

SOUTH DAKOTA EMS PROTOCOLS PRACTICE EXAM (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. Which statement best describes the purpose of placing a premature/low birth weight neonate in a plastic bag up to the axilla after delivery?**
 - A. Prevent infection
 - B. Minimize heat loss
 - C. Improve breathing
 - D. Keep the neonate dry

- 2. In a mass casualty incident, regarding bleeding control on an extremity, what is the protocol for direct pressure before tourniquet application?**
 - A. Direct pressure must be applied before tourniquet
 - B. Direct pressure is not required prior to tourniquet application
 - C. Tourniquets should never be used
 - D. Tourniquets are applied only after hospital arrival

- 3. 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

- 4. Which two OB emergencies might require inserting a gloved hand into the vagina?**
 - A. Prolapsed cord and Breech birth with an entrapped head
 - B. Prolapsed cord and Shoulder dystocia
 - C. Breech birth with entrapped head and Shoulder dystocia
 - D. Postpartum hemorrhage and placenta previa

- 5. What is NECK and what does it stand for in pediatric assessment?**
 - A. N: no altered LOC; E: evidence of obvious injury absent; C: complete spontaneous ROM without pain; K: kinematic negative
 - B. N: No edema; E: Elastic; C: Cooperative; K: Kinetic
 - C. N: Normal exam; E: External wounds; C: Calm; K: Known mechanism
 - D. N: No airway issues; E: Evidence of fracture; C: Complete ROM; K: Kinetic

- 6. In BLS airway obstruction for an unconscious patient, what is the recommended first action?**
- A. Call for ALS
 - B. Check for a pulse
 - C. Begin CPR
 - D. Transport immediately while continuing CPR
- 7. For a pregnant patient at or beyond six months, with spinal motion restriction indicated, what positioning adjustment is recommended?**
- A. Tilt the patient to the left 30 degrees
 - B. Tilt the patient to the right 15 degrees
 - C. Place the patient flat on their back
 - D. Position the patient in a Trendelenburg tilt
- 8. Which of the following is a sign of suspected adult sepsis?**
- A. SBP < 90 mmHg
 - B. Respiratory rate 12 breaths per minute
 - C. Temperature $\geq 100.4^{\circ}\text{F}$ (38.0°C) or $\leq 96.8^{\circ}\text{F}$ (36.0°C)
 - D. Blood glucose 110 mg/dL
- 9. Which catchment is located south of the 94 and East of the 805?**
- A. Sharp Memorial
 - B. UCSD Hillcrest
 - C. Scripps La Jolla
 - D. Scripps Mercy Hillcrest
- 10. Who should you contact for burn center criteria?**
- A. UCSD
 - B. Rady Children's Hospital
 - C. Sharp Memorial Hospital
 - D. Scripps Memorial

Answers

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

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Explanations

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1. Which statement best describes the purpose of placing a premature/low birth weight neonate in a plastic bag up to the axilla after delivery?

- A. Prevent infection
- B. Minimize heat loss**
- C. Improve breathing
- D. Keep the neonate dry

Maintaining the newborn's temperature is the key idea here. Premature or low birth weight babies have a large surface area relative to their small body mass and limited ability to regulate heat, so they lose heat quickly after birth. Placing a clean plastic bag up to the axilla creates a warm, insulated microenvironment around the trunk and arms, which reduces evaporative and convective heat loss and helps preserve core temperature until further warming measures can be provided. This approach is specifically about preventing hypothermia, not about preventing infection, improving breathing, or keeping the baby dry. The head is left exposed so you can monitor respirations and airway status, and drying and drying-warming strategies should accompany it.

2. In a mass casualty incident, regarding bleeding control on an extremity, what is the protocol for direct pressure before tourniquet application?

- A. Direct pressure must be applied before tourniquet
- B. Direct pressure is not required prior to tourniquet application**
- C. Tourniquets should never be used
- D. Tourniquets are applied only after hospital arrival

In mass casualty scenarios, stopping life-threatening limb bleeding as quickly as possible is the top priority. A tourniquet can be applied immediately to an injured extremity to control arterial hemorrhage, without waiting to apply direct pressure first. This approach minimizes blood loss and buys time for more patients to receive care. Direct pressure remains useful and can be applied if feasible, but it should not delay the tourniquet when rapid hemorrhage control is needed. If bleeding continues after applying a tourniquet, reassess and manage per protocol, but do not delay tourniquet use to attempt direct pressure first. Tourniquets are appropriate in the field for severe limb bleeding and are not saved only for hospital arrival, and they are not contraindicated in MCIs.

3. 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.

4. Which two OB emergencies might require inserting a gloved hand into the vagina?

- A. Prolapsed cord and Breech birth with an entrapped head**
- B. Prolapsed cord and Shoulder dystocia
- C. Breech birth with entrapped head and Shoulder dystocia
- D. Postpartum hemorrhage and placenta previa

The main idea is that in certain obstetric emergencies, reaching into the vagina with a gloved hand is necessary to relieve a blockage or obstruction and allow a safe delivery to proceed. In a prolapsed umbilical cord, the cord slips ahead of the presenting part and can be compressed as contractions continue. Placing a gloved hand into the vagina to gently elevate and hold the presenting part off the cord keeps blood flow to the baby until delivery or hospital arrival. In a breech birth with an entrapped head, the body or buttocks may be delivered but the head becomes stuck at the vaginal opening. A gloved hand inserted into the vagina can help reposition or elevate the presenting part to create space for the head to pass, often in conjunction with other maneuvers, while maintaining the airway and preparing for rapid transport. The other options involve conditions like postpartum hemorrhage or placenta previa, where this intra-vaginal manual step isn't the specific intervention described in these EMS protocols.

5. What is NECK and what does it stand for in pediatric assessment?

- A. N: no altered LOC; E: evidence of obvious injury absent; C: complete spontaneous ROM without pain; K: kinematic negative**
- B. N: No edema; E: Elastic; C: Cooperative; K: Kinetic
- C. N: Normal exam; E: External wounds; C: Calm; K: Known mechanism
- D. N: No airway issues; E: Evidence of fracture; C: Complete ROM; K: Kinetic

The main idea is how to safely clear the cervical spine in a pediatric trauma patient using the NECK criteria. NECK stands for N: no altered LOC; E: evidence of obvious injury absent; C: complete spontaneous range of motion without pain; K: kinematic negative. If a child is alert and oriented, shows no signs of neck injury, can move the neck freely without pain, and demonstrates no abnormal movement or instability during assessment, you can clear the neck without imaging. These components work together to ensure reliable assessment: mental status with history, absence of visible injury, pain-free full ROM, and no abnormal kinematics all suggest cervical spine stability. The other options describe factors not part of the standard cervical spine clearance criteria in pediatric protocols.

6. In BLS airway obstruction for an unconscious patient, what is the recommended first action?

- A. Call for ALS
- B. Check for a pulse
- C. Begin CPR**
- D. Transport immediately while continuing CPR

Start high-quality CPR immediately. In an unconscious patient who is not breathing normally, the priority is to maintain circulation and oxygen delivery to the brain and heart. Delaying CPR to check for a pulse can waste critical seconds and reduce the chance of survival. Begin chest compressions right away, and if you're trained, provide ventilations as you continue CPR. If someone is available, have them activate EMS and get an AED as soon as possible; if you're alone, start CPR and call for help while you begin compressions. The key is to not wait to verify a pulse before starting compressions.

7. For a pregnant patient at or beyond six months, with spinal motion restriction indicated, what positioning adjustment is recommended?

- A. Tilt the patient to the left 30 degrees**
- B. Tilt the patient to the right 15 degrees
- C. Place the patient flat on their back
- D. Position the patient in a Trendelenburg tilt

In a patient who is six months pregnant or more and has a suspected spinal injury, the main idea is to relieve the uterus's pressure on the inferior vena cava to improve venous return and placental perfusion while keeping the spine stabilized. Tilting the patient to the left about 30 degrees accomplishes this best. The left lateral tilt shifts the uterus off the major abdominal vessels, boosting maternal cardiac output and fetal oxygen delivery without removing spinal immobilization. Tilting to the right does not relieve the compression and can still compromise venous return. Lying flat on the back worsens aortocaval compression, reducing both maternal and fetal perfusion. A Trendelenburg position (head-down) worsens diaphragmatic excursion and venous return issues and is not appropriate in this scenario.

8. Which of the following is a sign of suspected adult sepsis?

- A. SBP < 90 mmHg
- B. Respiratory rate 12 breaths per minute
- C. Temperature $\geq 100.4^{\circ}\text{F}$ (38.0°C) or $\leq 96.8^{\circ}\text{F}$ (36.0°C)**
- D. Blood glucose 110 mg/dL

Abnormal body temperature is a common early clue to sepsis in adults. A fever of 100.4°F (38.0°C) or higher, or a temperature as low as 96.8°F (36.0°C) indicates the body is mounting a systemic response to infection, which is a hallmark of suspected sepsis. This temperature instability reflects the inflammatory and immune processes happening throughout the body when infection is present. The other signs are less consistently indicative early on. Hypotension (SBP < 90) can occur as sepsis progresses to septic shock, but not all patients with sepsis are hypotensive initially. A respiratory rate of 12 breaths per minute is typically too low for sepsis, which often causes tachypnea as the body tries to compensate for metabolic stress. A blood glucose of 110 mg/dL is not specific to sepsis and can be seen in many situations, including normal stress levels.

9. Which catchment is located south of the 94 and East of the 805?

- A. Sharp Memorial
- B. UCSD Hillcrest
- C. Scripps La Jolla
- D. Scripps Mercy Hillcrest**

Understanding hospital catchment boundaries often comes down to where a facility sits relative to major freeways. If a question specifies the area south of one interstate and east of another, you're looking for the hospital located in that particular quadrant. The Scripps Mercy Hospital in the Hillcrest area sits in that southeast quadrant, which matches being south of the freeway designated as 94 and east of the freeway designated as 805. The other options are located in different parts of town (not in that same quadrant), so they don't fit the given description as well. That's why Scripps Mercy Hillcrest is the best answer.

10. Who should you contact for burn center criteria?

A. UCSD

B. Rady Children's Hospital

C. Sharp Memorial Hospital

D. Scripps Memorial

Burn center criteria come from the regional burn center, so you contact that center to confirm whether a patient meets transfer guidelines and to get the specific criteria used for eligibility. The UCSD Burn Center is the designated regional center in this system, and they provide the on-call guidance and transfer coordination you need to determine if a burn patient should be admitted to a burn unit. Understanding the criteria helps ensure patients receive specialized care quickly. Typical factors include the extent of burn (percent TBSA), whether critical areas are involved (face, airway, hands, feet, genitalia, joints), inhalation injury, chemical or electrical burns, and burns with other significant trauma or in pediatric patients. The other hospitals may stabilize or manage routine cases, but the official criteria and transfer decisions come from the regional burn center, which in this context is UCSD.

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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.

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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