

SNHD ADVANCED EMT (AEMT) PROTOCOLS 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. How much fluid should be administered for an adult with mild to moderate dehydration?**
 - A. 250 to 500 mL of isotonic solution
 - B. 500 to 1000 mL of isotonic solution
 - C. 1000 to 1500 mL of isotonic solution
 - D. 1500 to 2000 mL of isotonic solution
- 2. In which position should a patient with severe respiratory distress be placed?**
 - A. Prone position
 - B. Supine position
 - C. Sitting position or high Fowler's position
 - D. Left lateral position
- 3. How is the effectiveness of CPR commonly measured?**
 - A. Patient's heart rate
 - B. Return of spontaneous circulation (ROSC)
 - C. Patient's blood glucose levels
 - D. Patient's level of consciousness
- 4. What may occur as a result of prolonged hypothermia in trauma patients?**
 - A. Increased reaction time
 - B. Enhanced cognitive function
 - C. Decreased clotting ability
 - D. Improved circulation
- 5. What is the dose of Benadryl for a pediatric patient experiencing a dystonic reaction?**
 - A. 0.5 mg/kg
 - B. 1.0 mg/kg
 - C. 1.5 mg/kg
 - D. 2.0 mg/kg

- 6. What position should a pregnant patient with cord presentation be placed in?**
- A. Supine position
 - B. On elbows and knees with hips elevated
 - C. Sitting upright
 - D. Trendelenburg position
- 7. What type of pain is often associated with a myocardial infarction?**
- A. Sharp stabbing pain
 - B. Crushing or squeezing chest pain
 - C. Dull discomfort in the abdomen
 - D. Radiating pain to the limbs
- 8. What should the AEMT do if a patient with a suspected head injury shows signs of Cushing's triad?**
- A. Administer pain relief medication
 - B. Prepare for rapid transport and monitor vital signs
 - C. Provide controlled ventilation as necessary
 - D. Reassess the patient's neurological status frequently
- 9. When is it appropriate to perform a head-tilt/chin-lift maneuver?**
- A. When the patient is conscious
 - B. When the patient is unresponsive and airway management is needed
 - C. When there is suspected spinal injury
 - D. When the patient is displaying signs of shock
- 10. Which vital signs need to be documented on the PCR?**
- A. Only blood pressure
 - B. Blood pressure and heart rate
 - C. Complete set including BP, HR, RR, and others as indicated
 - D. None

Answers

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

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Explanations

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1. How much fluid should be administered for an adult with mild to moderate dehydration?

- A. 250 to 500 mL of isotonic solution
- B. 500 to 1000 mL of isotonic solution**
- C. 1000 to 1500 mL of isotonic solution
- D. 1500 to 2000 mL of isotonic solution

For an adult presenting with mild to moderate dehydration, administering 500 to 1000 mL of isotonic solution is considered appropriate. This volume effectively aims to restore fluid balance without overwhelming the cardiovascular system, which is particularly important in patients who may already have some degree of fluid retention or impaired heart function due to dehydration. Mild to moderate dehydration indicates that the patient has lost a certain percentage of body fluids, and the objective is to correct this deficit gradually. Isotonic solutions, such as normal saline or lactated Ringer's solution, are chosen because they closely mimic the body's plasma composition and help to ensure that the administered fluids are well tolerated. In practice, administering too little fluid could fail to adequately rehydrate the patient, leaving them susceptible to ongoing symptoms or complications. Conversely, administering fluid volumes significantly above the recommended range could lead to fluid overload, particularly in patients with other comorbidities, such as heart or kidney issues. Thus, the range of 500 to 1000 mL strikes a balance that addresses the patient's needs effectively while minimizing risks.

2. In which position should a patient with severe respiratory distress be placed?

- A. Prone position
- B. Supine position
- C. Sitting position or high Fowler's position**
- D. Left lateral position

The correct choice is to place a patient with severe respiratory distress in a sitting position or high Fowler's position because this orientation facilitates maximum lung expansion and aids in the patient's ability to breathe more effectively. When sitting upright, gravity helps enhance lung capacity and reduces pressure on the diaphragm, allowing for better ventilation. This position can also help relieve the sense of breathlessness, making it easier for the patient to take deeper breaths. In addition, in cases of respiratory distress, it is crucial to optimize airway management and provide the patient with the best chance of improved oxygenation. The sitting position also allows healthcare providers to easily monitor the patient's condition and intervene if necessary. Other positions, like prone or supine, may restrict the diaphragm's movement and can lead to further respiratory compromise. The left lateral position might be beneficial in specific scenarios, such as with an unconscious patient to prevent aspiration, but it is not ideal for maximizing respiratory function in a conscious patient experiencing severe distress.

3. How is the effectiveness of CPR commonly measured?

- A. Patient's heart rate
- B. Return of spontaneous circulation (ROSC)**
- C. Patient's blood glucose levels
- D. Patient's level of consciousness

The effectiveness of CPR is commonly measured by the return of spontaneous circulation (ROSC). This term refers to the restoration of a pulse and normal blood flow after cardiac arrest, which is the primary goal of initiating CPR. When effective chest compressions are performed correctly, they can help maintain some blood flow to vital organs during the cardiac arrest period, increasing the chances of successful resuscitation when normal heart rhythms are restored. ROSC indicates that the perfusion to the body's tissues has been reestablished, which is crucial for survival and recovery of the patient. Monitoring the patient's heart rate alone does not provide a comprehensive assessment of CPR effectiveness, especially during the ongoing efforts. Blood glucose levels are unrelated to the immediate effectiveness of CPR, and while a patient's level of consciousness may provide information about their neurological status post-resuscitation, it does not directly measure the effectiveness of CPR during the process itself. Therefore, ROSC serves as the most reliable indicator of successful CPR efforts in clinical settings.

4. What may occur as a result of prolonged hypothermia in trauma patients?

- A. Increased reaction time
- B. Enhanced cognitive function
- C. Decreased clotting ability**
- D. Improved circulation

Prolonged hypothermia in trauma patients can lead to decreased clotting ability, which is a critical concern in emergency medical situations. The body's ability to form clots is significantly impaired at lower temperatures, primarily because the enzymatic processes involved in the clotting cascade are temperature-sensitive. As the core body temperature drops, the coagulation factors become less effective, leading to a greater risk of bleeding and potentially exacerbating trauma-related hemorrhage. This condition is known as hypothermic coagulopathy and can complicate the management of trauma patients who may already be facing significant challenges due to blood loss. While prolonged hypothermia affects various physiological systems, the other options do not accurately describe the effects seen in trauma patients experiencing hypothermia. Reaction times typically increase, cognitive function declines, and circulation tends to decrease rather than improve as body temperature falls. Thus, the risk of coagulopathy due to hypothermia highlights the importance of maintaining normothermia in trauma care.

5. What is the dose of Benadryl for a pediatric patient experiencing a dystonic reaction?

- A. 0.5 mg/kg
- B. 1.0 mg/kg**
- C. 1.5 mg/kg
- D. 2.0 mg/kg

The appropriate dose of Benadryl (diphenhydramine) for a pediatric patient experiencing a dystonic reaction is 1.0 mg/kg. This dosage is effective for managing symptoms associated with dystonic reactions, which can include muscle spasms or abnormal postures due to certain medications, especially antipsychotics. In the context of treatment, Benadryl acts as an antihistamine with anticholinergic properties, helping to alleviate these symptoms. The dosing is typically calculated based on the child's weight to ensure safety and efficacy. Administering 1.0 mg/kg allows for adequate coverage while minimizing the risk of side effects that could occur with higher doses. This standard dosing reflects clinical guidelines and is well supported by practices in emergency medicine for treating such reactions in pediatric patients. It's important to adhere to this established dosing to achieve optimal outcomes while ensuring the safety of the child.

6. What position should a pregnant patient with cord presentation be placed in?

- A. Supine position
- B. On elbows and knees with hips elevated**
- C. Sitting upright
- D. Trendelenburg position

The appropriate position for a pregnant patient with cord presentation is on elbows and knees with hips elevated. This positioning helps to relieve pressure on the umbilical cord by allowing gravity to reduce the pressure on the fetal head and improve blood flow to the fetus. Elevating the hips can help minimize the risk of cord compression, which can lead to fetal distress. The other positions, such as supine, sitting upright, and Trendelenburg, do not adequately address the complications of cord presentation. The supine position could exacerbate pressure on the cord and the baby. Sitting upright may not provide the necessary support or relief from cord compression. The Trendelenburg position, which involves lying flat with the legs raised higher than the head, is generally used for shock management and is not suitable for addressing the specific issue of cord presentation during labor. Therefore, positioning the patient on elbows and knees with hips elevated is critical in managing this obstetric emergency effectively.

7. What type of pain is often associated with a myocardial infarction?

- A. Sharp stabbing pain
- B. Crushing or squeezing chest pain**
- C. Dull discomfort in the abdomen
- D. Radiating pain to the limbs

Crushing or squeezing chest pain is a hallmark symptom of a myocardial infarction (MI), which is often described by patients as a heavy weight on their chest or a feeling of tightness. This type of pain typically arises due to the heart muscle being deprived of oxygen, leading to ischemia and tissue damage. The sensation can be accompanied by other symptoms such as shortness of breath, sweating, nausea, and radiating pain to the arms, neck, or jaw, but the characteristic feeling is that of pressure or squeezing in the chest. In contrast, sharp stabbing pain is more indicative of other conditions, such as pleurisy or a perforated viscus. Dull discomfort in the abdomen may be associated with various gastrointestinal issues, including acid reflux or gallbladder disease, rather than a heart-related condition. Similarly, while radiating pain to the limbs could occur, it usually serves as a secondary symptom rather than the primary descriptor for the pain experienced during an MI. Therefore, the most accurate option to describe the pain commonly associated with a myocardial infarction is that of crushing or squeezing chest pain.

8. What should the AEMT do if a patient with a suspected head injury shows signs of Cushing's triad?

- A. Administer pain relief medication
- B. Prepare for rapid transport and monitor vital signs**
- C. Provide controlled ventilation as necessary
- D. Reassess the patient's neurological status frequently

In a patient with a suspected head injury exhibiting signs of Cushing's triad—characterized by hypertension, bradycardia, and irregular respirations—the appropriate course of action is to prepare for rapid transport and closely monitor vital signs. This triad indicates increased intracranial pressure and represents a medical emergency that requires immediate attention and intervention. Rapid transport ensures that the patient can receive definitive care as soon as possible, typically involving imaging studies and possible surgical intervention. During this time, constant monitoring of vital signs is crucial. Changes in blood pressure, heart rate, or respiratory status can indicate a deterioration of the patient's condition, necessitating prompt action. While administering pain relief, providing controlled ventilation, and frequent neurological assessments are part of comprehensive patient care, they do not directly address the acute nature of increased intracranial pressure indicated by Cushing's triad. Therefore, focusing on rapid transport and ongoing vital sign monitoring is the most critical step in managing the patient's condition effectively.

9. When is it appropriate to perform a head-tilt/chin-lift maneuver?

- A. When the patient is conscious
- B. When the patient is unresponsive and airway management is needed**
- C. When there is suspected spinal injury
- D. When the patient is displaying signs of shock

The head-tilt/chin-lift maneuver is specifically indicated for use when a patient is unresponsive and requires airway management. This technique helps to open the airway by positioning the tongue forward and preventing it from obstructing the airway, which is critical in unresponsive patients who cannot maintain their own airway. When a patient is unresponsive, their reflexes may be diminished, and they cannot clear secretions or maintain an adequate airway on their own. Performing the head-tilt/chin-lift allows emergency care providers to ensure that the airway remains patent. While it might seem acceptable to use this maneuver when a patient is conscious, it is generally not necessary since conscious patients are typically able to maintain their own airway and respond effectively. In cases of suspected spinal injury, alternative airway maneuvers that minimize neck movement, such as the jaw-thrust maneuver, are preferred to prevent exacerbating any potential spinal injury. Lastly, while signs of shock are critical to recognize, they do not directly indicate a need for the head-tilt/chin-lift unless the patient also becomes unresponsive and requires airway intervention.

10. Which vital signs need to be documented on the PCR?

- A. Only blood pressure
- B. Blood pressure and heart rate
- C. Complete set including BP, HR, RR, and others as indicated**
- D. None

Documenting a complete set of vital signs on the Patient Care Report (PCR) is essential for several reasons. Vital signs, including blood pressure, heart rate, respiratory rate, temperature, and sometimes oxygen saturation, provide critical information about the patient's current physiological state. This holistic view assists in assessing the severity of the patient's condition, tracking changes over time, and ensuring proper treatment and intervention. Additionally, a comprehensive documentation of vital signs can play a crucial role in communicating vital information to other healthcare providers when the patient is handed off for further care. Early detection of changes in these parameters may indicate a deterioration in condition that requires immediate attention or intervention. This approach aligns with standardized practices in emergency medical services, promoting thoroughness and accuracy in patient care documentation. Therefore, documenting a complete set of vital signs, as indicated in the correct answer, supports effective patient management and continuity of care.

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:

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

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