

# SNHD Advanced EMT (AEMT) Protocols Practice Test (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 is a common symptom of respiratory depression in a patient?**
  - A. Bradycardia**
  - B. Hyperactivity**
  - C. Unresponsiveness**
  - D. Severe headache**
  
- 2. What is the first priority when treating a patient with a severe allergic reaction?**
  - A. Administering antihistamines**
  - B. Maintaining airway patency and administering Epinephrine**
  - C. Providing oxygen therapy**
  - D. Transporting to the nearest hospital**
  
- 3. In which situation would you use a high-flow nasal cannula?**
  - A. When a patient is in respiratory failure**
  - B. When a patient requires supplemental oxygen but is not in respiratory failure**
  - C. When a patient has a history of COPD**
  - D. When a patient is experiencing chest pain**
  
- 4. Patients sustaining traumatic injuries shall be transported according to which protocol?**
  - A. Trauma Assessment Guidelines**
  - B. Trauma Field Triage Criteria Protocol**
  - C. Emergency Medical Services Protocol**
  - D. Trauma Transport Guidelines**
  
- 5. Are faxed, copied, or electronic versions of the DNR Identification/POLST considered legal and valid?**
  - A. No**
  - B. Yes**
  - C. Only if notarized**
  - D. Yes, but only in certain states**

- 6. What is one key symptom of anaphylaxis that EMS should be aware of?**
- A. Elevated blood sugar**
  - B. Severe wheezing or difficulty breathing**
  - C. Headache**
  - D. Nausea**
- 7. Which of the following is NOT a presumptive sign of death?**
- A. Apnea**
  - B. Pulselessness**
  - C. Decapitation**
  - D. Unresponsiveness**
- 8. Which vital sign indicates a need for immediate medical attention in a trauma patient?**
- A. Heart rate over 100 BPM**
  - B. Systolic blood pressure less than 90 mmHg**
  - C. Temperature over 101°F**
  - D. Respiratory rate over 30 breaths per minute**
- 9. What is the total dose of Naloxone for a pediatric patient suspected of narcotic overdose?**
- A. 5 mg**
  - B. 10 mg**
  - C. 15 mg**
  - D. 20 mg**
- 10. How frequently can Nitroglycerin be administered to a patient experiencing chest pain?**
- A. Every 10 minutes**
  - B. Every 5 minutes**
  - C. Every 15 minutes**
  - D. Only once**

## Answers

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

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## **Explanations**

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**1. What is a common symptom of respiratory depression in a patient?**

- A. Bradycardia**
- B. Hyperactivity**
- C. Unresponsiveness**
- D. Severe headache**

Unresponsiveness is a common symptom of respiratory depression, which occurs when a person's breathing rate and depth are insufficient to maintain adequate oxygen levels in the blood. In respiratory depression, the brain does not receive enough oxygen, leading to a decreased level of consciousness. This may manifest as confusion, lethargy, or complete unresponsiveness as the body is not adequately able to sustain alertness. Bradycardia, which refers to a slower than normal heart rate, may occur in some cases, but it is not a primary symptom directly associated with respiratory depression. Hyperactivity would be counterintuitive, as changes in consciousness often lead to reduced activity levels rather than increased. A severe headache could be a related symptom of hypoxia or increased intracranial pressure but is not specific to respiratory depression itself. Thus, unresponsiveness aligns closely with the decreased respiratory drive and subsequent consequences on brain function.

**2. What is the first priority when treating a patient with a severe allergic reaction?**

- A. Administering antihistamines**
- B. Maintaining airway patency and administering Epinephrine**
- C. Providing oxygen therapy**
- D. Transporting to the nearest hospital**

When addressing a patient experiencing a severe allergic reaction, often referred to as an anaphylactic reaction, the first priority is to maintain airway patency and administer epinephrine. This is essential because a severe allergic reaction can lead to significant airway swelling and obstruction, as well as a drop in blood pressure and potential cardiovascular collapse. Epinephrine is a critical medication in this context; it works swiftly to counteract the effects of the allergic reaction by causing vasoconstriction, bronchodilation, and reducing vascular permeability. This, in turn, helps to stabilize the patient's condition by improving airflow and reducing swelling in the airways. Ensuring that the airway is clear and providing immediate epinephrine significantly enhances the likelihood of a positive outcome. While administering antihistamines and providing oxygen therapy are important in managing allergic reactions, they are not the first steps. Antihistamines act more slowly and are not effective in treating life-threatening symptoms of anaphylaxis, such as airway obstruction. Transporting the patient to the hospital is also essential, but it follows the immediate need to stabilize the patient's condition with airway management and epinephrine administration. Immediate actions addressing airway and circulation take precedence in acute care scenarios.

**3. In which situation would you use a high-flow nasal cannula?**

- A. When a patient is in respiratory failure**
- B. When a patient requires supplemental oxygen but is not in respiratory failure**
- C. When a patient has a history of COPD**
- D. When a patient is experiencing chest pain**

Using a high-flow nasal cannula is particularly beneficial in situations where a patient requires supplemental oxygen but is not in respiratory failure. This method allows for the delivery of higher concentrations of oxygen than a standard nasal cannula while still being comfortable for the patient. The high-flow system can deliver oxygen at rates of up to 60 liters per minute, providing not only oxygen but also positive end-expiratory pressure, which can help keep the alveoli open and improve gas exchange. In cases where a patient isn't in respiratory failure, high-flow nasal cannula therapy can effectively manage oxygen needs, particularly in patients who may have increased work of breathing or hypoxemia without the need for more invasive interventions like intubation. While respiratory failure, conditions like COPD, or symptoms such as chest pain may affect oxygenation status, the high-flow nasal cannula is not exclusively limited to these states. Its primary role is to enhance oxygen delivery when patients have respiratory function but may benefit from increased oxygen flow.

**4. Patients sustaining traumatic injuries shall be transported according to which protocol?**

- A. Trauma Assessment Guidelines**
- B. Trauma Field Triage Criteria Protocol**
- C. Emergency Medical Services Protocol**
- D. Trauma Transport Guidelines**

The choice of the Trauma Field Triage Criteria Protocol as the correct answer is based on its purpose to ensure that patients with traumatic injuries are properly assessed and transported based on the severity and mechanism of their injuries. The protocol outlines specific criteria that help determine the most appropriate transport destination for these patients, focusing on regional trauma centers equipped to provide specialized care when necessary. By using the Trauma Field Triage Criteria, emergency medical services personnel can prioritize patients based on factors such as vital signs, anatomy of the injury, and mechanism of injury, which is vital for optimizing outcomes. This protocol supports systematized decision-making to facilitate timely and effective treatment, ultimately improving patient survival rates in trauma cases. The other options, such as Trauma Assessment Guidelines and Trauma Transport Guidelines, may focus on assessment techniques or general transport considerations, but they do not specifically address the criteria for determining the need for advanced trauma care based on triage principles. Emergency Medical Services Protocol generally encompasses a broader range of medical emergencies rather than focusing specifically on traumatic injuries. Thus, the emphasis of the Trauma Field Triage Criteria Protocol makes it the most appropriate choice for guiding transportation decisions in cases of traumatic injuries.

**5. Are faxed, copied, or electronic versions of the DNR Identification/POLST considered legal and valid?**

**A. No**

**B. Yes**

**C. Only if notarized**

**D. Yes, but only in certain states**

The statement that faxed, copied, or electronic versions of the DNR Identification/POLST (Physician Orders for Life-Sustaining Treatment) are considered legal and valid is accurate because these versions are typically recognized under state laws that support electronic medical records and advance directives. Many states have adopted regulations allowing such forms to be legally binding, as they align with initiatives to modernize healthcare processes and improve access to patients' wishes regarding end-of-life care. This recognition stems from the understanding that the purpose of DNR orders and POLST is to reflect the patients' wishes in a way that healthcare providers can readily access and implement. As technology evolves, regulations have adapted to ensure that patients' rights and wishes are upheld, even when documented in non-traditional formats. The legality of electronic documents, including faxed and copied forms, contributes to their validity across many situations, allowing for effective communication of critical medical treatment decisions.

**6. What is one key symptom of anaphylaxis that EMS should be aware of?**

**A. Elevated blood sugar**

**B. Severe wheezing or difficulty breathing**

**C. Headache**

**D. Nausea**

Severe wheezing or difficulty breathing is a key symptom of anaphylaxis that EMS should be acutely aware of because it results from the acute airway constriction and acute bronchospasm caused by the body's severe allergic reaction. Anaphylaxis triggers the release of histamine and other mediators that lead to airway swelling and smooth muscle contraction, directly impacting the respiratory system. This symptom is critical because respiratory distress can escalate quickly and may become life-threatening if not addressed promptly. While elevated blood sugar, headache, and nausea may occur in various conditions, they are not hallmark symptoms of anaphylaxis. In contrast, respiratory difficulties are evident signs of the systemic effects of anaphylaxis, necessitating immediate medical intervention to ensure the airway remains patent and to provide oxygen support as needed. Recognizing and responding to difficulty breathing is vital for the effective management of a patient experiencing an anaphylactic reaction.

**7. Which of the following is NOT a presumptive sign of death?**

- A. Apnea
- B. Pulselessness
- C. Decapitation**
- D. Unresponsiveness

Decapitation is not a presumptive sign of death because it is an obvious, catastrophic injury that results in immediate death, rather than a sign that suggests death has occurred without certainty. Presumptive signs of death are indications that can suggest a person has died but may require further confirmation or clinical assessment. In contrast, apnea, pulselessness, and unresponsiveness are all considered presumptive signs of death. Apnea indicates the absence of breathing, which can suggest that the individual may have died, but it must be evaluated further to ensure it is not due to a reversible condition. Pulselessness refers to the absence of a detectable pulse and similarly suggests death but does not definitively confirm it without clinical assessment. Unresponsiveness indicates that the person does not react to stimuli, which could signal death, but again requires further examination to confirm. Thus, decapitation stands apart as a clear and definitive sign of death, rather than a presumptive sign.

**8. Which vital sign indicates a need for immediate medical attention in a trauma patient?**

- A. Heart rate over 100 BPM
- B. Systolic blood pressure less than 90 mmHg**
- C. Temperature over 101°F
- D. Respiratory rate over 30 breaths per minute

The indication that a trauma patient requires immediate medical attention is a systolic blood pressure of less than 90 mmHg. This measurement is crucial as it often signifies hypovolemic shock, which can occur due to significant blood loss or severe trauma. When blood pressure drops below this threshold, it suggests that the body's circulatory system is compromised and may be unable to adequately perfuse vital organs. In trauma situations, maintaining adequate blood pressure is vital to ensure that oxygen and nutrients reach critical tissues. Therefore, a systolic blood pressure below 90 mmHg can be a warning sign of potential organ failure and the necessity for immediate intervention, such as fluid resuscitation or surgical intervention. Other vital signs, while important to monitor, may not indicate an immediate need for medical action in a trauma setting to the same extent. For instance, a heart rate over 100 BPM can happen in many situations, including anxiety or pain, and does not always indicate shock. A high respiratory rate can indicate stress or respiratory distress but may be a more secondary concern. A slight fever, while it can signal infection, is not an acute priority compared to severe hypotension in the context of trauma. Therefore, a systolic blood pressure under 90 mmHg stands

**9. What is the total dose of Naloxone for a pediatric patient suspected of narcotic overdose?**

- A. 5 mg
- B. 10 mg**
- C. 15 mg
- D. 20 mg

For a pediatric patient suspected of narcotic overdose, the appropriate total dose of Naloxone is typically based on the standard recommendations. The usual dosing guideline for Naloxone in children is 0.1 mg/kg, with a maximum limit that often leads to a total of 2 mg administered initially. This can be repeated every 2-3 minutes if the desired effect (restoration of breathing and consciousness) is not achieved. In many clinical settings, especially those adhering to the advanced EMT protocols, the standard practice is to start with a dose that may cumulatively amount to around 10 mg when considering multiple administrations based on the patient's weight and response to the drug. Opting for a total dose of 10 mg aligns with these protocols and reflects a cautious approach to ensuring patient safety while effectively counteracting opioid effects. Thus, recognizing the treatment guidelines and maximum dosing limits outlines why the choice of 10 mg is seen as a prudent and standard measure when managing pediatric patients in suspected narcotic overdose cases.

**10. How frequently can Nitroglycerin be administered to a patient experiencing chest pain?**

- A. Every 10 minutes
- B. Every 5 minutes**
- C. Every 15 minutes
- D. Only once

Nitroglycerin can be administered every 5 minutes to a patient experiencing chest pain, particularly in cases of suspected angina or acute coronary syndrome. This frequency allows for timely relief of chest pain since nitroglycerin acts as a vasodilator, increasing blood flow to the heart muscles and relieving ischemic pain. The quick re-administration ensures that if the patient's symptoms persist after the initial dose, additional doses can be given to enhance therapeutic effect while closely monitoring the patient's condition for any adverse reactions. This protocol maximizes the potential benefits of nitroglycerin while allowing for the observation of any changes in the patient's symptoms or vital signs that would require further evaluation or treatment. It's essential to educate patients about the importance of seeking medical attention if chest pain does not resolve after three doses within a 15-minute period, as this may indicate a more serious underlying issue, such as a myocardial infarction.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://snhdaemtprotocols.examzify.com>**

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

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