

SNHD ADVANCED EMT (AEMT) 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. Where should stable patients be transported?**
 - A. To the nearest hospital
 - B. To a hospital of their choice
 - C. To a specialized trauma center only
 - D. To a hospital with a level 1 designation
- 2. What should be considered if a patient shows signs of severe hypothermia?**
 - A. Immediate transport without assessment
 - B. Active rewarming with hot packs
 - C. Passive rewarming and gentle handling
 - D. Providing oral warm liquids
- 3. A patient not on a legal psychiatric hold can be placed in an ER waiting room if their respiratory rate is between what range?**
 - A. 5-15
 - B. 10-20
 - C. 15-25
 - D. 20-30
- 4. Which of the following steps is essential before considering termination of resuscitation efforts in trauma?**
 - A. Administering IV fluids
 - B. Conducting a rapid trauma assessment
 - C. Providing effective ventilation with 100% oxygenation for two minutes
 - D. Establishing vascular access
- 5. Which of the following are not approved hypothermia centers?**
 - A. Boulder City Hospital
 - B. North Vista
 - C. Mike O'Callaghan
 - D. UMC Pediatric Hospital

- 6. 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
- 7. Before terminating resuscitation efforts in traumatic cardiac arrest, which of the following must be done?**
- A. Open airway with basic life support measures
 - B. Provide intravenous medication
 - C. Document time of arrest
 - D. Administer oral glucose
- 8. Which of the following is NOT a medical cause for altered patient behavior?**
- A. Post-Ictal State
 - B. Intoxication
 - C. Electrolytes
 - D. Sleep deprivation
- 9. Which of the following are considered obvious signs of death?**
- A. Dependent lividity
 - B. Body decomposition
 - C. Fixed, dilated pupils
 - D. Rigor mortis
- 10. What is a common symptom of respiratory depression in a patient?**
- A. Bradycardia
 - B. Hyperactivity
 - C. Unresponsiveness
 - D. Severe headache

Answers

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

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Explanations

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1. Where should stable patients be transported?

- A. To the nearest hospital
- B. To a hospital of their choice**
- C. To a specialized trauma center only
- D. To a hospital with a level 1 designation

Transporting stable patients to a hospital of their choice is important for ensuring their comfort and satisfaction with the care they receive. This approach acknowledges the patient's right to make decisions about their own healthcare and can lead to improved compliance with treatment and follow-up care. Stable patients, who do not require immediate or specialized intervention, can often be transported to any facility that meets their healthcare needs, rather than being confined to specific types of hospitals. This flexibility allows for greater patient autonomy and can ease anxiety about the transport process. In contrast, transporting to the nearest hospital or a specialized trauma center may not take into consideration the patient's preferences or individual circumstances, particularly when they are stable and can choose a facility that better suits their needs. A hospital with a level 1 designation, while equipped for severe trauma cases, may not be necessary for a stable patient, further emphasizing the appropriateness of choice in their transport destination.

2. What should be considered if a patient shows signs of severe hypothermia?

- A. Immediate transport without assessment
- B. Active rewarming with hot packs
- C. Passive rewarming and gentle handling**
- D. Providing oral warm liquids

In cases of severe hypothermia, passive rewarming and gentle handling are critical considerations. Passive rewarming involves removing any wet clothing and wrapping the patient in warm, dry blankets, which allows the body to gradually regain temperature without the risks associated with more aggressive methods. Gentle handling is essential because patients with severe hypothermia can be at risk for cardiac dysrhythmias, and a sudden change in temperature or overly aggressive movement can provoke these complications. Active rewarming with hot packs, although it might seem intuitive, can lead to complications such as peripheral vasodilation, which can result in shock. Immediate transport without assessment overlooks the need for evaluating the patient's condition and the potential need for other interventions. Providing oral warm liquids is typically not advised in severe hypothermia, as the patient's ability to swallow may be compromised, and large temperature fluctuations can further destabilize their condition. Therefore, the choice of passive rewarming and gentle handling aligns best with the need for a safe and effective approach to managing severe hypothermia.

3. A patient not on a legal psychiatric hold can be placed in an ER waiting room if their respiratory rate is between what range?

- A. 5-15
- B. 10-20**
- C. 15-25
- D. 20-30

The correct choice, which indicates a respiratory rate range of 10-20, is appropriate for a patient not on a legal psychiatric hold to be placed in an ER waiting room. This range reflects normal respiratory rates for adults, which typically fall between 12 and 20 breaths per minute. Placing a patient with a respiratory rate within this range in the waiting room is deemed safe, as it suggests that their respiratory function is stable and they are not experiencing respiratory distress. A respiratory rate below 10 can indicate significant respiratory depression, posing a risk for the patient that requires immediate medical attention and monitoring. Conversely, a rate exceeding 20 could suggest tachypnea or other underlying issues needing further evaluation. Therefore, the 10-20 range strikes a balance indicating an adequate respiratory effort while minimizing risk during a waiting period in the emergency department.

4. Which of the following steps is essential before considering termination of resuscitation efforts in trauma?

- A. Administering IV fluids
- B. Conducting a rapid trauma assessment
- C. Providing effective ventilation with 100% oxygenation for two minutes**
- D. Establishing vascular access

Providing effective ventilation with 100% oxygenation for two minutes is crucial before considering the termination of resuscitation efforts in trauma cases. This step ensures that the patient has received adequate oxygenation, which is vital in cases of shock and trauma where hypoxia can be a significant contributor to poor outcomes. By supplying 100% oxygen, you maximize the oxygen availability to the tissues and organs, potentially reversing some effects of trauma-related injuries. In trauma patients, especially those who are hypotensive or in cardiac arrest, oxygenation is one of the key factors that can impact the viability of life-saving efforts. If, after providing adequate ventilation and oxygenation, there is still no response or signs of life, it would be more appropriate to consider halting resuscitative measures. Other options, while important in the overall management of trauma, do not directly address the immediate need for oxygenation that could potentially save the patient's life. Conducting a rapid trauma assessment, for instance, is essential for identifying injuries but does not deliver immediate life-sustaining care. Similarly, establishing vascular access and administering IV fluids are standard practices in managing traumatic shock but are not as critical as ensuring effective ventilation in the context of immediate resuscitation efforts.

5. Which of the following are not approved hypothermia centers?

- A. Boulder City Hospital**
- B. North Vista
- C. Mike O'Callaghan
- D. UMC Pediatric Hospital

Boulder City Hospital is not recognized as an approved hypothermia center due to its limited resources and specialized care capabilities. Hypothermia centers are designated facilities equipped to provide comprehensive care for patients suffering from significant hypothermia, including advanced monitoring, therapeutic interventions, and critical care support. In contrast, North Vista, Mike O'Callaghan, and UMC Pediatric Hospital are established as approved hypothermia centers, meaning they meet specific criteria, such as skilled personnel trained in handling hypothermia cases, appropriate equipment for rewarming, and protocols to ensure optimal patient outcomes. These facilities typically have the infrastructure necessary to manage complex cases that may arise from severe hypothermia effectively.

6. 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.

7. Before terminating resuscitation efforts in traumatic cardiac arrest, which of the following must be done?

- A. Open airway with basic life support measures**
- B. Provide intravenous medication
- C. Document time of arrest
- D. Administer oral glucose

In the scenario of terminating resuscitation efforts in traumatic cardiac arrest, opening the airway with basic life support measures is crucial. This step is essential because even in cases where the prognosis is poor, ensuring that the airway is open can provide the best possible chance for survival until resuscitation efforts are fully evaluated. Basic life support measures focus primarily on airway management, breathing, and circulation. If the airway is not secured, additional airway complications could arise, potentially complicating the situation further. Thus, providing basic airway management demonstrates a commitment to resuscitation principles before making a final decision to terminate efforts. The other choices, while they may hold value in different contexts of patient care, do not align with the critical steps required prior to making a decision to stop resuscitation in traumatic cardiac arrest. Administering medications or documenting events, while important in overall patient care and legal documentation, do not take precedence over securing the airway in this specific circumstance. Similarly, administering oral glucose is not relevant in a cardiac arrest situation, as it pertains to metabolic support rather than immediate life-saving measures.

8. Which of the following is NOT a medical cause for altered patient behavior?

- A. Post-Ictal State
- B. Intoxication
- C. Electrolytes
- D. Sleep deprivation**

Sleep deprivation is primarily categorized as a psychological or environmental stressor rather than a medical condition that would directly cause altered behavior. While it can lead to significant cognitive and emotional impairment, its effects are closely linked to the individual's psychological state and their overall environment, rather than stemming from an inherent medical diagnosis or physiological anomaly. In contrast, the other choices listed reflect medical conditions or syndromes that can directly lead to changes in behavior. For instance, a post-ictal state occurs after a seizure, during which patients may exhibit confusion or altered consciousness as part of the recovery process from the event. Intoxication, whether from alcohol or drugs, is a well-documented medical state that can profoundly affect a person's behavior and cognitive function. Electrolyte imbalances, such as those caused by dehydration or kidney dysfunction, can lead to symptoms including confusion, agitation, and even lethargy. Understanding the differences among these causes is crucial in assessing a patient's behavior and determining the appropriate medical response.

9. Which of the following are considered obvious signs of death?

- A. Dependent lividity
- B. Body decomposition**
- C. Fixed, dilated pupils
- D. Rigor mortis

Body decomposition is indeed recognized as an obvious sign of death. It signifies that the biological processes that sustain life have ceased, and the body has begun to break down due to the action of microorganisms and natural decay processes. This process is typically visible in forms such as discoloration, bloating, and the presence of insects. The other signs listed, while also indicators of death, may not be immediately observable or can be mistaken for other conditions. For example, dependent lividity indicates the pooling of blood in the lowest parts of the body due to gravity, which takes time to develop and may not be present immediately after death. Fixed, dilated pupils can occur after death but can also be influenced by various factors including medications or environmental conditions, making them less definitive. Rigor mortis, which is the stiffening of the muscles post-mortem, also takes time to set in and can vary based on environmental factors. In summary, body decomposition is a clear indicator of death and is characterized by observable physical changes that leave no doubt of the deceased state.

10. 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.

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.

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

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