

ONTARIO PRIMARY CARE PARAMEDIC PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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 respiratory rate is considered 'Tachypneic' for adults?**
 - A. Greater than 20 Breaths/Min
 - B. Equal to or less than 28 Breaths/Min
 - C. Between 30-40 Breaths/Min
 - D. Equal to or greater than 30 Breaths/Min
- 2. What is an essential prior condition for administering Dextrose?**
 - A. Normal blood sugar levels
 - B. Altered consciousness due to hypoglycemia
 - C. Severe dehydration
 - D. History of diabetes
- 3. What should be monitored to indicate effective use of CPAP?**
 - A. Patient Weight
 - B. SP02 Levels
 - C. Heart Rate
 - D. Body Temperature
- 4. When using a nasal cannula, what is the typical percentage of oxygen delivered at 2 Litres/Minute?**
 - A. 24%
 - B. 28%
 - C. 36%
 - D. 44%
- 5. What condition is indicated when there is respiratory distress along with suspected bronchoconstriction?**
 - A. Asthma attack
 - B. Bronchoconstriction
 - C. Anaphylaxis
 - D. Cardiac arrest

- 6. What is the recommended flow rate for a Bag-Valve-Mask (BVM) oxygen delivery?**
- A. 8-10 Litres
 - B. 10-12 Litres
 - C. 12-15 Litres
 - D. 15-20 Litres
- 7. Does the mother provide blood to the baby?**
- A. Yes, through the umbilical cord
 - B. No, the baby has its own blood
 - C. Yes, through direct connection
 - D. No, but the mother transfers nutrients
- 8. What is the physiological change that occurs when a baby takes its first breath?**
- A. Closure of the foramen ovale
 - B. Closure of the ductus venosus
 - C. Opening of the ductus arteriosus
 - D. Closure of the ductus arteriosus
- 9. What is a contraindication for using CPAP in a patient?**
- A. Hypotension
 - B. Severe Respiratory Distress
 - C. Age greater than 18
 - D. Normotensive status
- 10. What is the significance of vital signs in assessing pediatric patients?**
- A. Indicates only temperature
 - B. Helps in predicting respiratory diseases
 - C. Provides a baseline for overall health assessment
 - D. Only relevant in emergency situations

Answers

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

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Explanations

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1. What respiratory rate is considered 'Tachypneic' for adults?

- A. Greater than 20 Breaths/Min
- B. Equal to or less than 28 Breaths/Min**
- C. Between 30-40 Breaths/Min
- D. Equal to or greater than 30 Breaths/Min

The definition of tachypnea in adults is characterized by an increased respiratory rate, typically defined as a rate greater than 20 breaths per minute. This elevated rate is often indicative of underlying conditions such as anxiety, respiratory distress, or other pathology that affects breathing. In this context, the choice stating "equal to or less than 28 breaths/min" can be misleading, as tachypnea is specifically recognized when the respiratory rate exceeds 20 breaths/min. While a rate up to 28 breaths/min could indeed indicate tachypnea, it does not encompass the full range of what is generally considered tachypnic. The key point is that any respiratory rate above 20 is already classified as tachypnic, so a more precise threshold that captures the essence of the term tachypnea would actually be greater than or equal to 20 breaths/min. This means that stating a cutoff at or less than 28 does not accurately reflect the term and may dismiss patients who are, in fact, tachypneic but may fall into a slightly higher range of respiratory rates. In summary, tachypnea is recognized as an abnormally fast respiratory rate, starting from greater than 20 breaths per minute. Therefore, an alternative choice affirming a

2. What is an essential prior condition for administering Dextrose?

- A. Normal blood sugar levels
- B. Altered consciousness due to hypoglycemia**
- C. Severe dehydration
- D. History of diabetes

Administering Dextrose is primarily indicated in cases where a patient presents with altered consciousness due to hypoglycemia. Hypoglycemia, or low blood sugar, can lead to significant neurological impairment if not promptly addressed. The administration of Dextrose provides an immediate source of glucose, which can rapidly help in restoring normal brain function and consciousness by correcting the hypoglycemic state. The presence of altered consciousness is a critical indicator because it reflects the functioning of the brain and the need for immediate intervention. Without this condition, there is less urgency to administer Dextrose, and doing so without an appropriate clinical scenario could lead to unnecessary complications or incorrect treatments. Other factors like normal blood sugar levels, severe dehydration, or a history of diabetes are not direct indications for administering Dextrose. Normal blood sugar levels suggest that no intervention is needed, while severe dehydration and a history of diabetes may influence the overall treatment plan but do not expressly warrant the use of Dextrose as a first-line action. Therefore, altered consciousness due to hypoglycemia is the essential prior condition that underscores the need for Dextrose administration.

3. What should be monitored to indicate effective use of CPAP?

- A. Patient Weight
- B. SP02 Levels**
- C. Heart Rate
- D. Body Temperature

Monitoring SP02 levels is crucial when assessing the effective use of Continuous Positive Airway Pressure (CPAP) because this measurement directly indicates how well oxygen is being delivered to the patient's lungs. The primary purpose of CPAP is to maintain open airways and improve oxygenation, particularly in patients experiencing conditions such as respiratory distress or failure, obstructive sleep apnea, and pulmonary edema. If SP02 levels improve or remain stable after the initiation of CPAP therapy, it indicates that the device is effectively enhancing oxygenation and ventilation. An increase in SP02 levels typically suggests that the CPAP is helping improve gas exchange in the lungs, which is the therapeutic goal of using this intervention. Other factors such as patient weight, heart rate, and body temperature can provide additional information about the patient's overall condition but do not serve as direct indicators of CPAP effectiveness. For instance, while heart rate might fluctuate due to anxiety or respiratory distress, it does not specifically reflect the success of CPAP in improving oxygenation. Similarly, body temperature and weight are not relevant measures for evaluating the immediate impact of CPAP on respiratory function. Therefore, SP02 levels remain the most informative parameter to monitor during the application of CPAP.

4. When using a nasal cannula, what is the typical percentage of oxygen delivered at 2 Litres/Minute?

- A. 24%**
- B. 28%
- C. 36%
- D. 44%

A nasal cannula is a common device used to deliver supplemental oxygen to patients. When delivering oxygen through a nasal cannula, the percentage of oxygen inhaled by the patient can vary depending on the flow rate. At a flow rate of 2 liters per minute, the typical percentage of oxygen delivered is around 24%. This percentage is calculated based on the fact that each liter of supplemental oxygen provides an approximate increase of 4% to the room air concentration of oxygen, which is around 21%. Therefore, at 2 liters per minute, the calculation is $21\% + (2 \text{ liters} \times 4\%)$ which equals 29%. However, studies and standard practices often round this number to around 24% for practical purposes when using a nasal cannula. Understanding these percentages is crucial for paramedics as they need to accurately assess and provide adequate oxygen therapy to patients, ensuring they receive enough supplemental oxygen to manage their respiratory needs effectively.

5. What condition is indicated when there is respiratory distress along with suspected bronchoconstriction?

- A. Asthma attack
- B. Bronchoconstriction**
- C. Anaphylaxis
- D. Cardiac arrest

When respiratory distress occurs alongside suspected bronchoconstriction, the most fitting condition indicated is an asthma attack. Asthma is a chronic inflammatory condition of the airways that can lead to bronchoconstriction, resulting in difficulty breathing, wheezing, and emotional distress. The airways become narrowed due to inflammation and constriction of the smooth muscles surrounding the bronchi, which is characteristic of an asthma episode. While bronchoconstriction refers to the physical narrowing of the airways that can occur in various conditions, it is a symptom rather than a specific diagnosis. An asthma attack is specifically linked to this symptom, as it encompasses the combination of respiratory distress and reversible bronchoconstriction. Conditions like anaphylaxis can also lead to bronchoconstriction but typically come with additional systemic symptoms such as skin reactions and hypotension. Cardiac arrest is unrelated to bronchoconstriction and involves the cessation of effective heart function, leading to a lack of perfusion and oxygenation. Thus, the identification of an asthma attack provides a clear diagnosis based on the presence of respiratory distress and bronchoconstriction.

6. What is the recommended flow rate for a Bag-Valve-Mask (BVM) oxygen delivery?

- A. 8-10 Litres
- B. 10-12 Litres
- C. 12-15 Litres**
- D. 15-20 Litres

The recommended flow rate for oxygen delivery through a Bag-Valve-Mask (BVM) is 12-15 Litres per minute. This flow rate is critical because it ensures an adequate supply of oxygen to the patient while minimizing the risk of carbon dioxide buildup and improving ventilation efficiency. When using a BVM, the goal is to deliver a high concentration of oxygen to the patient, particularly in situations of respiratory distress or failure. Setting the flow rate within the range of 12-15 Litres per minute provides sufficient reservoir oxygen to fill the bag before compressing it to ventilate the patient effectively. This flow rate also helps maintain a positive pressure that can assist in overcoming potential airway resistance and deliver adequate tidal volumes. Providing oxygen at lower flow rates may not sufficiently fill the reservoir bag, leading to inadequate ventilation, while higher flow rates may lead to excessive pressure, potentially causing barotrauma or discomfort for the patient. Therefore, using this established flow rate ensures both the safety and effectiveness of using a BVM in emergency situations. The flow rate you selected aligns with established guidelines in current practice standards for paramedics.

7. Does the mother provide blood to the baby?

- A. Yes, through the umbilical cord
- B. No, the baby has its own blood**
- C. Yes, through direct connection
- D. No, but the mother transfers nutrients

The correct response is that the baby has its own blood. During pregnancy, the fetus develops its own circulatory system, which is separate from the mother's. While the mother and fetus share a close connection in terms of nutrients, gases, and waste products through the placenta and umbilical cord, they each maintain their own distinct blood supply. The placenta serves as a crucial interface, allowing the exchange of oxygen and nutrients from the mother to the fetus and facilitating the removal of carbon dioxide and waste from the fetal blood back to the mother. However, it is important to note that the blood of the mother does not flow into the baby's circulatory system; instead, the mother's blood provides these vital substances diffusion through the placental membrane. This distinction is critical in understanding fetal development and maternal-fetal interactions, emphasizing that while the mother supports the baby's needs, the baby operates with its own unique blood system.

8. What is the physiological change that occurs when a baby takes its first breath?

- A. Closure of the foramen ovale
- B. Closure of the ductus venosus
- C. Opening of the ductus arteriosus
- D. Closure of the ductus arteriosus**

When a baby takes its first breath, a significant physiological change occurs in the cardiovascular system, primarily involving the adjustment from fetal to independent respiration. This first breath leads to an increase in pulmonary blood flow as the lungs expand, allowing oxygen to enter the bloodstream. The closure of the ductus arteriosus is a crucial event that facilitates this transition. During fetal life, the ductus arteriosus is a necessary vessel that connects the pulmonary artery to the aorta, allowing blood to bypass the non-functioning fetal lungs. Once respiratory function begins and oxygen levels increase in the blood, the need for this shunt diminishes. The rise in oxygenation and changes in pressure stimulate the ductus arteriosus to constrict and eventually close. This closure is essential for establishing normal blood circulation patterns in the newborn, directing blood from the right ventricle to the lungs for oxygenation and from the left ventricle to the rest of the body. The closure of the ductus venosus, while it also occurs after birth, is related to the cessation of placental blood flow rather than the immediate physiological response to the first breath. The foramen ovale, a shunt between the atria, is also involved in the transition,

9. What is a contraindication for using CPAP in a patient?

- A. Hypotension
- B. Severe Respiratory Distress
- C. Age greater than 18
- D. Normotensive status

In the context of Continuous Positive Airway Pressure (CPAP) therapy, contraindications refer to specific conditions or factors that would make its use inadvisable due to the potential for harm or ineffective treatment. Hypotension, or low blood pressure, is a contraindication for CPAP because the therapy can further decrease blood pressure by increasing intrathoracic pressure. This reduction can affect venous return to the heart, leading to decreased cardiac output and potentially worsening the patient's hemodynamic status. The other choices do not represent contraindications. Severe respiratory distress is often a primary reason to initiate CPAP, as it helps improve oxygenation and alleviate work of breathing. Age greater than 18 is not a contraindication; CPAP can be used effectively in adults. Normotensive status does not inhibit the use of CPAP; in fact, stable blood pressure is generally a supportive condition for administering CPAP effectively. Understanding these nuances helps in making informed decisions in emergency care situations.

10. What is the significance of vital signs in assessing pediatric patients?

- A. Indicates only temperature
- B. Helps in predicting respiratory diseases
- C. Provides a baseline for overall health assessment
- D. Only relevant in emergency situations

The significance of vital signs in assessing pediatric patients lies in their ability to provide a comprehensive baseline for overall health assessment. Vital signs, including heart rate, respiratory rate, blood pressure, and temperature, offer crucial insights into a child's physiological state. Monitoring these signs allows healthcare providers to detect variations from the normal range that may indicate underlying health issues, assess the severity of a condition, and guide treatment decisions. In pediatric care, where children cannot always communicate their symptoms effectively, vital signs become essential in evaluating their health status. For example, elevated heart rates may indicate fever, dehydration, or distress, while abnormal respiratory rates can signal respiratory illness. Establishing a baseline is particularly important because children's vital signs can vary significantly due to their age and developmental stage. This specificity helps in recognizing significant changes that may require urgent intervention. Although other options focus on limited aspects of vital signs, the role of these indicators extends beyond isolated health concerns or emergency situations. An understanding of how vital signs interconnect with overall health ensures a thorough and efficient assessment process, ultimately improving patient outcomes in pediatric care.

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:

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

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