# SNHD Paramedic 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

1. **What is the third energy level used on Lifepak for defibrillation?**

   **A. 200J**

   **B. 300J**

   **C. 360J**

   **D. 420J**

2. **Epinephrine should be used with caution in which population?**

   **A. Pediatric Patients**

   **B. Individuals With Asthma**

   **C. The elderly population and patients with known cardiovascular disease, or significant tachycardia or hypertension**

   **D. Patients With Diabetes**

3. **For an AMS pediatric patient with BgL <60 mg/dl when IV access is not available, which treatment is indicated?**

   **A. D10 5 mL/kg IV/IO; max single dose 25 g**

   **B. GLUCAGON 0.5 mg IM (<20 kg); 1 mg IM (>20 kg)**

   **C. D10 5 mL/kg IM/PO**

   **D. Epinephrine 0.3 mg IM**

4. **What is the target SBP to maintain with push-dose pressors in shock?**

   **A. SBP > 100**

   **B. SBP > 80**

   **C. SBP > 70**

   **D. SBP > 90**

5. **Which of the following is listed as a contraindication to transcutaneous pacing?**

   **A. None**

   **B. Hypotension**

   **C. Chest pain**

   **D. Dyspnea**

**6. What is the Lifepak defibrillation energy sequence for three shocks?**

**A. 200J, 300J, 360J**

**B. 360J, 300J, 200J**

**C. 300J, 200J, 360J**

**D. 200J, 360J, 300J**

**7. What is the Diazepam dose listed for sedation during transcutaneous pacing?**

**A. 2 mg**

**B. 4 mg**

**C. 6 mg**

**D. 5 mg**

**8. Active cooling measures are used in management of heat exhaustion and heat stroke.**

**A. False**

**B. Only for heat stroke**

**C. Only for children**

**D. True**

**9. Symptomatic bradycardia in a pediatric patient is commonly associated with which finding?**

**A. Tachycardia**

**B. Hypertension**

**C. Hyperglycemia**

**D. Hypotension**

**10. Where is the primary site for needle thoracostomy on the affected side?**

**A. Primary: 4th intercostal space mid-axillary line of the affected side**

**B. Secondary: 2nd intercostal space mid-clavicular line of the affected side**

**C. 5th intercostal space mid-axillary line**

**D. 3rd intercostal space mid-clavicular line**

# Answers

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

# Explanations

## 1. What is the third energy level used on Lifepak for defibrillation?

**A. 200J**

**B. 300J**

**C. 360J**

**D. 420J**

**Shocks on Lifepak defibrillators follow an energy ladder for biphasic waveforms. The goal is to escalate energy with each consecutive shock to improve the chance of converting the rhythm while minimizing myocardial injury. On Lifepak devices that use biphasic energy settings, the typical sequence is 200 joules for the first shock, 300 joules for the second, and 360 joules for the third. So the energy used on the third attempt is 360 joules. This higher third shock aims to maximize effectiveness if the earlier, lower-energy shocks did not achieve ROSC, while still keeping safety in mind. After delivering these shocks, continue CPR and follow the standard post-defibrillation protocol.**

## 2. Epinephrine should be used with caution in which population?

**A. Pediatric Patients**

**B. Individuals With Asthma**

**C. The elderly population and patients with known cardiovascular disease, or significant tachycardia or hypertension**

**D. Patients With Diabetes**

**Epinephrine has strong adrenergic effects that raise heart rate, blood pressure, and myocardial oxygen demand. In people who are elderly or who have known cardiovascular disease, or who already have significant tachycardia or hypertension, these effects can worsen heart ischemia, provoke dangerous arrhythmias, or trigger a hypertensive crisis. Because of that cardiovascular risk, use of epinephrine in this population requires careful indication, monitoring, and dosing considerations. Other groups—such as pediatric patients, individuals with asthma, or those with diabetes—may still benefit from epinephrine in urgent situations, but the most critical caution is in the elderly with cardiovascular disease or significant tachycardia/hypertension.**

## 3. For an AMS pediatric patient with BgL <60 mg/dl when IV access is not available, which treatment is indicated?

**A. D10 5 mL/kg IV/IO; max single dose 25 g**

**B. GLUCAGON 0.5 mg IM (<20 kg); 1 mg IM (>20 kg)**

**C. D10 5 mL/kg IM/PO**

**D. Epinephrine 0.3 mg IM**

**When a pediatric patient is AMS with blood glucose below 60 mg/dL and IV access isn't available, giving glucagon intramuscularly is the quickest and most reliable way to raise blood sugar. Glucagon acts by stimulating the liver to convert stored glycogen into glucose, so it can raise blood glucose without needing IV access. The dose is weight-based: 0.5 mg IM if the child weighs less than 20 kg, and 1 mg IM if they weigh more than 20 kg. This approach provides rapid correction and is specifically designed for scenarios where IV dextrose can't be given right away. After giving glucagon, monitor the patient closely for a rise in glucose and improvement in mental status, and obtain IV access as soon as possible to continue treatment if needed. Epinephrine isn't indicated for hypoglycemia, and dextrose solutions (D10) are given IV/IO; without access, they aren't the preferred route here.**

## 4. What is the target SBP to maintain with push-dose pressors in shock?

**A. SBP > 100**

**B. SBP > 80**

**C. SBP > 70**

**D. SBP > 90**

**Maintaining arterial perfusion requires keeping the systolic blood pressure above a level that ensures organs, especially the brain and heart, receive enough blood flow. In shock, using push-dose pressors is a short-term bridge to restore and sustain perfusion while definitive treatment is arranged. The practical target is SBP above 90 mmHg, which provides enough perfusion pressure to reduce the risk of cerebral and cardiac hypoperfusion without driving excessive vasoconstriction or afterload. Lower thresholds (like 70–80) risk organ hypoperfusion, while aiming for a higher threshold (like 100) isn't necessary unless patient-specific factors demand it.**

## 5. Which of the following is listed as a contraindication to transcutaneous pacing?

**A. None**

**B. Hypotension**

**C. Chest pain**

**D. Dyspnea**

**Transcutaneous pacing is a noninvasive measure used to deliver temporary electrical stimulation to the heart in symptomatic bradycardia to improve rate and perfusion. In the SNHD protocol, there are no absolute contraindications listed for this intervention, so there isn't a situation that would automatically stop pacing based on a contraindication. That's why none of the listed symptoms—hypotension, chest pain, or dyspnea—are considered contraindications. They are signs of the underlying bradycardia and may be present regardless of pacing, but pacing is still indicated to help restore heart rate and improve perfusion. Keep in mind pacing can be uncomfortable and may require monitoring and adjustments, and treat underlying issues as needed.**

## 6. What is the Lifepak defibrillation energy sequence for three shocks?

**A. 200J, 300J, 360J**

**B. 360J, 300J, 200J**

**C. 300J, 200J, 360J**

**D. 200J, 360J, 300J**

**In a LifePak defibrillator, the three-shock sequence is designed to escalate energy to maximize the chance of terminating a shockable rhythm while keeping initial energy lower to reduce myocardial injury. The first shock is delivered at 200 joules, if needed the second shock at 300 joules, and if still unsuccessful, the third shock at 360 joules. This rising-energy approach reflects how biphasic shocks work: they're effective at lower energies, but increasing the energy if the first attempt doesn't succeed improves the odds of defibrillation without sticking at a single high energy from the start. Starting with 360 joules would expose the heart to more energy than necessary initially, and subsequent sequences that don't ascend in energy aren't aligned with LifePak programming and ACLS guidelines.**

## 7. What is the Diazepam dose listed for sedation during transcutaneous pacing?

**A. 2 mg**

**B. 4 mg**

**C. 6 mg**

**D. 5 mg**

**Sedation during transcutaneous pacing aims to calm the patient quickly while keeping safety at the forefront. Diazepam is used because, when given promptly, it provides rapid anxiolysis and sedation, which helps tolerate the painful pacing procedure and reduces the body's stress response. The protocol specifies a standard initial dose to balance efficacy with safety. This amount is chosen because it is high enough to achieve the desired calming effect but not so large that it markedly depresses respiration or blood pressure, allowing for careful titration if needed. If a dose is too small, sedation may be inadequate and the patient may remain uncomfortable and tachycardic; if it's too large, there's a greater risk of respiratory depression and hemodynamic instability, particularly in patients with comorbidities. So the listed initial dose is the best fit for achieving effective, safe procedural sedation during transcutaneous pacing, with vigilant monitoring of airway, breathing, circulation, and vital signs throughout.**

## 8. Active cooling measures are used in management of heat exhaustion and heat stroke.

**A. False**

**B. Only for heat stroke**

**C. Only for children**

**D. True**

**Active cooling is a critical part of treating heat-related illness because it directly lowers the body's core temperature, reducing the risk of organ damage. For heat stroke, rapid cooling is essential and often lifesaving. Methods like ice-water immersion or rapid evaporative cooling (spraying with cool water and using a strong fan) are used to bring the core temperature down quickly and safely. In heat exhaustion, cooling helps relieve symptoms and prevent progression to heat stroke, even though hydration and rest are foundational treatments; applying cooling when the person is overheated—such as removing excess clothing, moving to a cooler environment, and using cooling packs or evaporative cooling if indicated—supports faster recovery. So, active cooling measures are appropriate and used in managing both heat exhaustion and heat stroke.**

## 9. Symptomatic bradycardia in a pediatric patient is commonly associated with which finding?

**A. Tachycardia**

**B. Hypertension**

**C. Hyperglycemia**

**D. Hypotension**

**When a child develops symptomatic bradycardia, it signals that the heart is not delivering enough blood to the body to meet its needs. In kids, heart rate is the main driver of cardiac output, so a significant drop in pace quickly reduces the amount of blood being pumped. That decreased output leads to falling blood pressure as the body can't maintain perfusion. Tachycardia is often the initial compensatory response, but as the situation worsens, perfusion declines and hypotension becomes the common accompanying finding. Hypertension and hyperglycemia do not align with the perfusion failure pattern seen with bradycardia in pediatric patients.**

## 10. Where is the primary site for needle thoracostomy on the affected side?

**A. Primary: 4th intercostal space mid-axillary line of the affected side**

**B. Secondary: 2nd intercostal space mid-clavicular line of the affected side**

**C. 5th intercostal space mid-axillary line**

**D. 3rd intercostal space mid-clavicular line**

**Rapid relief of pressure in a tension pneumothorax is achieved by creating a direct opening into the pleural space from the chest wall. The safest and quickest entry point on the affected side is along the lateral chest wall at the mid-axillary line. This location provides a straight path to the pleural cavity, minimizes risk to the heart and major vessels, and keeps you away from the diaphragm. It also tends to have a thinner chest wall, which helps successful decompression with a needle. The anterior approach near the collarbone places you closer to the heart on the left and to major vessels, increasing injury risk, and other described sites are used less commonly as the first choice. So the primary site is the lateral chest wall along the mid-axillary line on the affected side.**

# 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://snhdparamedicprotocol.examzify.com**

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