

PLANTATION FIRE RESCUE EMS PROTOCOLS 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. What is the maximum number of doses allowed for SL Nitroglycerin?**
 - A. One dose
 - B. Two doses
 - C. Three doses
 - D. Four doses
- 2. What is essential to monitor in a patient receiving Push Dose Nitroglycerin?**
 - A. Heart rate and rhythm
 - B. Systolic Blood Pressure
 - C. Temperature
 - D. Respiratory rate
- 3. What is the initial bolus dose of Lidocaine for refractory V-FIB/V-TACH?**
 - A. 0.5-1mg/kg IV/IO
 - B. 1-1.5mg/kg IV/IO
 - C. 2-3mg/kg IV/IO
 - D. 1-2mg/kg IV/IO
- 4. What is the appropriate treatment for Tension Pneumothorax in cardiac arrest?**
 - A. Insert a chest tube
 - B. Perform bilateral pleural decompression
 - C. Administer oxygen therapy
 - D. Provide intravenous fluids
- 5. What airway maneuver should be used for trauma patients with suspected spinal cord injury?**
 - A. Head tilt-chin lift
 - B. Modified jaw thrust
 - C. Standard chin lift
 - D. Neutral head position

- 6. What is the recommended sedation for transcutaneous pacing in adults?**
- A. Morphine 2 mg IV/IO
 - B. Fentanyl 1 mcg/kg IV/IO
 - C. Ketamine 1 mg/kg IV/IO or 3 mg/kg IM
 - D. Propofol 1 mg/kg IV
- 7. What treatments are indicated for Hyperkalemia during cardiac arrest?**
- A. Magnesium Sulfate, Sodium Bicarbonate, and D50
 - B. Calcium Chloride, Sodium Bicarbonate, and Albuterol
 - C. Calcium Gluconate, Insulin, and Glucose
 - D. Sodium Chloride, Dextrose, and Furosemide
- 8. What is a common use for albuterol in emergency medicine?**
- A. To treat infections
 - B. To relieve bronchospasms
 - C. To reduce fever
 - D. To treat fluid retention
- 9. What is the initial defibrillation dose for pediatric patients in unstable PVT?**
- A. 1 J/kg, increasing to 2 J/kg
 - B. 2 J/kg, increasing to 3 J/kg
 - C. 2 J/kg, increasing to 4 J/kg
 - D. 3 J/kg, increasing to 5 J/kg
- 10. What must be taken into account when proceeding with treatment for incapacitated patients?**
- A. Only if there is a witness present
 - B. The urgency and necessity of the medical condition
 - C. The availability of a legal representative
 - D. The family's opinion on the treatment

Answers

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

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Explanations

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1. What is the maximum number of doses allowed for SL Nitroglycerin?

- A. One dose
- B. Two doses
- C. Three doses**
- D. Four doses

The maximum number of doses allowed for sublingual (SL) nitroglycerin is three doses. This guideline is based on the fact that nitroglycerin is typically utilized for treating acute angina pectoris, and its efficacy can be assessed within a specific timeframe after administration. Patients may take an initial dose and, if symptoms persist and no contraindications are present, repeat doses can be given. The protocol recommends waiting five minutes between doses to monitor for any relief of symptoms or possible adverse reactions. If the patient's condition does not improve after the third dose, further medical evaluation is necessary, typically leading to assessing the need for advanced treatment or interventions. This structured approach ensures patient safety while also maximizing the potential therapeutic effects of the medication during an angina episode.

2. What is essential to monitor in a patient receiving Push Dose Nitroglycerin?

- A. Heart rate and rhythm
- B. Systolic Blood Pressure**
- C. Temperature
- D. Respiratory rate

Monitoring systolic blood pressure is essential when a patient is receiving Push Dose Nitroglycerin because this medication is known for its vasodilatory effects, which can lead to a decrease in blood pressure. Push Dose Nitroglycerin is often administered in acute settings, such as during chest pain or hypertensive emergencies, where maintaining an adequate blood pressure is crucial to ensure proper organ perfusion. If the systolic blood pressure drops too low, it can indicate that the patient is at risk of poor perfusion, which may lead to serious complications. By closely monitoring this vital sign, emergency medical personnel can make informed decisions about the continuation or adjustment of the medication dose to ensure patient safety. While heart rate and rhythm, temperature, and respiratory rate are all important vital signs to monitor in a broader sense, the direct and immediate effects of Push Dose Nitroglycerin on blood pressure make systolic blood pressure the most critical parameter to observe in this context.

3. What is the initial bolus dose of Lidocaine for refractory V-FIB/V-TACH?

- A. 0.5-1mg/kg IV/IO
- B. 1-1.5mg/kg IV/IO**
- C. 2-3mg/kg IV/IO
- D. 1-2mg/kg IV/IO

The initial bolus dose of Lidocaine for treating refractory Ventricular Fibrillation (V-FIB) and Ventricular Tachycardia (V-TACH) is 1-1.5 mg/kg administered via intravenous (IV) or intraosseous (IO) route. This dosage aligns with established advanced cardiac life support (ACLS) protocols, which recommend this specific range to effectively provide therapeutic levels of Lidocaine quickly to stabilize the heart rhythm. Administering 1-1.5 mg/kg ensures adequate concentrations in the bloodstream to help suppress abnormal heart rhythms while minimizing potential side effects associated with higher doses. The choice of Lidocaine is based on its effectiveness as an antiarrhythmic agent, particularly for managing fast rhythms that can lead to cardiac arrest. This bolus can be followed by additional doses or an infusion depending on the patient's response and prevailing guidelines. Understanding the pharmacological action and appropriate dosing ranges is crucial in emergency scenarios to enhance patient outcomes.

4. What is the appropriate treatment for Tension Pneumothorax in cardiac arrest?

- A. Insert a chest tube
- B. Perform bilateral pleural decompression**
- C. Administer oxygen therapy
- D. Provide intravenous fluids

In the case of tension pneumothorax during cardiac arrest, the most appropriate treatment is to perform bilateral pleural decompression. Tension pneumothorax occurs when air becomes trapped in the pleural space and creates increasing pressure that can collapse the lung and compress the heart and large blood vessels, leading to impaired blood circulation. Bilateral pleural decompression involves using a needle to release the trapped air from both sides of the chest. This is a critical intervention because it quickly reduces the intrathoracic pressure, allowing for improved venous return to the heart and potentially restoring cardiac output. In a cardiac arrest situation, timely relief of pressure is essential to maximize the chances of resuscitation. Other options may address different aspects of treatment or emergencies but do not provide the immediate intervention required to relieve the tension pneumothorax. For instance, inserting a chest tube is a more definitive secondary intervention but may not be performed immediately in a resuscitation context. Oxygen therapy and intravenous fluids are supportive measures that might be helpful in other scenarios, but they do not address the life-threatening nature of a tension pneumothorax in a cardiac arrest situation.

5. What airway maneuver should be used for trauma patients with suspected spinal cord injury?

- A. Head tilt-chin lift
- B. Modified jaw thrust**
- C. Standard chin lift
- D. Neutral head position

The modified jaw thrust maneuver is the appropriate technique to use for trauma patients with suspected spinal cord injury because it minimizes movement of the spine. This method allows for the opening of the airway without applying pressure on the neck or moving the head and cervical spine, which can exacerbate potential injuries. In cases of spinal injury, preserving spinal alignment is critical to prevent further damage. The jaw thrust maneuver specifically focuses on displacing the tongue forward and repositioning the mandible, which provides access to the airway while keeping the head and neck in a neutral or protected position. This is essential in maintaining stability for patients who may have sustained significant trauma and could suffer from compromised neurological function. Other techniques, such as the head tilt-chin lift or standard chin lift, involve flexing the neck, which can increase the risk of spinal movement and potential injury in these patients. The option of maintaining a neutral head position alone does not effectively open the airway, which is a necessary step in ensuring adequate breathing and ventilation in emergencies. Therefore, the modified jaw thrust is the safest choice for managing the airway in patients with suspected spinal injuries.

6. What is the recommended sedation for transcutaneous pacing in adults?

- A. Morphine 2 mg IV/IO
- B. Fentanyl 1 mcg/kg IV/IO
- C. Ketamine 1 mg/kg IV/IO or 3 mg/kg IM**
- D. Propofol 1 mg/kg IV

The recommended sedation for transcutaneous pacing in adults is ketamine at a dose of 1 mg/kg IV or 3 mg/kg IM. Ketamine is particularly suitable in this context due to its unique properties as a dissociative anesthetic. It provides effective sedation while maintaining airway reflexes and cardiovascular stability, which is crucial during procedures like transcutaneous pacing that can be uncomfortable or painful for the patient. By minimizing discomfort and anxiety, ketamine allows for a smoother procedure while ensuring that the patient remains hemodynamically stable. In this case, ketamine's rapid onset and relatively short duration of action make it an advantageous choice for procedures that might lead to transient pain, such as transcutaneous pacing. Additionally, it can be beneficial in patients who may not tolerate other sedative options due to their cardiovascular effects. The other choices, while they are effective analgesics and sedatives in various contexts, may not be ideal for this specific procedure due to potential side effects or complications related to patient safety and comfort during the pacing process.

7. What treatments are indicated for Hyperkalemia during cardiac arrest?

- A. Magnesium Sulfate, Sodium Bicarbonate, and D50
- B. Calcium Chloride, Sodium Bicarbonate, and Albuterol**
- C. Calcium Gluconate, Insulin, and Glucose
- D. Sodium Chloride, Dextrose, and Furosemide

The appropriate treatments for hyperkalemia during cardiac arrest include Calcium Chloride, Sodium Bicarbonate, and Albuterol. Calcium Chloride is crucial in situations of hyperkalemia as it helps to stabilize the cardiac membrane, thereby reducing the risk of arrhythmias caused by elevated potassium levels. Sodium Bicarbonate can help by increasing the blood pH, which may facilitate the movement of potassium back into cells, thus lowering serum potassium levels. Albuterol is a bronchodilator that can also promote the intracellular shift of potassium, further assisting in the management of hyperkalemia. While other options contain treatments that might not be relevant or effective in this specific scenario, the combination of Calcium Chloride, Sodium Bicarbonate, and Albuterol effectively addresses the immediate risks associated with hyperkalemia during cardiac arrest, making it the correct choice.

8. What is a common use for albuterol in emergency medicine?

- A. To treat infections
- B. To relieve bronchospasms**
- C. To reduce fever
- D. To treat fluid retention

Albuterol is commonly used in emergency medicine primarily to relieve bronchospasms. This is particularly important in the management of conditions such as asthma and chronic obstructive pulmonary disease (COPD), where the airways constrict and lead to difficulty breathing. Albuterol is a bronchodilator, which means it works by relaxing the muscles around the airways, allowing them to open up and improve airflow to the lungs. This rapid relief can be critical in emergency situations where a patient's breathing is compromised. Other options do not accurately describe the purpose or use of albuterol. The treatment of infections typically involves antibiotics, while fever reduction is usually managed with antipyretics. Fluid retention, often associated with heart failure or kidney issues, requires diuretics rather than a bronchodilator like albuterol.

9. What is the initial defibrillation dose for pediatric patients in unstable PVT?

- A. 1 J/kg, increasing to 2 J/kg
- B. 2 J/kg, increasing to 3 J/kg
- C. 2 J/kg, increasing to 4 J/kg**
- D. 3 J/kg, increasing to 5 J/kg

The initial defibrillation dose for pediatric patients in unstable pulseless ventricular tachycardia (PVT) is indeed 2 J/kg, increasing to 4 J/kg if the first shock is unsuccessful. This guideline is based on established resuscitation protocols which are designed to provide effective treatment while minimizing potential harm to pediatric patients. In unstable PVT, immediate defibrillation is critical as it can lead to a return of effective cardiac function. The choice of 2 J/kg for the first shock allows for an appropriate level of energy that is generally sufficient for achieving successful defibrillation without causing excessive trauma to the heart. If there is no conversion to a normal rhythm, escalating to 4 J/kg for subsequent shocks offers a balance between increased energy and safety, adhering to protocol recommendations that aim to maximize the chances of restoring a viable heart rhythm. This approach highlights the importance of both initial and subsequent energy doses in managing pediatric cardiac emergencies effectively, ensuring optimal care while adapting to the specific physiological needs of younger patients.

10. What must be taken into account when proceeding with treatment for incapacitated patients?

- A. Only if there is a witness present
- B. The urgency and necessity of the medical condition**
- C. The availability of a legal representative
- D. The family's opinion on the treatment

When treating incapacitated patients, it is crucial to consider the urgency and necessity of the medical condition. This ensures that immediate and appropriate care is provided based on the patient's medical needs rather than external factors. In emergency situations, the goal is to stabilize the patient and address life-threatening concerns as quickly as possible. This approach prioritizes the patient's health and safety above all else, as delays in treatment can lead to worsening conditions or irreversible harm. While other factors, such as the presence of witnesses, the availability of legal representatives, or family opinions, may be relevant in certain contexts, they do not take precedence over the critical need to assess the patient's medical situation and provide timely intervention. The focus should always be on the patient's well-being, which guides the decision-making process in emergency medical scenarios.

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://plantationfirerescueems.examzify.com>

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

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