

Paramedic Cardiology Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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. What is the rate of the Bundle of His/Purkinje fibers?**
 - A. 20-40 BPM**
 - B. 30-50 BPM**
 - C. 40-60 BPM**
 - D. More than 40 BPM**
- 2. In which location are leads V1 and V2 positioned?**
 - A. Over the right ventricle**
 - B. Over the septal wall**
 - C. Over the lateral wall of the heart**
 - D. Over the inferior wall**
- 3. Which function is associated with Beta 2 receptors?**
 - A. Vasoconstriction**
 - B. Increased heart rate**
 - C. Bronchodilation and glycogenolysis**
 - D. Contraction of the bladder neck**
- 4. What does an increase in both heart rate and stroke volume indicate regarding cardiac output?**
 - A. Decreased cardiac efficiency**
 - B. Increased cardiac output**
 - C. Decreased blood pressure**
 - D. Increased workload on the heart**
- 5. What do the Purkinje fibers primarily do in the heart?**
 - A. Stimulate the SA node for pacing**
 - B. Send impulses through the ventricles to trigger contraction**
 - C. Conduct impulses from the atria to the AV node**
 - D. Regulate the heart's electrical impulses**
- 6. Which ECG changes can be anticipated in a patient experiencing a myocardial infarction?**
 - A. Prolonged QRS duration.**
 - B. ST segment changes.**
 - C. Normal sinus rhythm.**
 - D. Sinus tachycardia.**

- 7. What does ventricular depolarization correspond to in an EKG?**
- A. P wave**
 - B. QRS complex**
 - C. T wave**
 - D. P-R interval**
- 8. The primary focus of anterior leads, V3 and V4, is to evaluate which of the following?**
- A. Electrical activity of the right ventricle**
 - B. Electrical activity of the left ventricle**
 - C. Overall heart rate**
 - D. Septal wall function**
- 9. The Bicuspid valve is located between which two heart structures?**
- A. Right atrium and right ventricle**
 - B. Left atrium and left ventricle**
 - C. Aorta and body**
 - D. Pulmonary artery and lungs**
- 10. Which medical condition is defined as a sudden disruption of blood flow to the heart muscle?**
- A. Heart failure**
 - B. Cardiac arrest**
 - C. Myocardial infarction**
 - D. Atrial fibrillation**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the rate of the Bundle of His/Purkinje fibers?

- A. 20-40 BPM**
- B. 30-50 BPM**
- C. 40-60 BPM**
- D. More than 40 BPM**

The rate of the Bundle of His and Purkinje fibers serves as the intrinsic pacemaker of the heart when both the sinoatrial (SA) node and the atrioventricular (AV) node fail to maintain normal rhythm. This backup pacemaker has a firing rate typically ranging from 20 to 40 beats per minute (BPM), operational in situations where higher pacemaker sites are not functioning properly. Given the physiological roles of these structures, the Bundle of His and Purkinje fibers are critical for conducting impulses through the ventricles, ensuring coordinated contraction. While other pacemaker cells, such as those in the atria and AV junction, fire at higher rates, the specific rate for the Bundle of His/Purkinje fibers being between 20 and 40 BPM is a well-established parameter in cardiac physiology. The other choices reflect inaccurate ranges compared to the known physiological data on these conduction tissues. Understanding this critical rate helps in interpreting cardiac rhythms and potential arrhythmias that can arise from disturbances in conduction within the heart.

2. In which location are leads V1 and V2 positioned?

- A. Over the right ventricle**
- B. Over the septal wall**
- C. Over the lateral wall of the heart**
- D. Over the inferior wall**

Leads V1 and V2 are positioned over the septal wall of the heart, which is crucial for assessing the electrical activity of the right and left ventricles, particularly the interventricular septum. In a standard 12-lead ECG, lead V1 is placed in the fourth intercostal space at the right sternal border, while lead V2 is positioned in the fourth intercostal space at the left sternal border. This positioning allows for effective monitoring of the electrical impulses that travel through the septum, making it highly relevant in diagnosing conditions such as myocardial infarction that may impact this area. Accurate placement of these leads is vital for a proper interpretation of the heart's electrical activity and for identifying issues within the septal region specifically.

3. Which function is associated with Beta 2 receptors?

- A. Vasoconstriction
- B. Increased heart rate
- C. Bronchodilation and glycogenolysis**
- D. Contraction of the bladder neck

Beta 2 receptors are primarily associated with smooth muscle relaxation and various metabolic processes. They are crucial in mediating bronchodilation, which is the widening of the air passages in the respiratory system, making it easier to breathe. Activation of these receptors leads to the relaxation of bronchial smooth muscle, thereby alleviating conditions such as asthma or bronchospasm. Additionally, Beta 2 receptors play a role in glycogenolysis, which is the breakdown of glycogen to glucose in the liver, contributing to an increased availability of glucose for energy. This is particularly important in situations of stress or during physical exertion when the body requires rapid energy. The combination of bronchodilation and glycogenolysis is essential for enhancing the body's ability to respond to demand during stressful situations, such as exercise or acute respiratory distress. The other responses pertain to actions primarily driven by different adrenergic receptors. For example, vasoconstriction is mainly associated with alpha receptors, increased heart rate is primarily mediated by Beta 1 receptors, and contraction of the bladder neck is more closely linked to alpha receptors as well. Therefore, focusing on the unique actions of Beta 2 receptors clarifies why the correct answer highlights bronchodilation and glycogenolysis.

4. What does an increase in both heart rate and stroke volume indicate regarding cardiac output?

- A. Decreased cardiac efficiency
- B. Increased cardiac output**
- C. Decreased blood pressure
- D. Increased workload on the heart

An increase in both heart rate and stroke volume indicates an increased cardiac output. Cardiac output is the volume of blood the heart pumps per minute and is calculated by multiplying stroke volume (the amount of blood ejected with each heartbeat) by heart rate (the number of heartbeats per minute). When both heart rate and stroke volume rise, it results in a higher overall volume of blood being circulated throughout the body in a given time period, thus directly enhancing cardiac output. This physiological response can occur during times of increased demand, such as physical exertion or stress, where the body requires more oxygen and nutrients. Therefore, a simultaneous rise in heart rate and stroke volume reflects the heart's ability to adapt to meet the body's increased needs, clearly leading to enhanced cardiac output.

5. What do the Purkinje fibers primarily do in the heart?

- A. Stimulate the SA node for pacing
- B. Send impulses through the ventricles to trigger contraction**
- C. Conduct impulses from the atria to the AV node
- D. Regulate the heart's electrical impulses

The Purkinje fibers play a crucial role in the heart's electrical conduction system, specifically in the process of ventricular contraction. They are specialized fibers that distribute electrical impulses throughout the ventricles, ensuring that the muscle cells contract in a coordinated manner. When the electrical impulses reach the Purkinje fibers, they distribute the signal rapidly to the ventricular myocardium, prompting the ventricles to contract effectively. This synchronized contraction is essential for the proper pumping of blood from the heart to the lungs and the rest of the body. While the other options mention processes related to the heart's electrical conduction system, they do not accurately describe the primary function of the Purkinje fibers. For instance, stimulating the SA node is not their role; instead, the SA node is the heart's natural pacemaker that initiates the electrical impulses. Conducting impulses from the atria to the AV node and regulating the heart's electrical impulses are functions associated with other components of the cardiac conduction system, such as the atrioventricular (AV) node and the atrial tissue. Thus, the role of the Purkinje fibers specifically involves triggering contraction in the ventricles, making the identification of their primary function as sending impulses through the ventricles accurate.

6. Which ECG changes can be anticipated in a patient experiencing a myocardial infarction?

- A. Prolonged QRS duration.
- B. ST segment changes.**
- C. Normal sinus rhythm.
- D. Sinus tachycardia.

In the context of a myocardial infarction (MI), significant changes can occur on the electrocardiogram (ECG). One of the hallmark ECG changes associated with an MI is the presence of ST segment changes. These changes can manifest as ST segment elevation or depression, depending on the type and stage of the infarction. ST segment elevation typically indicates a ST-elevation myocardial infarction (STEMI), which generally occurs due to the complete occlusion of a coronary artery. This results in significant changes in the myocardial electrical activity due to ischemia. Conversely, ST segment depression is usually observed in non-ST-elevation myocardial infarction (NSTEMI) or during ischemic episodes that do not lead to an acute infarct. Thus, anticipating ST segment changes is crucial for the recognition and diagnosis of myocardial infarction, as it can guide urgent treatment interventions like thrombolysis or percutaneous coronary intervention. Other choices may not consistently indicate the presence of a myocardial infarction. For instance, while prolonged QRS duration can suggest various cardiac issues, it is not a specific indicator of an MI. Normal sinus rhythm can be present during an MI; however, it doesn't provide information regarding ongoing myocardial injury. Sinus tachycardia can

7. What does ventricular depolarization correspond to in an EKG?

- A. P wave
- B. QRS complex**
- C. T wave
- D. P-R interval

Ventricular depolarization is reflected in an EKG by the QRS complex. This phase occurs when the electrical impulse travels through the ventricles, causing them to contract, which is critical for effective blood pumping from the heart. During this process, the heart's electrical system propagates an action potential that leads to the muscle fibers of the ventricles depolarizing, and this produces the large, sharp deflections seen in the QRS complex on the EKG. This is a pivotal moment in the cardiac cycle, as it directly leads to ventricular contraction and ejection of blood into the aorta and pulmonary artery. In contrast, the P wave represents atrial depolarization, which is the electrical activity that triggers the contraction of the atria. The T wave indicates ventricular repolarization, which is when the ventricles recover after contraction. The P-R interval indicates the time between atrial depolarization and ventricular depolarization, but it does not represent the depolarization process itself. Each of these aspects plays a distinct role in the overall rhythm and function of the heart, but it is the QRS complex that specifically correlates with ventricular depolarization.

8. The primary focus of anterior leads, V3 and V4, is to evaluate which of the following?

- A. Electrical activity of the right ventricle
- B. Electrical activity of the left ventricle**
- C. Overall heart rate
- D. Septal wall function

The anterior leads, specifically V3 and V4, are positioned on the chest to provide a view of the heart that primarily focuses on the anterior wall of the left ventricle. These leads are critical in evaluating the electrical activity and function of the left ventricle, which is the main pumping chamber of the heart responsible for distributing oxygenated blood to the entire body. When assessing a patient with potential myocardial infarction or other conditions affecting the heart, changes in the ST segment, T waves, or QRS complexes in these leads can indicate ischemia or injury to the anterior wall, reflecting issues related to the left ventricle. This is particularly relevant during an acute coronary event, where the anterior wall is often involved due to blockage of the left anterior descending artery. In summary, leads V3 and V4 provide significant insights into the electrical activity of the left ventricle, making it possible for healthcare providers to diagnose and monitor various cardiac conditions effectively.

9. The Bicuspid valve is located between which two heart structures?

- A. Right atrium and right ventricle**
- B. Left atrium and left ventricle**
- C. Aorta and body**
- D. Pulmonary artery and lungs**

The bicuspid valve, also known as the mitral valve, is located between the left atrium and the left ventricle of the heart. Its primary function is to allow blood to flow from the left atrium, which receives oxygenated blood from the lungs, into the left ventricle, where the blood is then pumped out to the aorta and distributed to the rest of the body. This valve is crucial for maintaining unidirectional blood flow and preventing backflow into the atrium during ventricular contraction. Understanding the placement and function of the bicuspid valve is essential for recognizing how blood flows through the heart and how various cardiac structures interact during the cardiac cycle. Other options do not refer to the structures adjacent to the bicuspid valve; for instance, the right atrium and ventricle are associated with the tricuspid valve, while the aorta and pulmonary artery are related to the exit points from the heart.

10. Which medical condition is defined as a sudden disruption of blood flow to the heart muscle?

- A. Heart failure**
- B. Cardiac arrest**
- C. Myocardial infarction**
- D. Atrial fibrillation**

The correct answer is myocardial infarction, which is characterized by a sudden interruption of blood flow to a section of the heart muscle. This interruption is typically caused by a blockage in one or more of the coronary arteries, often due to a buildup of plaque, which can rupture and form a clot. When blood flow is restricted, the affected area of the heart muscle begins to suffer from a lack of oxygen and nutrients, leading to tissue damage or death if blood flow is not restored quickly. In contrast, heart failure refers to a chronic condition where the heart is unable to pump blood efficiently, rather than a sudden disruption of flow. Cardiac arrest is defined as the cessation of heart function, where the heart stops beating effectively, which can be a consequence of a myocardial infarction but is not a direct description of a disruption to blood flow. Atrial fibrillation is an irregular heartbeat that can lead to various complications, including an increased risk of stroke, but it does not directly define a sudden disruption of blood flow to the heart muscle. Thus, the most precise term for that acute situation is indeed myocardial infarction.

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://paramediccardiology.examzify.com>

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