

REMSA Emergency Medical Technician (EMT) Division 1 Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. What does the term "Chemical Name" refer to in pharmacology?**
 - A. The brand name assigned to a drug**
 - B. The active ingredients and their structure**
 - C. The official name recognized in pharmacopoeias**
 - D. The marketing name used in advertisements**

- 2. Which element is NOT typically included in a chronological description of a medical call?**
 - A. Timeline of events**
 - B. Patient's medical history**
 - C. Assessment findings**
 - D. Future treatment plans**

- 3. What are the transmission methods for Tuberculosis (TB)?**
 - A. Direct contact only**
 - B. Droplet and airborne**
 - C. Fecal-oral**
 - D. Vector-borne**

- 4. What is an example of objective information?**
 - A. Patient's report of chest pain**
 - B. Patient's documented history of allergies**
 - C. Observation of a fractured arm**
 - D. Discussion of possible treatments**

- 5. Which breathing pattern is characterized by periods of apnea followed by deep, rapid breaths?**
 - A. Cheyne-Stokes**
 - B. Kussmauls**
 - C. Biot's**
 - D. Agonal**

6. What does the term 'carrier' refer to in the context of infectious diseases?

- A. A person showing symptoms of disease**
- B. A person who harbors disease with no symptoms**
- C. A person who has been vaccinated**
- D. A person who has recovered from the disease**

7. Which method is responsible for Hepatitis A transmission?

- A. Airborne droplets**
- B. Fecal-oral transmission**
- C. Direct blood contact**
- D. Insect bites**

8. In a stable medical assessment, which order is typically followed for evaluation?

- A. History, Physical Exam, Vitals**
- B. Vitals, History, Physical Exam**
- C. Physical Exam, Vitals, History**
- D. History, Vitals, Physical Exam**

9. After completing the primary assessment, what is the next step?

- A. Reassessment of vital signs**
- B. Scene size-up**
- C. Secondary assessment**
- D. Patient transport**

10. What does the secondary assessment focus on when dealing with trauma patients?

- A. Physical examination and vitals**
- B. Detailed patient history**
- C. Signs and symptoms comparison**
- D. Last oral intake and events leading to incident**

Answers

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

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Explanations

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1. What does the term "Chemical Name" refer to in pharmacology?

- A. The brand name assigned to a drug**
- B. The active ingredients and their structure**
- C. The official name recognized in pharmacopoeias**
- D. The marketing name used in advertisements**

The term "Chemical Name" in pharmacology refers specifically to the precise description of the active ingredients and their molecular structure. This name details the chemical composition and configuration of the drug, often reflecting the molecular formula or the arrangement of atoms within the molecule. Understanding the chemical name is crucial for pharmacologists and chemists as it provides insight into the drug's properties, potential reactions, and mechanisms of action. In this context, the other options represent different concepts within drug nomenclature. The brand name refers to the marketing name assigned for commercial distribution, while the official name recognized in pharmacopoeias is typically known as the "generic name." The marketing name is strictly intended for consumer recognition and is not related to the drug's chemical composition. Therefore, the chemical name stands out as it focuses exclusively on the scientific and structural aspects of the drug, distinguishing it from other naming conventions.

2. Which element is NOT typically included in a chronological description of a medical call?

- A. Timeline of events**
- B. Patient's medical history**
- C. Assessment findings**
- D. Future treatment plans**

In a chronological description of a medical call, the focus is primarily on the sequence of events that occurred during the incident. This includes a timeline of events, which details what actions were taken and when, assessment findings that outline the patient's condition during the call, and the patient's medical history that provides context to the patient's current health status. Future treatment plans, however, do not fit into the timeline of the call as they pertain to actions that will occur after the call has ended. The purpose of the chronological description is to document what has already happened in a clear and structured manner, rather than speculating about the next steps in treatment. This distinction makes it clear why future treatment plans are not included in a typical chronological description of a medical call.

3. What are the transmission methods for Tuberculosis (TB)?

- A. Direct contact only
- B. Droplet and airborne**
- C. Fecal-oral
- D. Vector-borne

The transmission methods for Tuberculosis (TB) primarily involve droplet and airborne pathways. When a person with active TB coughs, sneezes, or speaks, they release tiny droplets containing the bacteria into the air. These droplets can remain suspended in the air for a period of time, and individuals can become infected by inhaling the bacteria contained in these droplets. This method of transmission is significant because it highlights the need for appropriate infection control measures, especially in healthcare settings where individuals may be at increased risk of exposure. The droplets can infect individuals who are in close proximity to the person with TB, making it a communicable disease predominantly spread through the air rather than through other routes. Other transmission methods listed are not applicable to TB. For instance, direct contact does not effectively transmit the bacteria, and fecal-oral route or vector-borne transmission (involving insects or animals) are not relevant to how TB spreads. Understanding the correct mode of transmission is crucial for health professionals in preventing and managing TB cases effectively.

4. What is an example of objective information?

- A. Patient's report of chest pain
- B. Patient's documented history of allergies
- C. Observation of a fractured arm**
- D. Discussion of possible treatments

Objective information refers to data that can be observed, measured, and verified by others, rather than information that is based solely on personal interpretation or subjective experience. Observations made by an EMT or healthcare provider can be recorded and are not influenced by personal feelings or opinions. In the context of the choices provided, the observation of a fractured arm qualifies as objective information because it can be seen and measured. It is a fact that can be corroborated by other healthcare providers or through imaging studies. This type of information enables EMTs and other medical professionals to accurately assess a patient's condition. In contrast, the patient's report of chest pain or a documented history of allergies includes subjective experiences or personal accounts that may vary between different individuals. These elements, while very important in clinical understanding, rely on the patient's description and therefore aren't considered objective. The discussion of possible treatments is also subjective as it involves opinions or plans that have not yet been observed or measured in the current scenario. Thus, the observation of a fractured arm stands out as the clear example of objective information in this context.

5. Which breathing pattern is characterized by periods of apnea followed by deep, rapid breaths?

A. Cheyne-Stokes

B. Kussmauls

C. Biot's

D. Agonal

The breathing pattern characterized by periods of apnea followed by deep, rapid breaths is known as Cheyne-Stokes respiration. This pattern is often associated with conditions that affect the brain, particularly the brainstem, as it regulates breathing. Cheyne-Stokes breathing typically involves an increasing depth of breaths followed by a gradual decrease, ultimately leading to a pause in breathing (apnea) before the cycle starts again. This pattern is commonly seen in patients with congestive heart failure, stroke, or severe brain injury, as these conditions can disrupt the normal respiratory drive due to damage to the central nervous system. Understanding this pattern is crucial for EMTs, as it can help indicate underlying medical conditions and guide appropriate responses in patient care. The other breathing patterns listed have distinct characteristics.

Kussmaul's breathing involves deep, labored breaths typically seen in metabolic acidosis, Biot's respiration consists of quick, shallow breaths followed by irregular periods of apnea, and agonal breaths are gasping, labored breaths seen in patients who are near death or in severe respiratory distress. Recognizing these differences ensures proper assessment and intervention.

6. What does the term 'carrier' refer to in the context of infectious diseases?

A. A person showing symptoms of disease

B. A person who harbors disease with no symptoms

C. A person who has been vaccinated

D. A person who has recovered from the disease

The term 'carrier' in the context of infectious diseases specifically refers to an individual who harbors a pathogen without exhibiting any symptoms of the disease. This means the person can still potentially transmit the infectious agent to others, even though they appear healthy themselves. Carriers play a crucial role in the epidemiology of infectious diseases, as they can contribute to the spread of infections without being detected due to the absence of visible symptoms. In contrast, individuals showing symptoms of the disease are typically considered active cases rather than carriers, as their signs make the presence of the infection evident. Vaccinated individuals may have immunity and are less likely to become carriers, but the term 'carrier' is not applicable to them in this context. Finally, people who have recovered from a disease are often immune and do not carry the infectious agent in a transmissible form, making them distinct from carriers. Thus, the definition of a carrier focuses on the asymptomatic nature of the individual as it relates to infectious diseases.

7. Which method is responsible for Hepatitis A transmission?

- A. Airborne droplets**
- B. Fecal-oral transmission**
- C. Direct blood contact**
- D. Insect bites**

Hepatitis A is a viral infection primarily transmitted through the fecal-oral route. This method of transmission occurs when a person ingests food or water contaminated with the feces of an infected individual. It is common in situations where personal hygiene practices are inadequate or where sanitation is poor, making it essential for healthcare professionals to emphasize proper handwashing, especially after using the bathroom and before handling food. The other methods listed do not apply to Hepatitis A. Airborne droplets are typically associated with respiratory infections, while direct blood contact relates more to infections like Hepatitis B and C. Insect bites are not a transmission route for Hepatitis A, as the virus does not survive or multiply in insect vectors. Understanding these transmission routes helps in implementing effective prevention strategies for Hepatitis A outbreaks.

8. In a stable medical assessment, which order is typically followed for evaluation?

- A. History, Physical Exam, Vitals**
- B. Vitals, History, Physical Exam**
- C. Physical Exam, Vitals, History**
- D. History, Vitals, Physical Exam**

In a stable medical assessment, the order of evaluation typically begins with gathering a detailed history of the patient. This includes understanding the patient's chief complaint, medical history, medications, allergies, and any other relevant information that can guide the assessment and treatment. Following the history, a physical examination is conducted to assess the patient's current condition and identify any signs of illness or injury. Finally, vital signs are taken to provide objective data on the patient's physiological status, such as heart rate, blood pressure, respiratory rate, and temperature. The rationale for this order is that obtaining a thorough history first allows the EMT to make informed decisions during the physical exam. The history provides crucial context that may influence how the physical examination is carried out, and knowing potential issues can help prioritize which vital signs are most significant. By the time vital signs are taken, the EMT already has a sense of what might be going on with the patient, which aids in interpreting the data accurately. This systematic approach enhances the likelihood of identifying any underlying conditions and facilitates a comprehensive evaluation of the patient.

9. After completing the primary assessment, what is the next step?

- A. Reassessment of vital signs**
- B. Scene size-up**
- C. Secondary assessment**
- D. Patient transport**

After completing the primary assessment, moving on to the secondary assessment is the appropriate next step. The primary assessment focuses on identifying and managing any life-threatening conditions, such as airway obstructions, breathing difficulties, or severe bleeding, ensuring that the most critical issues are addressed first. The secondary assessment builds on this foundation by providing a more in-depth evaluation of the patient. This includes a detailed physical examination and obtaining a patient history, which can help identify other potential injuries or medical conditions. By conducting the secondary assessment, EMTs can gather vital information that is necessary for effective treatment and planning for transport to a healthcare facility. Choosing to conduct a secondary assessment helps ensure that no significant issues are overlooked after the immediate threats to life have been managed. This thorough approach is essential for delivering comprehensive emergency care, allowing for better decisions regarding treatment and transport.

10. What does the secondary assessment focus on when dealing with trauma patients?

- A. Physical examination and vitals**
- B. Detailed patient history**
- C. Signs and symptoms comparison**
- D. Last oral intake and events leading to incident**

The secondary assessment is a crucial step in the evaluation of trauma patients and is centered on a thorough physical examination and vital signs assessment. This process allows EMTs to gather detailed information about the patient's condition, identify potential injuries that were not immediately apparent during the primary assessment, and monitor the patient's vital signs for any changes. During the physical examination, EMTs look for signs of injury, such as bruising, swelling, or deformities, and assess the patient's overall physical state. Vital signs, including pulse, blood pressure, respiratory rate, and level of consciousness, provide essential insights into the patient's physiological status, helping to determine the severity of injuries and the need for immediate medical intervention. While the other options, such as obtaining a detailed patient history, assessing signs and symptoms, and evaluating the last oral intake and events leading to the incident, are indeed important components of a comprehensive assessment, they are typically part of the broader patient care process. The secondary assessment specifically emphasizes the physical examination and vital signs to ensure that no critical information is overlooked that could impact patient management and treatment decisions.

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://remsaemtdivision1.examzify.com>

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

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