

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

Study Guide



Everything you need from our exam experts!

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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 condition could lead to carbon monoxide poisoning?

- A. Hypoxemia**
- B. Hypercapnia**
- C. Drug overdose**
- D. Pneumonia**

2. What does the "SOAP" format stand for in medical documentation?

- A. Subjective, Objective, Assessment, Plan**
- B. Select, Observe, Assess, Proceed**
- C. Symptom, Observation, Action, Plan**
- D. Structure, Organization, Assessment, Procedure**

3. Which of the following best describes vectors in the context of disease transmission?

- A. Non-living carriers of pathogens**
- B. Living organisms that carry agents transmitting disease**
- C. Devices used for immunization**
- D. Environmental conditions that foster disease spread**

4. What precaution should be taken for both Meningitis and Measles patients?

- A. Use of gloves and hand washing**
- B. Use of anti-viral medication**
- C. Full body isolation**
- D. Use of only surgical masks**

5. Which type of precaution requires the use of a mask for protection against droplets from coughing or sneezing?

- A. Contact Precautions**
- B. Airborne Precautions**
- C. Droplet Precautions**
- D. Standard Precautions**

6. What is the first stage in the five stages of death and dying?

- A. Anger**
- B. Denial**
- C. Bargaining**
- D. Acceptance**

7. What is a sign of respiratory arrest?

- A. Increased heart rate**
- B. Full consciousness**
- C. Stop breathing**
- D. Normal skin color**

8. What is the result of progressive shock leading to multiorgan failure?

- A. Cardiac arrest**
- B. Hypotension**
- C. Multiorgan dysfunction syndrome**
- D. Respiratory failure**

9. Which of the following symptoms is associated with Rubella?

- A. Severe headache**
- B. Photophobia**
- C. Red-pink rash**
- D. Conjunctivitis**

10. Which of the following symptoms is typically NOT found in Chicken Pox?

- A. Malaise**
- B. Fluid-filled lesions**
- C. Viral cough**
- D. Fever**

Answers

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

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Explanations

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1. What condition could lead to carbon monoxide poisoning?

- A. Hypoxemia**
- B. Hypercapnia**
- C. Drug overdose**
- D. Pneumonia**

The condition that could lead to carbon monoxide poisoning is hypoxemia. Hypoxemia refers to a deficiency of oxygen in the blood, which can result from various factors that impede the body's ability to utilize oxygen effectively. In the case of carbon monoxide poisoning, the carbon monoxide binds to hemoglobin in red blood cells with a much greater affinity than oxygen. This binding reduces the amount of oxygen that can be transported in the bloodstream, leading to hypoxemia. As a consequence, even if there's sufficient oxygen in the environment, the presence of carbon monoxide prevents the body from receiving the oxygen it needs, leading to symptoms associated with hypoxemia, such as confusion, headache, and, in severe cases, unconsciousness. Other conditions like hypercapnia, drug overdose, or pneumonia may also affect oxygen delivery and utilization in the body, but they do not specifically lead to carbon monoxide poisoning, which is characterized by the specific interaction between carbon monoxide and hemoglobin.

2. What does the "SOAP" format stand for in medical documentation?

- A. Subjective, Objective, Assessment, Plan**
- B. Select, Observe, Assess, Proceed**
- C. Symptom, Observation, Action, Plan**
- D. Structure, Organization, Assessment, Procedure**

The "SOAP" format stands for Subjective, Objective, Assessment, Plan, and it is a widely used method for organizing medical documentation. This format helps healthcare professionals systematically document their findings and treatment plans, ensuring clarity and consistency in patient records. In the SOAP format: - The **Subjective** section includes information provided by the patient about their symptoms, feelings, and concerns. This perspective is crucial as it reflects the patient's experience and helps guide the clinician's understanding of their health status. - The **Objective** section consists of observable and measurable data collected during the examination or through diagnostic tests. This could include vital signs, lab results, and physical examination findings, which are essential for forming an accurate assessment. - The **Assessment** section is where healthcare providers synthesize the subjective and objective information to form a clinical impression or diagnosis. This analysis is critical for guiding future treatment decisions. - Finally, the **Plan** outlines the next steps for the patient's care, which can include further tests, referrals, prescribed treatments, or patient education. This ensures that both the provider and the patient are aligned on the next course of action. This structured approach not only enhances the quality of patient care but also facilitates communication among healthcare team members, ultimately improving patient

3. Which of the following best describes vectors in the context of disease transmission?

- A. Non-living carriers of pathogens**
- B. Living organisms that carry agents transmitting disease**
- C. Devices used for immunization**
- D. Environmental conditions that foster disease spread**

Vectors are defined as living organisms that carry and transmit pathogens from one host to another, thus playing a crucial role in the spread of diseases. Common examples of vectors include mosquitoes, ticks, and fleas, which can transfer infectious agents like viruses, bacteria, or parasites through their bites. Understanding the role of vectors is fundamental in epidemiology and public health, as controlling vector populations can significantly reduce the incidence of vector-borne diseases. In contrast, non-living carriers like inanimate objects or surfaces do not fit the definition of vectors, as they do not involve living organisms in the transmission process. Devices used for immunization are aimed at preventing diseases rather than transmitting them, and environmental conditions pertain to factors that may facilitate or enhance the spread of diseases but do not represent the mechanism of transmission itself through living carriers. Therefore, the definition of vectors as living organisms that actively carry pathogens is central to understanding their impact on public health and disease management.

4. What precaution should be taken for both Meningitis and Measles patients?

- A. Use of gloves and hand washing**
- B. Use of anti-viral medication**
- C. Full body isolation**
- D. Use of only surgical masks**

Using gloves and practicing hand washing are essential precautions for both Meningitis and Measles patients due to the nature of their transmission and the need for infection control. Meningitis, particularly when caused by bacteria, can be spread through respiratory droplets or direct contact with infected fluids. Gloves help prevent any contamination from these fluids while also protecting the healthcare provider from potential exposure. Handwashing further reduces the risk of spreading pathogens from one patient to another and is a basic yet vital infection control measure in healthcare settings. Measles is highly contagious and spreads through respiratory droplets as well. Extensive hand hygiene and use of gloves when treating patients help to prevent the transmission of the virus to other patients and healthcare workers. While masks might be recommended in some cases of respiratory illnesses, the combination of gloves and hand hygiene is a more comprehensive approach in dealing with both conditions, ensuring that healthcare providers minimize the risk of infection efficiently.

5. Which type of precaution requires the use of a mask for protection against droplets from coughing or sneezing?

- A. Contact Precautions**
- B. Airborne Precautions**
- C. Droplet Precautions**
- D. Standard Precautions**

Droplet Precautions refer specifically to measures taken to prevent the transmission of pathogens that are spread through respiratory droplets when a person coughs, sneezes, talks, or breathes. These droplets can typically travel up to about six feet and can be inhaled by someone nearby, making it essential to wear a mask to protect against this transmission. This type of precaution is crucial when dealing with infections such as influenza or pertussis, where the risk of spreading germs through droplets is significant. The use of a mask helps shield the wearer from inhaling these droplets and reduces the likelihood of infection. In contrast, Contact Precautions focus on preventing the spread of infectious agents through direct or indirect contact, which does not require a mask. Airborne Precautions are meant for pathogens that can remain suspended in the air and require fit-tested respirators for protection, rather than just masks. Standard Precautions are a broader set of guidelines that include practices for infection control but do not specifically address droplet transmission by requiring masks alone.

6. What is the first stage in the five stages of death and dying?

- A. Anger**
- B. Denial**
- C. Bargaining**
- D. Acceptance**

The first stage in the five stages of death and dying, developed by Elisabeth Kübler-Ross, is denial. This stage often serves as a coping mechanism for individuals who are faced with the reality of loss or impending death. During denial, a person may struggle to accept the truth of their situation, leading them to ignore or deny the existence of the condition affecting them, be it personal illness or the death of a loved one. This reaction helps individuals to buffer the initial shock and emotional pain, allowing them to gradually come to terms with the reality they face. Understanding the process of denial is critical for healthcare providers and EMTs, as it can influence how individuals express their emotions, respond to care, and communicate their needs in stressful situations. Recognizing that denial is a normal part of the grieving process enables EMTs to provide empathetic support and appropriate interventions for both patients and their families.

7. What is a sign of respiratory arrest?

- A. Increased heart rate**
- B. Full consciousness**
- C. Stop breathing**
- D. Normal skin color**

The correct answer, which indicates a sign of respiratory arrest, is the cessation of breathing. Respiratory arrest occurs when a person stops breathing adequately, leading to a critical lack of oxygen in the body. This condition is an emergency that requires immediate intervention, such as providing rescue breaths or CPR. In the context of medical evaluation, signs of respiratory arrest are characterized by an absence of respiratory effort. A person in this state will not exhibit the normal rise and fall of the chest that occurs during breathing, and vital signs must be closely monitored to ensure that oxygenation and circulation are maintained. Immediate recognition of this sign is crucial for the timely delivery of care, which can mean the difference between life and death. Other potential indicators, such as increased heart rate, full consciousness, or normal skin color, do not align with respiratory arrest. Increased heart rate may occur in situations of stress or shock rather than indicating respiratory failure. Full consciousness suggests that the individual is alert and responsive, which generally is not the case in respiratory arrest. Normal skin color could imply adequate oxygenation, contrasting the typical cyanosis or pallor that can result from a lack of breathing. Identifying the cessation of breathing is vital for recognizing respiratory arrest and initiating the appropriate emergency response.

8. What is the result of progressive shock leading to multiorgan failure?

- A. Cardiac arrest**
- B. Hypotension**
- C. Multiorgan dysfunction syndrome**
- D. Respiratory failure**

Multiorgan dysfunction syndrome, also known as MODS, is a critical condition that occurs when progressive shock leads to the failure of multiple organ systems in the body. This phenomenon typically arises due to inadequate perfusion and oxygenation of tissues as a result of shock, which can stem from various causes such as severe trauma, sepsis, or significant blood loss. When the body experiences shock, it struggles to maintain adequate circulation and organ function. Initially, the body may compensate, but as the situation worsens, irreversible damage can occur. This leads to a cascade of inflammatory responses, disruption of cellular metabolism, and ultimately compromises the functionality of one or more organs. While cardiac arrest, hypotension, and respiratory failure can indeed result from severe shock, they are not the final outcome of the process of progressive shock. Instead, multiorgan dysfunction syndrome encompasses these potential outcomes, reflecting a more comprehensive understanding of how shock can impact multiple systems within the body simultaneously. Therefore, identifying MODS as the result highlights the severe implications of untreated or inadequately managed shock, emphasizing the critical need for timely and effective intervention in emergency medical situations.

9. Which of the following symptoms is associated with Rubella?

- A. Severe headache**
- B. Photophobia**
- C. Red-pink rash**
- D. Conjunctivitis**

The presence of a red-pink rash is a hallmark symptom associated with Rubella, also known as German measles. This rash typically starts on the face and then spreads to the rest of the body, distinguishing it from other illnesses with similar presentations. The rash usually appears about 14 to 21 days after exposure to the virus and is often one of the first noticeable signs of infection, along with mild fever and lymphadenopathy. While the other symptoms can occur in various illnesses, they are not specifically indicative of Rubella. Severe headache, photophobia, and conjunctivitis may relate to other viral infections, such as measles or other respiratory conditions, but they are not characteristic of Rubella itself. This specificity of the rash plays a critical role in diagnosing and identifying Rubella in clinical settings, emphasizing the importance of recognizing this symptom.

10. Which of the following symptoms is typically NOT found in Chicken Pox?

- A. Malaise**
- B. Fluid-filled lesions**
- C. Viral cough**
- D. Fever**

The symptoms typically associated with Chicken Pox, caused by the varicella-zoster virus, include malaise, fluid-filled lesions, and fever. Malaise, or a general feeling of discomfort or uneasiness, often accompanies the start of the illness and can indicate the body's response to infection. Fluid-filled lesions are a hallmark of Chicken Pox, presenting as itchy red spots that eventually become blister-like and are distinctive in their progression. Fever is also common and can occur as the body's immune system responds to the viral infection. On the other hand, a viral cough is not a classic symptom of Chicken Pox. While some patients may experience a cough, it is not a defining feature of this condition and can be more indicative of respiratory infections. Chicken Pox primarily manifests through its characteristic skin lesions and associated systemic symptoms like fever and malaise, rather than respiratory symptoms. Therefore, the presence of a viral cough is not typical for Chicken Pox, making this choice correct.

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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