

PARAMEDIC READINESS EXAM 5 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 alert 4 year old male is choking. He is coughing and drooling. What should you do?**
 - A. Back blows
 - B. Finger sweep
 - C. Begin CPR
 - D. Perform 5 abdominal thrusts

- 2. You are ordered to administer a 1000 mL bolus of normal saline over 1 hour. The tubing factor is 10 drops/mL. What is the correct drops per minute?**
 - A. 167
 - B. 100
 - C. 83
 - D. 150

- 3. In a motorcycle crash, what should most influence your transport decision?**
 - A. Weather
 - B. Injury severity
 - C. Asking repetitive questions
 - D. Distance to hospital

- 4. A 35-year-old unresponsive with rapid, weak carotid pulse, engorged jugular veins, unequal chest movement. What should you do?**
 - A. Begin CPR
 - B. Administer IV fluids
 - C. Apply AED
 - D. Perform pleural decompression

- 5. Which imaging study is typically obtained first to evaluate suspected pneumonia and confirm the diagnosis?**
 - A. CT scan of chest with contrast
 - B. Echocardiography
 - C. Chest X-ray
 - D. MRI of chest

- 6. Which condition is CPAP typically used to treat when oxygen alone is not sufficient?**
- A. Pneumothorax
 - B. Asthma attack
 - C. Pulmonary edema
 - D. COPD without edema
- 7. A 43-year-old male presents with frequent urination, diffuse abdominal pain for 3 days, and a blood glucose greater than 500 mg/dL. Which condition should you suspect?**
- A. Diabetic Ketoacidosis
 - B. Hyperosmolar hyperglycemic state
 - C. Acute pancreatitis
 - D. Hypoglycemia
- 8. During a cardiac arrest, if a DNR order is suspected but proof is not immediately available, what is the recommended action?**
- A. Honor the DNR without proof
 - B. Continue CPR and seek proof
 - C. Terminate CPR
 - D. Wait for hospital staff
- 9. While transferring a 34 year old male receiving a blood infusion, he complains of difficulty breathing. His skin is red and warm with urticaria. Vital signs are BP 70/40 P120 R 24. What should you administer?**
- A. Oxygen
 - B. Epinephrine
 - C. Diphenhydramine
 - D. Albuterol
- 10. To assess suicide risk in an intoxicated patient who says I can't take it anymore, which action is appropriate?**
- A. Do nothing until sober
 - B. Ask about a suicide plan
 - C. Restrain and sedate
 - D. Call the police

Answers

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

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Explanations

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1. An alert 4 year old male is choking. He is coughing and drooling. What should you do?

- A. Back blows
- B. Finger sweep
- C. Begin CPR

D. Perform 5 abdominal thrusts

Relieve an airway obstruction in a conscious child who is older than 1 year by using abdominal thrusts. Five quick upward abdominal thrusts create enough intra-abdominal pressure to pop the foreign body out of the airway, which is the appropriate first aid for a choking child who is still responsive and coughing. After performing the five thrusts, reassess the child's breathing and consciousness. If the obstruction persists, repeat the five thrusts or alternate with back blows if needed and available. Do not perform a blind finger sweep unless you can see the object clearly and can remove it safely. If the child becomes unresponsive at any point, begin CPR and call for help.

2. You are ordered to administer a 1000 mL bolus of normal saline over 1 hour. The tubing factor is 10 drops/mL. What is the correct drops per minute?

- A. 167**
- B. 100
- C. 83
- D. 150

To find drops per minute, convert the total volume and tubing factor into a rate per minute. Start by determining how many milliliters flow each minute: 1000 mL divided by 60 minutes equals about 16.67 mL/min. With a tubing factor of 10 drops per milliliter, multiply: $16.67 \text{ mL/min} \times 10 \text{ gtt/mL} = 166.7 \text{ gtt/min}$. Rounding to the nearest whole drop gives 167 drops per minute. The general formula is $\text{gtt/min} = (\text{volume in mL} \times \text{drop factor}) / \text{time in minutes}$. The other options would require different volumes or times to reach 1000 mL in 60 minutes.

3. In a motorcycle crash, what should most influence your transport decision?

- A. Weather
- B. Injury severity
- C. Asking repetitive questions**
- D. Distance to hospital

The key idea is that how seriously the patient is injured and how unstable they are should drive where and how you transport them. In a motorcycle crash, your first priority is the patient's condition: assess airway, breathing, circulation, level of consciousness, and signs of life-threatening injuries. If there are life threats or large injuries suspected—airway compromise, severe bleeding, chest injuries with poor oxygenation, signs of shock, or a potential spinal injury—you should opt for rapid transport to the most appropriate trauma facility and begin trauma care on the way. Immobilization and ongoing monitoring are part of that rapid transport plan. Weather or distance matter, but they come after you determine the patient's needs. Weather can affect scene safety and transport conditions, and distance influences destination choice, but neither should override the assessment that the patient's injury severity dictates urgent care. Repetitive questioning does not advance the assessment or treatment and can delay critical interventions; the transport decision should be guided by objective findings from your primary survey and ongoing reassessment, not by asking the same questions again.

4. A 35-year-old unresponsive with rapid, weak carotid pulse, engorged jugular veins, unequal chest movement. What should you do?

- A. Begin CPR
- B. Administer IV fluids
- C. Apply AED
- D. Perform pleural decompression**

These signs point to a tension pneumothorax. When air builds up under pressure in the pleural space, the lung on that side collapses and the mediastinum shifts, which impairs venous return and causes shock—hence the rapid, weak carotid pulse and engorged jugular veins with unequal chest movement. The priority is to relieve the pressure immediately with pleural decompression (needle thoracostomy or chest tube). This rapidly restores venous return and improves circulation. IV fluids won't fix the underlying problem and could worsen respiratory status, and CPR or AED isn't indicated while a pulse is present.

5. Which imaging study is typically obtained first to evaluate suspected pneumonia and confirm the diagnosis?

- A. CT scan of chest with contrast
- B. Echocardiography
- C. Chest X-ray**
- D. MRI of chest

When pneumonia is suspected, the first imaging step is a chest X-ray. It's quick, widely available, and usually sufficient to confirm the diagnosis by showing focal air-space consolidation, which is typical of pneumonia, and to assess for complications like pleural effusion or abscess. This test also helps distinguish pneumonia from other causes of cough and fever and provides a baseline to track progress. A CT scan of the chest offers more detail, but it isn't used first-line because it involves more radiation, higher cost, and is typically reserved for unclear cases, suspicion of complications, or atypical presentations. Echocardiography looks at heart structure and function, not lung infection, so it's not appropriate for confirming pneumonia. MRI is not routinely used for pneumonia due to practicality, cost, and longer exam times. If clinical suspicion remains high despite a normal chest X-ray, clinicians may repeat imaging or use CT for further evaluation.

6. Which condition is CPAP typically used to treat when oxygen alone is not sufficient?

- A. Pneumothorax
- B. Asthma attack
- C. Pulmonary edema**
- D. COPD without edema

CPAP provides a constant positive pressure to keep the airways open throughout the breathing cycle. In acute pulmonary edema, fluid fills the alveoli and interstitial spaces, causing alveolar collapse and poor oxygen exchange. By stenting open more of the collapsed airways, CPAP improves alveolar recruitment, increases the surface area for oxygen transfer, and reduces the work of breathing. The result is better oxygenation when oxygen alone isn't enough. The increased intrathoracic pressure also helps decrease pulmonary congestion, easing edema in the lungs. This approach is not used for a pneumothorax, where positive pressure can worsen the air leak, and while CPAP can be used in some respiratory conditions, its classic use in this scenario is to treat edema-related hypoxemia.

7. A 43-year-old male presents with frequent urination, diffuse abdominal pain for 3 days, and a blood glucose greater than 500 mg/dL. Which condition should you suspect?

A. Diabetic Ketoacidosis

B. Hyperosmolar hyperglycemic state

C. Acute pancreatitis

D. Hypoglycemia

When blood sugar climbs this high and the patient has polyuria with abdominal pain, think of a diabetic ketoacidosis picture. Insulin deficiency in DKA triggers ketone production, which leads to metabolic acidosis and dehydration from osmotic diuresis. Abdominal pain is a common GI symptom in DKA and can accompany nausea, vomiting, and tenderness, making the presentation look worrisome for other abdominal problems as well. The key driver is the combination of marked hyperglycemia with signs of dehydration and GI symptoms, which fits DKA even when glucose levels are very high. Hyperosmolar state can present with extremely high glucose too, but it typically shows more pronounced dehydration and altered mental status with fewer GI symptoms. Hypoglycemia would present with low glucose, not this high. Acute pancreatitis tends to present with painful epigastric pain and lipase elevation, not specifically the osmotic diuresis pattern seen here.

8. During a cardiac arrest, if a DNR order is suspected but proof is not immediately available, what is the recommended action?

A. Honor the DNR without proof

B. Continue CPR and seek proof

C. Terminate CPR

D. Wait for hospital staff

When there's no verifiable DNR in hand, the default is to provide life-saving care and not to withhold treatment. In a cardiac arrest, you start or continue CPR because the patient's wishes regarding resuscitation must be verified before you can honor any DNR. So the recommended action is to keep performing CPR while you actively seek proof of a valid DNR. Look for documentation such as a DNR order, a POLST/MOLST form, or a medical alert bracelet; contact family, caregivers, or hospital staff who can confirm the patient's directives; and if allowed by local protocols, reach out to medical control for guidance. If definitive proof of a valid DNR is found, you can stop resuscitation in accordance with that order. If proof remains unavailable or unclear, you continue CPR to maximize the patient's chances of survival. This approach protects the patient's life while ensuring autonomy is respected once credible documentation is obtained.

9. While transferring a 34 year old male receiving a blood infusion, he complains of difficulty breathing. His skin is red and warm with urticaria. Vital signs are BP 70/40 P120 R 24. What should you administer?

- A. Oxygen
- B. Epinephrine**
- C. Diphenhydramine
- D. Albuterol

This scenario centers on recognizing anaphylaxis from a transfusion and the need for rapid epinephrine. In anaphylaxis, widespread histamine release causes airway edema, bronchospasm, and significant vasodilation with resulting hypotension. The patient's sudden breathing difficulty, urticaria, warm/red skin, and a very low blood pressure point to this life-threatening reaction. Epinephrine is the best choice because it tackles both the airway and the circulatory collapse at once. Its alpha-1 effects cause vasoconstriction, reducing swelling and raising blood pressure; its beta-1 effects boost heart contractility and output; and its beta-2 effects relax bronchial smooth muscle, easing bronchospasm. This combination directly addresses the main threats in anaphylaxis. Oxygen is important to support oxygenation but does not stop the underlying reaction. Diphenhydramine and albuterol can help with symptoms, but they don't reverse shock or prevent rapid airway deterioration as effectively as epinephrine. Administer epinephrine intramuscularly (1:1000), 0.3–0.5 mg for an adult, and repeat as dictated by protocol while stopping the transfusion and providing airway and fluid support.

10. To assess suicide risk in an intoxicated patient who says I can't take it anymore, which action is appropriate?

- A. Do nothing until sober
- B. Ask about a suicide plan**
- C. Restrain and sedate
- D. Call the police

Directly assessing suicide risk starts with asking about a specific plan. Even when someone is intoxicated, their risk can be real and may depend on how they would act, when, and with what means. Asking focused questions like whether they have a plan to harm themselves, what that plan entails, and when they would do it helps you gauge immediacy and necessary action. If there is a concrete plan and means, you need to escalate safety: keep the patient safe, arrange urgent medical and mental health evaluation, and involve appropriate authorities or crisis services as required. If no plan is present, continue to monitor closely, provide support, and arrange timely mental health follow-up after stabilization. This approach is preferred because it directly clarifies risk and guides the next steps in safety and care, rather than delaying assessment or resorting to restraints or law enforcement when not immediately indicated.

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://paramedicreadiness5.examzify.com>

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

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