

PAXTON PATTERSON EMERGENCY MEDICAL TECHNICIAN 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. The statement 'Only the patient being treated is allowed to ride in the ambulance' is:**
 - A. True.
 - B. Not sure.
 - C. It depends.
 - D. False.

- 2. Which is not a common sign an EMT looks for in an unconscious patient?**
 - A. Pain
 - B. The ability to talk
 - C. Bleeding
 - D. Unequal pupils

- 3. At the scene of a car accident, if a woman involved says she is okay, the EMT should:**
 - A. Have her get up and walk around to determine injuries.
 - B. Immediately transport without evaluation.
 - C. Reassess and perform a proper physical examination.
 - D. Rely solely on patient statement.

- 4. Which of the following is NOT a risk factor for plaque build up in the arteries?**
 - A. Smoking
 - B. Regular exercise
 - C. High cholesterol
 - D. Hypertension

- 5. If a burn that covers about two inches on a patient's hand is painful, red, and swollen, but there are no blisters, treat the wound as a:**
 - A. First-degree burn.
 - B. Second-degree burn.
 - C. Third-degree burn.
 - D. Fourth-degree burn.

- 6. What is the proper initial approach to heat-related emergencies in EMS?**
- A. Administer intravenous fluids immediately
 - B. Apply heat packs to the trunk
 - C. Move to shade or cooler environment
 - D. Delay cooling until transport completes
- 7. What is the recommended action for a minor burn to cool the area?**
- A. Put your hand under cool water
 - B. Apply ice directly
 - C. Rub with lotion
 - D. Submerge in cold water
- 8. Which vessel type carries blood away from the heart?**
- A. Arteries
 - B. Capillaries
 - C. Veins
 - D. Lymphatic vessels
- 9. What is the medical term for fluid around a knee joint after injury?**
- A. Edema
 - B. Synovitis
 - C. Hemarthrosis
 - D. Effusion
- 10. What type of wound is created when a nail punctures through the shoe into the foot?**
- A. Abrasion
 - B. Laceration
 - C. Incision
 - D. Puncture

Answers

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

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Explanations

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1. The statement 'Only the patient being treated is allowed to ride in the ambulance' is:

- A. True.
- B. Not sure.
- C. It depends.
- D. False.**

The ability for someone other than the patient to ride in the ambulance isn't absolute. Safety and space decisions, along with agency policies, determine who can ride along. Often a family member or friend may accompany the patient if there's room, if they won't interfere with care, and if safety measures (like seat belts) are followed and approvals are in place. If the patient is unstable, the scene is unsafe, or space is limited, only the crew and patient may ride. Because these guidelines vary by service and situation, the statement that only the patient being treated is allowed is not universally true.

2. Which is not a common sign an EMT looks for in an unconscious patient?

- A. Pain
- B. The ability to talk**
- C. Bleeding
- D. Unequal pupils

When someone is unconscious, you focus on signs of brain function and potential injury rather than verbal ability. A pain response is a key test of whether there's any remaining protective reflexes or withdrawal movement, which helps judge the level of consciousness and nerve function. Bleeding is important to identify because blood loss or obvious injuries require immediate management and can worsen outcomes if not controlled. Unequal pupils can signal brain injury or pressure changes inside the skull, so checking pupil size and reactivity is a crucial part of the assessment. The ability to talk isn't something you look for in an unconscious patient because speaking requires full consciousness and coordinated brain activity. If the patient can talk, they're not truly unconscious, or they've just regained consciousness. That's why this option is not a common sign to rely on in the initial unconscious-state assessment.

3. At the scene of a car accident, if a woman involved says she is okay, the EMT should:

- A. Have her get up and walk around to determine injuries.
- B. Immediately transport without evaluation.
- C. Reassess and perform a proper physical examination.**
- D. Rely solely on patient statement.

In trauma care, a patient's claim of being okay can be misleading, so you must base decisions on objective assessment. The EMT should reassess and perform a thorough physical examination to identify injuries the patient may not notice or cannot feel due to shock, adrenaline, or altered consciousness. Start with a quick primary survey to ensure airway, breathing, and circulation, then proceed to a careful secondary assessment from head to toe, checking for tenderness, deformities, signs of bleeding, neurological status, and vitals, and keep reassessing as the situation evolves. This approach catches hidden injuries and guides appropriate transport and management. Relying on the patient's statement alone or letting them walk around or delaying evaluation could miss serious problems and worsen outcomes.

4. Which of the following is NOT a risk factor for plaque build up in the arteries?

- A. Smoking
- B. Regular exercise**
- C. High cholesterol
- D. Hypertension

Regular exercise is not a risk factor for plaque buildup in the arteries; it's protective. Atherosclerosis develops when factors injure the arterial walls or worsen lipid balance, promoting plaque formation. Exercise helps by improving the lipid profile (often increasing HDL and lowering LDL), helping control weight, lowering blood pressure, and improving endothelial function, all of which reduce the likelihood of plaque forming and progressing. Smoking contributes to plaque buildup by damaging the endothelium and increasing inflammation. High cholesterol means more circulating LDL that can deposit in artery walls, forming plaques. Hypertension puts extra stress on arterial walls, accelerating injury and plaque development. So the only option that does not promote plaque buildup is regular exercise.

5. If a burn that covers about two inches on a patient's hand is painful, red, and swollen, but there are no blisters, treat the wound as a:

- A. First-degree burn.
- B. Second-degree burn.**
- C. Third-degree burn.
- D. Fourth-degree burn.

Painful, red, and swollen with a burn about two inches on the hand points to tissue damage that goes beyond the outer skin layer but does not extend through all layers. That depth is characteristic of a partial-thickness burn, commonly known as a second-degree burn. Blistering is typical for second-degree burns, but its absence doesn't rule out this depth—some partial-thickness injuries may blister later or might not blister in every person or every situation. In contrast, third-degree burns would usually feel numb or have a dry, leathery look due to nerve and tissue destruction, and fourth-degree burns involve deeper structures like muscle or bone, which isn't indicated here. Given the size and location on the hand, this should be treated as a more substantial burn requiring more careful care and evaluation. Cool the area with running water for about 10 minutes, avoid ice, loosely cover with a clean dressing, and monitor for signs of infection or worsening pain. Seek medical care if there are increasing symptoms, concern for the depth, or if the burn covers a significant portion of the hand.

6. What is the proper initial approach to heat-related emergencies in EMS?

- A. Administer intravenous fluids immediately
- B. Apply heat packs to the trunk
- C. Move to shade or cooler environment**
- D. Delay cooling until transport completes

Rapidly reducing heat exposure is the first priority in heat-related emergencies. Moving the patient to shade or a cooler environment immediately reduces ongoing heat gain and starts the cooling process, which is essential to lower the core temperature and prevent organ damage. This step sets the stage for further cooling efforts and helps the body dissipate heat more effectively. Administering intravenous fluids right away isn't the initial action because cooling and removing the patient from the hot environment take precedence; fluids may be given afterward if the patient can tolerate them or if there are signs of dehydration, but they don't reduce core temperature as quickly as getting to a cooler setting does. Applying heat packs would add heat and worsen the condition. Delaying cooling until transport completes misses the critical window to prevent deterioration; on-scene cooling is a priority to stabilize the patient.

7. What is the recommended action for a minor burn to cool the area?

A. Put your hand under cool water

B. Apply ice directly

C. Rub with lotion

D. Submerge in cold water

Cooling a minor burn with cool running water is the best first aid action. Running cool water over the burned area for about 10 to 20 minutes quickly removes heat from the skin, helping to reduce pain and limit tissue damage by slowing the burn's progression. Use cool water, not ice, because extreme cold can injure skin and deeper tissues. Submerging the hand in cold water or using ice can cause additional harm and isn't necessary for a small burn. Rubbing the area with lotion isn't advised because it can irritate the skin and trap heat instead of removing it. After cooling, protect the burn with a clean, nonstick dressing to reduce infection risk.

8. Which vessel type carries blood away from the heart?

A. Arteries

B. Capillaries

C. Veins

D. Lymphatic vessels

Blood moves through the circulation in a directional pattern: some vessels carry blood away from the heart, others bring it back. The vessels that move blood away from the heart are arteries. They have thick, elastic walls to withstand the high pressure generated with each heartbeat and often transport oxygen-rich blood in the systemic circulation. A useful nuance is that pulmonary arteries also carry blood away from the heart, but to the lungs; their job fits the same directional rule—away from the heart—while their oxygen content differs from systemic arteries. Veins, in contrast, return blood toward the heart, capillaries connect arteries and veins and are the sites of exchange, and lymphatic vessels carry lymph as part of the lymphatic system rather than whole blood.

9. What is the medical term for fluid around a knee joint after injury?

A. Edema

B. Synovitis

C. Hemarthrosis

D. Effusion

Effusion is the accumulation of fluid within the joint capsule, so when the knee swells after an injury, the fluid inside the joint is called an effusion. Edema refers to general swelling in the surrounding tissues, not inside the joint space. Synovitis is inflammation of the joint's synovial lining, which can contribute to swelling but isn't the term for the fluid itself. Hemarthrosis means blood in the joint, a specific type of effusion caused by bleeding. So the fluid around the knee after injury is best described as an effusion.

10. What type of wound is created when a nail punctures through the shoe into the foot?

- A. Abrasion
- B. Laceration
- C. Incision
- D. Puncture**

A puncture wound. When a pointed object, like a nail, penetrates the skin, it creates a small entry point that can extend deeper into tissues. This is different from an abrasion (surface skin scraping), a laceration (a jagged tear), or an incision (a clean, straight cut). The key feature here is penetration by a sharp object through the skin, which often results in deeper tissue injury and potential contamination from the object.

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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://paxtonpattersonemt.examzify.com>

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

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