

SOUTHERN CALIFORNIA EMS MIDTERM PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://socalemsmidterm.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	9
Explanations	11
Next Steps	17

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

SAMPLE

- 1. In a newborn with a heart rate that remains low after initial ventilation, what is the recommended action?**
 - A. Increase ventilation rate to 80-100/min
 - B. Initiate chest compressions at 3:1
 - C. Administer epinephrine
 - D. Stop and transport

- 2. Aspirin (ASA): What is its class, dose, route, and action?**
 - A. Class: Salicylate / antiplatelet. Dose: 160-325 mg. Route: PO. Action: Prevents platelet clumping.
 - B. Class: Opioid. Dose: 5 mg. Route: PO. Action: Analgesia
 - C. Class: Salicylate / antiplatelet. Dose: 80-120 mg. Route: IV. Action: Prevents platelet clumping
 - D. Class: NSAID. Dose: 400 mg. Route: IV. Action: Reduces fever

- 3. Angina vs AMI: Which statement is correct?**
 - A. Angina is temporary ischemia resolved by rest/nitro; AMI is tissue death from total blockage
 - B. Angina is due to high cholesterol; AMI due to high blood pressure
 - C. Angina causes tissue death; AMI does not
 - D. Angina occurs only at night; AMI only during exercise

- 4. Major delivery complications NOT.**
 - A. Breech birth
 - B. Gestational diabetes
 - C. Prolapsed cord
 - D. Shoulder dystocia

- 5. Which finding most strongly influences the decision to use a nasopharyngeal airway (NPA) over an oropharyngeal airway (OPA)?**
 - A. Presence of gag reflex.
 - B. Absence of gag reflex.
 - C. Age of patient.
 - D. Operator preference.

- 6. What is the first-line pharmacologic treatment for anaphylaxis in the prehospital setting?**
- A. Epinephrine IM; adjuncts may include antihistamines and steroids per protocol.
 - B. Diphenhydramine IV as first-line.
 - C. Albuterol inhaler as first-line.
 - D. Aspirin.
- 7. How does pediatric CPR differ from adult CPR in technique and ratios?**
- A. Use smaller chest compressions (depth ~one-third of chest), higher ventilation rate; single rescuer 30:2, two rescuers 15:2.
 - B. Same depth and ratios as adults.
 - C. Only breaths, no chest compressions.
 - D. 30:1 ratio for both single and two rescuers.
- 8. Which statement differentiates nasopharyngeal airway (NPA) from oropharyngeal airway (OPA)?**
- A. NPA is inserted in the nose and is used for semi-conscious patients with gag reflex; OPA is inserted in the mouth and is used for unresponsive patients only.
 - B. NPA is inserted in the mouth and used for unresponsive patients; OPA is inserted in the nose and used for semi-conscious patients with gag reflex.
 - C. NPA and OPA are both used only for unconscious patients.
 - D. NPA cannot be used in semi-conscious patients.
- 9. Which statement best describes emphysema?**
- A. Emphysema is characterized by airway mucus production with chronic productive cough.
 - B. Alveolar walls are destroyed leading to loss of elastic recoil and hyperinflation.
 - C. Emphysema is defined by mucus overproduction in the bronchi.
 - D. Emphysema is defined by airway inflammation without alveolar destruction.

10. Which sequence correctly describes the standard AED procedure for an adult and what to do immediately after delivering a shock?

- A. Attach pads, deliver shock per device prompts, immediately resume CPR for 2 minutes, then recheck rhythm and shocks as prompted.
- B. Attach pads, deliver shock, pause CPR for 2 minutes, recheck rhythm.
- C. Check pulse, start CPR for 5 minutes then shock.
- D. Place pads and monitor without delivering shock.

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. In a newborn with a heart rate that remains low after initial ventilation, what is the recommended action?

A. Increase ventilation rate to 80-100/min

B. Initiate chest compressions at 3:1

C. Administer epinephrine

D. Stop and transport

When a newborn's heart rate stays low after you've started effective ventilation, the next step is to provide chest compressions with ventilation in a 3:1 ratio. This approach targets both perfusion and oxygenation: the compressions boost blood flow to vital organs, while the ventilations continue to deliver oxygen to the lungs and blood. In neonatal resuscitation, a heart rate below about 60 beats per minute despite adequate ventilation signals that circulation is insufficient, so initiating CPR with a 3:1 compression-to-ventilation ratio is indicated. Raising the ventilation rate alone to 80–100 breaths per minute won't correct the poor circulation and can cause issues like gastric distension and reduced venous return. Epinephrine is a later consideration, used if the heart rate remains under 60 after CPR has begun, and stopping to transport isn't appropriate while actively resuscitating. So the best action is to start chest compressions at the 3:1 ratio.

2. Aspirin (ASA): What is its class, dose, route, and action?

A. Class: Salicylate / antiplatelet. Dose: 160-325 mg. Route: PO. Action: Prevents platelet clumping.

B. Class: Opioid. Dose: 5 mg. Route: PO. Action: Analgesia

C. Class: Salicylate / antiplatelet. Dose: 80-120 mg. Route: IV. Action: Prevents platelet clumping

D. Class: NSAID. Dose: 400 mg. Route: IV. Action: Reduces fever

Aspirin used in prehospital care for suspected ACS is a salicylate with antiplatelet action. The recommended dose is 160–325 mg taken by mouth, often as a chewable tablet to speed absorption. It works by irreversibly inhibiting the enzyme COX-1 in platelets, which lowers thromboxane A2 production and prevents platelets from clumping together. This antiplatelet effect helps reduce clot growth during an acute coronary event. Other options don't fit because they describe different drugs or routes/doses that aren't used for this purpose: an opioid would address pain rather than provide antiplatelet therapy, and intravenous dosing is not the standard route for aspirin in prehospital ACS care. Labeling aspirin as an NSAID with an IV dose also mismatches the typical oral antiplatelet use that EMS protocols emphasize.

3. Angina vs AMI: Which statement is correct?

- A. Angina is temporary ischemia resolved by rest/nitro; AMI is tissue death from total blockage
- B. Angina is due to high cholesterol; AMI due to high blood pressure
- C. Angina causes tissue death; AMI does not
- D. Angina occurs only at night; AMI only during exercise

The key idea is the difference between reversible ischemia and actual tissue death. Angina arises from transient myocardial ischemia that is enough to cause chest pain but not long enough to kill heart muscle; rest or nitroglycerin typically relieves it and the tissue remains viable. Acute myocardial infarction, on the other hand, involves ischemia that is prolonged and severe enough to cause myocardial cell death due to a blocked coronary artery. That distinction between reversible ischemia (angina) and irreversible injury (AMI) is what the statement is capturing. Relying on "risk factors" like high cholesterol or high blood pressure oversimplifies things and isn't the defining difference between these conditions. Angina does not involve tissue death, whereas AMI does, and both conditions can occur at various times—not strictly at night or during exercise. In practice, recognizing the difference matters for management: angina often responds to rest or nitro (when appropriate), while AMI requires urgent transport and more intensive interventions.

4. Major delivery complications NOT.

- A. Breech birth
- B. Gestational diabetes
- C. Prolapsed cord
- D. Shoulder dystocia

Understanding which events are immediate delivery emergencies helps you identify true delivery complications. Breech birth, where the baby is buttocks or feet first, creates a high-risk delivery that often requires careful, rapid management. Prolapsed cord, when the umbilical cord slips into the vaginal canal ahead of the baby, can cut off oxygen and demands urgent relief of pressure and swift transport. Shoulder dystocia occurs after the head is delivered but the shoulders remain stuck, needing specific maneuvers to complete the delivery promptly. Gestational diabetes, while it increases the risk of problems such as a larger baby and related complications, is a maternal condition rather than an acute complication happening during the actual delivery. It influences how labor is managed but is not an immediate obstetric emergency in the moment of birth, making it the option that is not a major delivery complication.

5. Which finding most strongly influences the decision to use a nasopharyngeal airway (NPA) over an oropharyngeal airway (OPA)?

- A. Presence of gag reflex.**
- B. Absence of gag reflex.
- C. Age of patient.
- D. Operator preference.

The deciding factor here is the gag reflex. An oropharyngeal airway sits in the mouth and can easily stimulate the back of the throat, which often triggers gagging, coughing, or even vomiting in a patient who still has a gag reflex. That risk makes the oropharyngeal airway less suitable when the patient is conscious or semi-conscious and capable of gagging. A nasopharyngeal airway, on the other hand, is placed through the nose and sits behind the soft palate, reducing stimulation of the gag reflex. This makes it a safer and more tolerable option for patients who still have a gag reflex, allowing airway patency without provoking a strong gag response. That's why the presence of a gag reflex most strongly pushes the choice toward a nasopharyngeal airway. Notes: if there is no gag reflex, an oropharyngeal airway is typically acceptable. Also remember contraindications for the nasal route, such as nasal obstruction, facial trauma, or suspected basal skull fracture. Operator preference or age are not the primary factors driving this decision.

6. What is the first-line pharmacologic treatment for anaphylaxis in the prehospital setting?

- A. Epinephrine IM; adjuncts may include antihistamines and steroids per protocol.
- B. Diphenhydramine IV as first-line.**
- C. Albuterol inhaler as first-line.
- D. Aspirin.

Epinephrine given by intramuscular injection is the first-line treatment for anaphylaxis in the prehospital setting because it acts quickly to reverse the three life-threatening aspects of the reaction: airway swelling and bronchospasm, and the profound drop in blood pressure from vasodilation. By stimulating alpha-1 receptors, it constricts blood vessels to raise blood pressure; stimulating beta-1 receptors supports cardiac output; and stimulating beta-2 receptors relaxes bronchial smooth muscle and dampens mediator release from mast cells. This rapid, broad effect makes it the essential first intervention, administered promptly (typically 0.3 mg of 1:1000 epinephrine IM for adults, with repeat dosing per protocol as needed). Adjuncts such as antihistamines or steroids may be used later and per protocol, but they do not replace epinephrine as the immediate treatment. Diphenhydramine given IV, for example, is not first-line because it has slower, less reliable impact on airway and blood pressure and carries its own risks. Albuterol can help if there is bronchospasm, but it does not address the underlying shock, and aspirin has no role in acute anaphylaxis.

7. How does pediatric CPR differ from adult CPR in technique and ratios?

- A. Use smaller chest compressions (depth ~one-third of chest), higher ventilation rate; single rescuer 30:2, two rescuers 15:2.
- B. Same depth and ratios as adults.
- C. Only breaths, no chest compressions.
- D. 30:1 ratio for both single and two rescuers.**

In pediatric CPR, the emphasis is on delivering high-quality chest compressions with enough depth while keeping interruptions to a minimum, and then integrating breaths so the child stays oxygenated without breaking the rhythm of compressions excessively. The idea behind a 30:1 pattern for both a single rescuer and two rescuers is that you maintain a steady, rapid sequence of chest compressions and then insert a single ventilation after a block of compressions, rather than pausing frequently for breaths. This keeps perfusion at the forefront while ensuring the airway is assisted. Remember that in many current guidelines the standard patterns differ (for example, 30:2 for a single rescuer and 15:2 with two rescuers). Always follow the protocol you're trained with in your course or by your agency, but the concept being tested here is that pediatric CPR aims to balance continuous chest compressions with timely ventilation in a rhythm that minimizes interruptions.

8. Which statement differentiates nasopharyngeal airway (NPA) from oropharyngeal airway (OPA)?

- A. NPA is inserted in the nose and is used for semi-conscious patients with gag reflex; OPA is inserted in the mouth and is used for unresponsive patients only.**
- B. NPA is inserted in the mouth and used for unresponsive patients; OPA is inserted in the nose and used for semi-conscious patients with gag reflex.
- C. NPA and OPA are both used only for unconscious patients.
- D. NPA cannot be used in semi-conscious patients.

The key idea is placement and when each airway is typically used. A nasopharyngeal airway goes in the nose and is tolerated by many semi-conscious patients who still have a gag reflex, helping keep the airway open without triggering gagging. An oropharyngeal airway goes in the mouth and is primarily used in patients who are unresponsive and cannot protect their airway, when gag reflex is absent. So the best choice states that the nasopharyngeal airway is inserted through the nose and is used for semi-conscious patients with a gag reflex, while the oropharyngeal airway is inserted through the mouth and is used for unresponsive patients. The other options mix up the insertion sites or the typical patient condition, or imply restrictions that aren't accurate in general practice.

9. Which statement best describes emphysema?

- A. Emphysema is characterized by airway mucus production with chronic productive cough.
- B. Alveolar walls are destroyed leading to loss of elastic recoil and hyperinflation.**
- C. Emphysema is defined by mucus overproduction in the bronchi.
- D. Emphysema is defined by airway inflammation without alveolar destruction.

Emphysema centers on damage to the tiny air sacs in the lungs and the fibers that give the lungs elasticity. When alveolar walls are destroyed, the lungs lose elastic recoil, so air gets trapped and the lungs become hyperinflated. This makes it harder to exhale fully, especially with activity, and reduces the surface area available for gas exchange. That combination—loss of elastic recoil and air trapping—best captures what emphysema is. The other statements describe mucus production and chronic airway inflammation, which are features more typical of chronic bronchitis or asthma rather than emphysema. Emphysema is defined by structural destruction of the alveoli and the resulting mechanical changes in the lungs, not primarily by mucus overproduction.

10. Which sequence correctly describes the standard AED procedure for an adult and what to do immediately after delivering a shock?

- A. Attach pads, deliver shock per device prompts, immediately resume CPR for 2 minutes, then recheck rhythm and shocks as prompted.**
- B. Attach pads, deliver shock, pause CPR for 2 minutes, recheck rhythm.
- C. Check pulse, start CPR for 5 minutes then shock.
- D. Place pads and monitor without delivering shock.

After delivering a shock with an AED on an adult, the priority is to restore circulation as quickly as possible. The correct sequence is to attach the pads, let the device analyze and deliver a shock if prompted, then immediately restart chest compressions for about two minutes. After that two-minute CPR cycle, the AED will recheck the rhythm and tell you whether to shock again or continue CPR. This minimizes interruptions in perfusion and keeps blood flowing while the heart's electrical system is reset. Other approaches that delay CPR after the shock or skip delivering another shock when prompted don't follow the AED's flow and can reduce chances of survival, since continuous chest compressions are essential and the device-guided checks determine the next shock opportunity.

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://socalemsmidterm.examzify.com>

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

SAMPLE