

PARAMEDIC READINESS EXAM 4 PRACTICE TEST (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. An anxious 52 y/o male tells you that he's not feeling right today. His pulses matches the monitor. VS BP 112/68, R 22, You should?**
 - A. Administer amiodarone
 - B. Administer lidocaine
 - C. Administer adenosine
 - D. Give diltiazem

- 2. Which medication is indicated for an acute asthma attack in a child with a peanut allergy?**
 - A. Epinephrine 1:1000 IM
 - B. Prednisone 40 mg PO
 - C. Albuterol 2.5 mg nebulized
 - D. Ipratropium neb

- 3. What is the purpose of the Walk step in START triage?**
 - A. To rapidly identify walking patients to categorize as Green
 - B. To label as Red
 - C. To decide to terminate care
 - D. To identify those needing immediate transport

- 4. A 32-year-old man with 2 hours of abdominal cramps, guarding, and blood in stool; hypotension 90/60, pulse 112, respirations 28. What is the initial management?**
 - A. Perform exploratory laparotomy
 - B. Start vasopressors
 - C. Administer anti-diarrheal
 - D. Administer 20 mL/kg fluid challenge

- 5. In an unconscious 27-year-old female restrained driver from a head-on crash with a systolic BP around 70 and absent right radial pulse, which injury is most suspected?**
 - A. Spinal cord injury
 - B. Aortic rupture
 - C. Massive hemorrhage
 - D. Tension pneumothorax

- 6. A long-term smoker presents with shortness of breath; examination shows rhonchi and JVD. Which condition is most likely?**
- A. Chronic bronchitis
 - B. Acute myocardial infarction
 - C. Pneumothorax
 - D. Pulmonary edema
- 7. Which route is preferred for glucagon administration when IV access is not available?**
- A. Subcutaneous glucagon
 - B. Intramuscular glucagon
 - C. Intravenous glucose
 - D. Nasal glucagon
- 8. Which lung sound is most consistent with bronchospasm?**
- A. Rhonchi
 - B. Wheezes
 - C. Crackles
 - D. Stridor
- 9. A 12-year-old girl, restrained rear-seat passenger in a car crash 6 hours ago, now complains of nausea. BP 80/40, P 116, R 20. What should you suspect?**
- A. Head injury
 - B. Spinal injury
 - C. Fractured femur
 - D. Abdominal injury
- 10. In a trauma exam, crackles are best described as indicating fluid in the...**
- A. Pleural space
 - B. Bronchioles
 - C. Diaphragm
 - D. Alveoli

Answers

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

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Explanations

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1. An anxious 52 y/o male tells you that he's not feeling right today. His pulses matches the monitor. VS BP 112/68, R 22, You should?

- A. Administer amiodarone**
- B. Administer lidocaine
- C. Administer adenosine
- D. Give diltiazem

When a patient has a tachyarrhythmia with a pulse and is hemodynamically stable, the best first-line option is an antiarrhythmic that can cover wide-complex tachycardias, such as amiodarone. Amiodarone is effective for ventricular tachycardia with a pulse and for various wide-complex tachycardias, and it tends to have a safer profile in the emergency setting compared with other agents. Adenosine is designed to terminate narrow-complex, AV-nodal tachycardias like certain SVTs, and it can be dangerous or ineffective if the rhythm is VT or a wide-complex tachycardia. Diltiazem is another option for stable narrow-complex SVTs or rapid AF with RVR but can worsen VT or hemodynamics if the rhythm is actually VT. Lidocaine can be used for VT, especially in ischemic contexts, but amiodarone has broader efficacy and is often preferred as initial therapy for suspected VT with a pulse. So, given the scenario of a stable, anxious patient with a tachyarrhythmia and a palpable pulse, amiodarone is the most appropriate choice.

2. Which medication is indicated for an acute asthma attack in a child with a peanut allergy?

- A. Epinephrine 1:1000 IM
- B. Prednisone 40 mg PO
- C. Albuterol 2.5 mg nebulized**
- D. Ipratropium neb

Rapid relief of bronchospasm in an acute asthma attack comes from a fast-acting inhaled bronchodilator that opens the airways quickly. Albuterol, a short-acting beta-2 agonist delivered by nebulization, directly relaxes the smooth muscles of the airways, reducing resistance and quickly improving breathing within minutes. This makes it the first choice to treat an acute flare in a child, even when there's a peanut allergy. Systemic steroids like prednisone take hours to work, so they're not the immediate fix for an ongoing attack—they're used to prevent relapse after the acute episode. Epinephrine is reserved for anaphylaxis or life-threatening allergic reactions; peanut allergy raises the risk of anaphylaxis, but in an isolated asthma flare without signs of systemic anaphylaxis, epinephrine isn't indicated. Ipratropium can be added as an adjunct in severe cases, but it's not the primary treatment for rapid relief.

3. What is the purpose of the Walk step in START triage?

- A. To rapidly identify walking patients to categorize as Green**
- B. To label as Red
- C. To decide to terminate care
- D. To identify those needing immediate transport

The Walk step is used to rapidly separate those who can move on their own from the others. If a person can walk to safety or to a designated area, they're categorized as Green because their injuries are minor and they don't require immediate life-saving care. This quick check speeds up triage in a mass-casualty event, letting responders allocate attention and resources to those in more urgent need. The other options don't fit because life-threatening cases are Red, termination of care isn't a triage outcome, and those needing immediate transport are in the Red category as well.

4. A 32-year-old man with 2 hours of abdominal cramps, guarding, and blood in stool; hypotension 90/60, pulse 112, respirations 28. What is the initial management?

- A. Perform exploratory laparotomy
- B. Start vasopressors
- C. Administer anti-diarrheal

D. Administer 20 mL/kg fluid challenge

In a patient with signs of abdominal catastrophe who is hypotensive and tachycardic, the priority is to restore circulating volume to improve perfusion. A rapid crystalloid fluid bolus of about 20 mL/kg is the standard initial resuscitation step to support preload and raise blood pressure before further evaluation or definitive treatment. This approach buys time for assessment and decisions about imaging, surgery, or blood product administration. Starting vasopressors too early in suspected hypovolemic shock can constrict the vessels and worsen organ perfusion when volume is still low, so they're not the first move here. Administering anti-diarrheal would not address the ongoing bleeding or potential peritoneal irritation and could mask deterioration. An exploratory laparotomy is not the immediate initial step without stabilization and confirmation of the patient's status; definitive surgery may be required later if indicated, but volume resuscitation comes first to stabilize the patient. After the bolus, reassess vital signs, urine output, and overall perfusion to guide further treatment.

5. In an unconscious 27-year-old female restrained driver from a head-on crash with a systolic BP around 70 and absent right radial pulse, which injury is most suspected?

- A. Spinal cord injury
- B. Aortic rupture**
- C. Massive hemorrhage
- D. Tension pneumothorax

In blunt deceleration trauma, the great vessels can tear at the point where the aorta is most fixed, commonly the upper thoracic aorta near the ligamentum arteriosum. When a restrained driver from a head-on crash suffers a traumatic aortic rupture, blood pours into the chest cavity or mediastinum, causing rapid blood loss and a profound drop in blood pressure. The result is severe shock with absent distal (radial) pulses, even if there isn't obvious external bleeding. This scenario—unconscious after a high-speed collision, very low systolic pressure, and no peripheral pulse—fits traumatic aortic rupture most tightly because it explains the abrupt, life-threatening internal hemorrhage that can occur with deceleration injuries. Other injuries would present with more typical signs: spinal cord injury would show neurological deficits rather than instant circulatory collapse; tension pneumothorax would usually reveal chest findings like decreased breath sounds on one side, tracheal deviation, and neck vein distention; massive external hemorrhage would often involve obvious external bleeding or injuries that correlate with large-volume blood loss. The combination of mechanism and hemodynamics here points most strongly to rupture of the aorta as the suspected injury. This is a true emergency requiring rapid transport to a trauma center with continued airway, breathing, and circulation support.

6. A long-term smoker presents with shortness of breath; examination shows rhonchi and JVD. Which condition is most likely?

- A. Chronic bronchitis
- B. Acute myocardial infarction**
- C. Pneumothorax
- D. Pulmonary edema

The key idea is recognizing a cardiac origin for shortness of breath when you see jugular venous distention. JVD means elevated pressure in the right side of the heart and systemic venous system, which points toward heart failure or an acute cardiac event rather than a primary lung disease alone. An acute myocardial infarction can abruptly reduce how well the left ventricle pumps, causing a cascade that raises pressures in the lungs (pulmonary edema) and can also involve the right heart in more severe cases. This combination produces significant dyspnea. Rhonchi, which are rough, coarse lung sounds, can appear with airway secretions or edema but aren't specific to a lung-only process; in the setting of MI, it's common to see signs of congestive failure including dyspnea and venous congestion. The smoker's risk factors further elevate the probability of a coronary event being the underlying trigger for the acute symptoms. Chronic bronchitis would more classically show a long-standing productive cough and wheezes without the acute, prominent venous congestion sign. Pneumothorax would present with sudden pleuritic pain and focal decreased breath sounds on one side, not the systemic venous signs. Pulmonary edema describes the water-logged lungs from heart failure and fits the dyspnea picture, but it's most specifically explained as the consequence of an acute cardiac event like an MI; the event itself is the driving cause tying together the signs you're seeing.

7. Which route is preferred for glucagon administration when IV access is not available?

- A. Subcutaneous glucagon
- B. Intramuscular glucagon**
- C. Intravenous glucose
- D. Nasal glucagon

When IV access isn't available, the goal is to raise blood glucose quickly using a route that provides reliable absorption. Intramuscular glucagon fits that need because it is absorbed rapidly from muscle and reliably stimulates the liver to release glucose, helping to restore consciousness and counteract hypoglycemia promptly. Subcutaneous administration tends to be slower and more variable in onset, which isn't ideal in an emergency. Nasal glucagon can be convenient, but intramuscular glucagon remains the standard in many EMS settings due to its dependable performance and ease of use for responders.

8. Which lung sound is most consistent with bronchospasm?

- A. Rhonchi
- B. Wheezes**
- C. Crackles
- D. Stridor

Bronchospasm narrows the small airways, causing air to rush through constricted passages and create a musical, high-pitched wheeze, especially on expiration. This sound reflects the increased resistance from constricted bronchioles, which is a hallmark of conditions like asthma or reactive airways disease. Rhonchi come from secretions in larger airways and sound like a coarse, snoring noise. Crackles arise from fluid in the alveoli or from reopening airways and have a popping character. Stridor signals obstruction somewhere in the upper airway, producing a harsh, high-pitched noise typically during inspiration. Each of these sounds points to a different part or mechanism of airway or airway-lining pathology, whereas the wheeze directly indicates narrowed lower airways consistent with bronchospasm.

9. A 12-year-old girl, restrained rear-seat passenger in a car crash 6 hours ago, now complains of nausea. BP 80/40, P 116, R 20. What should you suspect?

- A. Head injury
- B. Spinal injury
- C. Fractured femur
- D. Abdominal injury**

In children, a collapse into hemorrhagic shock after blunt abdominal trauma can be delayed, so a six-hour gap with new symptoms like nausea plus falling blood pressure points to intra-abdominal bleeding from an organ injury. The low blood pressure (80/40) with tachycardia suggests volume loss from blood loss, and in the context of a car crash, the abdomen is a common source of that loss due to blunt injury to the spleen, liver, or mesentery. The nausea fits with visceral irritation and evolving shock. Other injuries might produce different signs—for example, head or spinal injuries would more likely show neuro deficits or altered mental status, and a fractured femur typically causes localized pain and swelling with blood loss that is less likely to cause profound hypotension in the absence of other injuries. So the most likely concern is abdominal injury with internal bleeding.

10. In a trauma exam, crackles are best described as indicating fluid in the...

- A. Pleural space
- B. Bronchioles
- C. Diaphragm
- D. Alveoli**

Crackles are brief, popping sounds heard on inspiration that come from air trying to move through fluid-filled small airways and alveoli. When fluid accumulates in the alveolar spaces—such as in pulmonary edema or a lung contusion from trauma—the walls and openings of the tiny air sacs splash open and shut, creating those crackling sounds. That's why crackles are a clue to fluid in the alveoli. Fluid in the pleural space tends to dampen breath sounds and cause dullness rather than crackles; sounds from the bronchioles usually present as wheezes or rhonchi from narrowed airways; and the diaphragm mainly affects the mechanics of breathing rather than producing crackling sounds. So crackles best indicate fluid in the alveoli.

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://paramedicreadiness4.examzify.com>

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

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