

# South Dakota EMS Protocols Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>8</b>
<b>Explanations</b> .....	<b>10</b>
<b>Next Steps</b> .....	<b>15</b>

SAMPLE

# 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. If you are using a pulse oximeter on a neonate post-delivery, which hand do you use?**
  - A. Right hand**
  - B. Left hand**
  - C. Either hand**
  - D. Foot**
  
- 2. The Sharp Memorial Trauma Catchment is located relative to the freeways as:**
  - A. North of the 94, East of the 805**
  - B. South of the 94, East of the 805**
  - C. North of the 94, West of the 805**
  - D. South of the 94, West of the 805**
  
- 3. For a nuchal cord, what is the recommended action?**
  - A. Cut the cord immediately when delivered.**
  - B. Slip cord over the head and off neck; clamp and cut cord if wrapped too tightly.**
  - C. Leave the cord in place until hospital arrival.**
  - D. Tuck the loop under the baby's chin.**
  
- 4. The Scripps Mercy Hillcrest Trauma Catchment is located relative to the freeways as:**
  - A. South of the 94, East of the 805**
  - B. North of the 94, West of the 805**
  - C. North of the 94, East of the 805**
  - D. South of the 94, West of the 805**
  
- 5. Under cold exposure protocol, which statement about CPR may be indicated?**
  - A. Prolonged CPR may be indicated**
  - B. Prolonged CPR is contraindicated**
  - C. Only life support if temperature normal**
  - D. Do not suction airways**

- 6. In BLS trauma care for extremity injuries, which action is used to control external bleeding?**
- A. Tourniquet PRN**
  - B. Direct pressure to control external hemorrhage**
  - C. Splint neurologically stable fractures in position**
  - D. Remove clothing around the limb**
- 7. Which of the following is a sign of heat exhaustion?**
- A. Moist, pale-normal to cool skin**
  - B. Hot, dry skin**
  - C. Seizures**
  - D. Severe confusion**
- 8. During a difficult delivery, which combination of actions is recommended?**
- A. High-flow O2 only**
  - B. Keep mother warm only**
  - C. High-flow O2 and keep mother warm**
  - D. Rapid transport only**
- 9. Where should you monitor the newborn's oxygen saturation?**
- A. Right hand**
  - B. Left foot**
  - C. Right foot**
  - D. Ear**
- 10. Allergic reaction management steps: which is included?**
- A. Ensure patent airway**
  - B. O2 saturation PRN**
  - C. Identify allergen and route**
  - D. All of the above**

## Answers

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

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## **Explanations**

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**1. If you are using a pulse oximeter on a neonate post-delivery, which hand do you use?**

- A. Right hand**
- B. Left hand**
- C. Either hand**
- D. Foot**

Place the pulse oximeter on the right hand because that site provides pre-ductal arterial oxygen saturation—blood that has just left the heart before passing through the ductus arteriosus. Reading pre-ductal saturations gives the most accurate early picture of systemic oxygenation in a newborn and helps guide resuscitation decisions. The feet measure post-ductal saturations and can lag or differ from the pre-ductal reading, so they're not preferred for the initial assessment. In practice, the right hand is used for consistency with established pediatric SpO2 targets, and it's the most reliable single-site location when monitoring a neonate right after birth.

**2. The Sharp Memorial Trauma Catchment is located relative to the freeways as:**

- A. North of the 94, East of the 805**
- B. South of the 94, East of the 805**
- C. North of the 94, West of the 805**
- D. South of the 94, West of the 805**

Understanding a trauma catchment requires mapping the hospital's position relative to major freeways. Sharp Memorial sits in the San Diego area north of the SR-94 corridor and east of I-805, placing it in the northeast quadrant relative to those highways. Describing its catchment as north of 94 and east of 805 best matches its actual location. Descriptions that place it south of 94 or west of 805 would place it in a different part of the city.

**3. For a nuchal cord, what is the recommended action?**

- A. Cut the cord immediately when delivered.**
- B. Slip cord over the head and off neck; clamp and cut cord if wrapped too tightly.**
- C. Leave the cord in place until hospital arrival.**
- D. Tuck the loop under the baby's chin.**

The key idea is to relieve the compression from a nuchal cord quickly to protect the baby's airway and circulation. Start by gently slipping the cord over the baby's head and off the neck if you can do so without delaying delivery. If the loop is too tight to slip over, clamp the cord in two places and cut between the clamps to remove the loop from the neck. This approach minimizes interruption to oxygen delivery and avoids leaving the loop constricting the neck. Do not cut the cord immediately at delivery without attempting to free the neck, and don't leave the loop in place or tuck it under the chin, as neither option effectively relieves compression and can impede breathing.

**4. The Scripps Mercy Hillcrest Trauma Catchment is located relative to the freeways as:**

- A. South of the 94, East of the 805**
- B. North of the 94, West of the 805**
- C. North of the 94, East of the 805**
- D. South of the 94, West of the 805**

Think of the trauma catchment in terms of big freeways acting as map boundaries. The Scripps Mercy Hillcrest area sits in the southeast quadrant when you divide the city by these two freeways: it is below the east-west freeway and to the right of the north-south freeway. In other words, it's south of the 94 and east of the 805, which is why that description is the correct one. If you were north of the 94 or west of the 805, you'd be describing a different part of town, not the Hillcrest catchment.

**5. Under cold exposure protocol, which statement about CPR may be indicated?**

- A. Prolonged CPR may be indicated**
- B. Prolonged CPR is contraindicated**
- C. Only life support if temperature normal**
- D. Do not suction airways**

In cold exposure, whether resuscitation should continue hinges on the possibility of recovery despite a long pause in circulation. Hypothermia dramatically lowers the body's metabolic demands, which can protect the brain and other organs and allow for successful revival even after extended cardiac arrest. Because of that, CPR may be continued for a prolonged period while efforts to rewarm the patient are pursued, rather than terminating early simply due to the cold or the duration of arrest. The saying often applied is that you don't declare someone dead until they're warm and dead, so prolonged CPR may be indicated. Understanding this also helps with other management steps: defibrillation attempts may be less likely to work at very low temperatures until warming occurs, and active rewarming (external and, if available, internal methods) is a critical component of care. Suctioning airways is a routine airway management step and isn't precluded by hypothermia; the focus is on continuing resuscitation and rewarming. So, the best-supported stance in cold exposure protocols is that prolonged CPR may be indicated.

**6. In BLS trauma care for extremity injuries, which action is used to control external bleeding?**

- A. Tourniquet PRN**
- B. Direct pressure to control external hemorrhage**
- C. Splint neurologically stable fractures in position**
- D. Remove clothing around the limb**

Direct pressure on the wound is the primary way to stop external bleeding in extremity injuries. Applying firm pressure with a dressing or gauze compresses the vessels, helps form a clot, and quickly reduces blood loss. If the bleeding soaks through, continue applying pressure and add more dressings rather than removing them. Only if direct pressure cannot control the bleed should you escalate to a tourniquet placed high on the limb. Splinting and removing clothing around the limb are important parts of trauma care, but they do not directly stop external bleeding.

7. Which of the following is a sign of heat exhaustion?

- A. Moist, pale-normal to cool skin**
- B. Hot, dry skin
- C. Seizures
- D. Severe confusion

Heat exhaustion occurs when the body's cooling mechanisms are still working, so sweating continues and the skin typically stays moist and can feel cool or pale. This moist skin signals that cooling is still effective, which helps distinguish it from heat stroke, where thermoregulation fails and the skin becomes hot and dry. Seizures or severe confusion are more characteristic of heat stroke or serious electrolyte issues, not heat exhaustion. So the sign that best fits heat exhaustion is skin that remains moist and cool or pale.

8. During a difficult delivery, which combination of actions is recommended?

- A. High-flow O<sub>2</sub> only
- B. Keep mother warm only
- C. High-flow O<sub>2</sub> and keep mother warm**
- D. Rapid transport only

During a difficult delivery, the focus is on supporting both maternal oxygenation and thermal stability. Providing high-flow oxygen helps increase the oxygen content in the mother's blood, boosting the amount of oxygen available to the fetus through the placental circulation, which can be crucial if there is fetal distress or hypoxia. Keeping the mother warm prevents cold stress and shivering, which can raise metabolic demand, compromise comfort, and potentially worsen uterine perfusion. Together, these two actions address the most immediate physiological needs: ensuring adequate oxygenation for both mother and baby and preventing energy-draining cold stress. Rapid transport is important, but it should accompany these immediate measures, not replace them.

9. Where should you monitor the newborn's oxygen saturation?

- A. Right hand**
- B. Left foot
- C. Right foot
- D. Ear

Measuring oxygen saturation in a newborn uses pulse oximetry to gauge how well oxygen is circulating. In newborns, blood can differ in oxygen saturation before and after passing through the ductus arteriosus, a fetal shunt. The right hand is the standard site for obtaining preductal saturation—that is, oxygen saturation before the blood mixes through the ductus into the systemic circulation. The right upper extremity is supplied by arteries that reflect this preductal blood, so it provides the most reliable measure of systemic oxygenation early in life. If you used a sensor on the feet, you'd be measuring postductal saturation, which can lag or differ because the blood there has already mixed more with ductus-driven pathways. The ear is less reliable in newborns due to perfusion variability and potential measurement error. So, the right hand is the best place to monitor newborn oxygen saturation to get preductal values.

**10. Allergic reaction management steps: which is included?**

- A. Ensure patent airway**
- B. O<sub>2</sub> saturation PRN**
- C. Identify allergen and route**
- D. All of the above**

In allergic reaction management, protecting the airway, ensuring adequate oxygen delivery, and gathering exposure details are all essential steps. Keeping the airway patent is crucial because swelling or bronchospasm can quickly obstruct breathing during an allergic reaction, so assess patency and be ready to intervene if obstruction develops. Monitoring oxygen saturation and providing supplemental oxygen as needed helps prevent or treat hypoxemia, supporting tissue oxygenation during the reaction. Identifying the allergen and how it entered the body (route) guides treatment decisions and helps predict likely progression, as inhaled, ingested, or injected exposures carry different risks and timelines. When you combine airway protection, oxygenation support, and exposure history, you're covering the fundamental, coordinated actions needed in an allergic reaction, which is why all of the above is the best choice.

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## 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://sdemsprotocol.examzify.com>**

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

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