Temperature and pulse
 - D. Blood pressure and cholesterol
- 7. What is the purpose of the 'Green Card' given to physicians on scene?**
- A. To document their offer of assistance.
 - B. To authorize EMS transport.
 - C. To record insurance information.
 - D. To indicate sepsis criteria.
- 8. What is the role of the Medical Directors in the Orange County EMS System?**
- A. To authorize the medical treatment protocols and oversee their implementation.
 - B. To provide transport services.
 - C. To train only new EMTs.
 - D. To audit hospital admissions.
- 9. If a second dose of Amiodarone is given after the initial 300 mg, what amount is used?**
- A. 150 mg
 - B. 300 mg
 - C. 450 mg
 - D. 100 mg
- 10. After resuscitation from cardiac arrest, what should be done regarding transport destination?**
- A. Transport to the nearest hospital regardless of protocol.
 - B. Refer to the appropriate protocol for transport destination.
 - C. Wait for physician arrival before deciding destination.
 - D. Transport to the hospital with the best reputation.

Answers

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

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Explanations

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1. What should EMS personnel do within 2 minutes of arrival at a hospital?

- A. Call the ED physician for orders.
- B. Notify security to clear the area.
- C. Interface with the charge nurse or designee to give a verbal report.**
- D. Fill out transfer forms before seeing patient.

The key idea is to ensure a smooth, immediate handoff from EMS to hospital staff so the patient can be received without delay. Within two minutes of arriving, the EMS team should interface with the ED charge nurse or a designee to deliver a concise verbal report. The charge nurse is the designated point person for incoming patients and can quickly flag priorities, assign a bed or room, and alert the appropriate ED teams to expect the patient. A structured verbal handoff helps prevent information gaps and accelerates the initiation of appropriate care, including needed diagnostics, treatments, and monitoring. Providing orders to an ED physician right away is not typically the fastest or most reliable path in the initial handoff, since the ED team needs to triage and prepare for the incoming patient first. Notifying security to clear the area and filling out transfer forms before seeing the patient do not address the immediate need for a timely, accurate report to the team that will receive and care for the patient.

2. What is deep sedation?

- A. A drug-induced depression of consciousness where patients cannot be easily aroused but respond to repeated or painful stimulation**
- B. A drug-induced state where patients are fully awake and alert
- C. A drug-induced state with normal arousal to gentle touch
- D. A state of no sedation

Deep sedation is a drug-induced depression of consciousness in which the patient is not easily aroused but can respond to repeated or painful stimulation. This level sits between moderate sedation, where a patient remains responsive to verbal or light tactile stimulation and maintains airway reflexes, and general anesthesia, where the patient is unresponsive and airway support is typically required. In deep sedation, spontaneous breathing may become inadequate, and the patient often requires closer airway management and monitoring. The other descriptions describe lighter states of sedation or no sedation at all—being fully awake and alert, responding normally to gentle touch, or having no sedation—so they do not fit the defined depth of deep sedation.

3. What is the dosage of Amiodarone for persistent VF/pVT?

- A. 300 mg IV/IO, consider repeat 150 mg once**
- B. 150 mg IV/IO, repeat 300 mg
- C. 450 mg IV/IO, no repeat
- D. 1 mg/kg IV/IO

In persistent VF or pulseless VT, amiodarone is used as an antiarrhythmic to improve the chance of returning a perfusing rhythm when shocks alone aren't enough. The recommended approach is to give a loading dose of 300 mg IV or IO, and if the rhythm remains VT/VF or recurs after defibrillation, administer an additional 150 mg IV or IO. This keeps the total dose within about 450 mg during the arrest. A single larger dose or weight-based dosing isn't the standard in this scenario, and a 150 mg first dose or a 1 mg/kg dose doesn't align with the ACLS protocol for this situation.

4. If ST elevation is noted in inferior leads, what additional step should be taken?

- A. Call for CT angiography
- B. Administer aspirin
- C. Obtain V4R lead**
- D. Administer nitroglycerin

When inferior-STEMI is suspected, check for right ventricular involvement because it significantly changes treatment. Right ventricular infarction often accompanies an inferior wall MI from RCA occlusion, and detecting it early guides hemodynamic management. Obtaining a right sided ECG lead, especially V4R, can reveal ST elevation there if the RV is involved. A positive V4R confirms RV infarction, which means nitrates should be avoided since they reduce preload and can cause dangerous hypotension in RV infarct; treatment then focuses on maintaining preload (often with IV fluids) while continuing urgent reperfusion. CT angiography would not be the immediate step in acute STEMI care and could delay reperfusion. Administering aspirin is important in STEMI, but it doesn't specifically address whether the RV is involved. Administering nitroglycerin is risky if there is RV infarction, because it can worsen preload-dependent hemodynamics. Identifying RV involvement with the V4R lead is the best next action to tailor therapy.

5. Which documentation establishes the physician on scene is authorized to supervise on-site care?

- A. Their personal business card
- B. Documentation of their status as a physician (copy of medical license)**
- C. A hospital badge
- D. A notarized letter from the hospital administrator

Licensure proves a physician is legally allowed to practice medicine and supervise patient care on site. A copy of the physician's medical license shows they are currently licensed by the state medical board, which is the official credential authorizing them to supervise care in the field. A personal business card is informal and doesn't verify licensure or supervisory authority. A hospital badge might indicate where the physician works but does not confirm they are licensed to supervise. A notarized letter from a hospital administrator could grant permission, but it isn't the physician's official credential and doesn't independently prove licensure.

6. What should be assessed in a patient with suspected stroke?

- A. Blood glucose level and stroke alert screen**
- B. Brain imaging tests
- C. Temperature and pulse
- D. Blood pressure and cholesterol

When stroke is suspected, the most urgent step is rapid assessment to rule out conditions that can mimic stroke and to fast-track treatment. Checking blood glucose right away is essential because abnormal glucose levels can imitate stroke symptoms and influence treatment decisions; correcting any hypoglycemia or extreme dysglycemia is a crucial first action. At the same time, activating a stroke alert screen helps the team mobilize the necessary resources—imaging, labs, and specialists—to reduce delays in diagnosis and treatment. Imaging is indeed critical to confirm stroke and determine its type, but the immediate priority in the initial assessment is metabolic status and initiating the fast-track protocol. While temperature and pulse, or blood pressure and cholesterol, are important parts of overall care, they do not drive the same time-critical decisions as glucose assessment and a stroke alert activation.

7. What is the purpose of the 'Green Card' given to physicians on scene?

A. To document their offer of assistance.

B. To authorize EMS transport.

C. To record insurance information.

D. To indicate sepsis criteria.

The Green Card is used to document a physician's offer to assist on scene. It signals to the EMS team that a physician is present and willing to help with patient care, helping coordinate who handles what tasks under medical oversight. It isn't meant to authorize transport, record insurance information, or indicate sepsis criteria. Transport decisions remain guided by EMS protocols and medical control, not this card.

8. What is the role of the Medical Directors in the Orange County EMS System?

A. To authorize the medical treatment protocols and oversee their implementation.

B. To provide transport services.

C. To train only new EMTs.

D. To audit hospital admissions.

The essential idea is that Medical Directors provide clinical leadership for the EMS system by authorizing the medical treatment protocols and overseeing how they are put into practice. They set the standards of care used by EMTs and paramedics, ensure those protocols are evidence-based, and guide their ongoing updates. They supervise both on-line and off-line medical control, align training with the protocols, monitor adherence, and lead quality and patient-safety initiatives across the system. This role focuses on the clinical framework and its proper implementation, not on operational tasks like transporting patients or only teaching new EMTs, and it isn't primarily about auditing hospital admissions.

9. If a second dose of Amiodarone is given after the initial 300 mg, what amount is used?

A. 150 mg

B. 300 mg

C. 450 mg

D. 100 mg

After the initial 300 mg IV bolus, a second bolus of 150 mg is given if the arrhythmia persists. This brings the total bolus exposure to 450 mg, which is the standard ceiling before starting the infusion. The smaller second dose maintains antiarrhythmic effect while balancing toxicity risk. The other amounts don't align with the typical ACLS dosing: 300 mg as a second dose would exceed the standard bolus approach, 450 mg would exceed the recommended total bolus after two doses, and 100 mg is not a standard bolus amount.

10. After resuscitation from cardiac arrest, what should be done regarding transport destination?

- A. Transport to the nearest hospital regardless of protocol.
- B. Refer to the appropriate protocol for transport destination.**
- C. Wait for physician arrival before deciding destination.
- D. Transport to the hospital with the best reputation.

After return of spontaneous circulation, follow the system's transport destination protocol. This ensures the patient is taken to a facility equipped to provide appropriate post-resuscitation care (such as advanced cardiac care, PCI-capable centers, ICU resources, or therapeutic hypothermia capabilities) rather than just the nearest hospital. Using the protocol standardizes care, speeds access to needed treatments, and may involve contacting medical control if decisions need authorization. Transporting to a hospital based on reputation or delaying transport awaiting a physician can jeopardize timely care and isn't guided by the patient's clinical needs.

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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://ofdprotocols.examzify.com>

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

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