

TMCC EMT-B MEDICATIONS PRACTICE TEST (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. Aspirin is indicated for which condition?**
 - A. Mild pain and chest pain of cardiac origin
 - B. Seizures
 - C. Hypertension
 - D. Headache relief
- 2. Is pediatric dosing of acetaminophen weight-based?**
 - A. Yes, 15 mg/kg
 - B. No, fixed 500 mg
 - C. Yes, 25 mg/kg
 - D. No, 100 mg per dose
- 3. Which of the following is a side effect of activated charcoal?**
 - A. Hypertension
 - B. N/V, constipation, black tarry stools
 - C. Diarrhea
 - D. Rash and itching
- 4. What is the typical onset time for sublingual nitroglycerin?**
 - A. Onset within 3-5 minutes
 - B. Onset within 1-3 minutes
 - C. Onset within 10-15 minutes
 - D. Immediate effect
- 5. When should you reassess a patient after administering a medication?**
 - A. Always reassess at the end of transport
 - B. Immediately after administration and at regular intervals per protocol (e.g., every 5 minutes)
 - C. Only if symptoms worsen
 - D. Reassess at the next clinical handoff
- 6. Which administration method involves delivering albuterol in 1-2 puffs?**
 - A. Nebulizer
 - B. Oral tablet
 - C. Metered-Dose Inhaler
 - D. Intravenous infusion

- 7. Albuterol is indicated for which of the following conditions?**
- A. Hypertension
 - B. Diabetes mellitus
 - C. COPD, asthma, wheezing
 - D. Anemia
- 8. What is the oxygen flow range for a nasal cannula?**
- A. 6-8 LPM
 - B. 2-6 LPM
 - C. 10-15 LPM
 - D. 15 LPM
- 9. What is the maximum total dose of naloxone that can be administered?**
- A. 2 mg
 - B. 10 mg
 - C. 0.4 mg
 - D. 5 mg
- 10. What SpO2 target range is commonly used in EMS for non-COPD patients receiving oxygen?**
- A. 88-92%.
 - B. 90-95%.
 - C. 94-99%.
 - D. 100%.

Answers

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

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Explanations

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1. Aspirin is indicated for which condition?

- A. Mild pain and chest pain of cardiac origin
- B. Seizures
- C. Hypertension
- D. Headache relief

Aspirin's main use in this scenario is as an antiplatelet agent for suspected cardiac chest pain. By irreversibly inhibiting COX-1 in platelets, it reduces thromboxane A2 production, which decreases platelet aggregation and helps prevent clot formation in the coronary arteries. Giving a chewable dose early during chest pain suspected to be cardiac in origin can limit heart muscle damage and improve outcomes. That makes it the best match for this question: the indication lies in mild pain and, more crucially, chest pain of cardiac origin. While aspirin can be used for other pain relief, seizures and high blood pressure are not indications for its use in acute EMS care. Headache relief is a possible effect of aspirin, but the scenario's emphasis is on chest pain due to possible myocardial infarction, where the antiplatelet action provides a clear, established benefit.

2. Is pediatric dosing of acetaminophen weight-based?

- A. Yes, 15 mg/kg
- B. No, fixed 500 mg
- C. Yes, 25 mg/kg
- D. No, 100 mg per dose

Pediatric acetaminophen dosing is based on body weight because children come in a wide range of sizes, and using weight ensures each dose matches the amount of drug the body can safely metabolize. The standard approach is 15 mg per kilogram of body weight per dose, given as needed every 4 to 6 hours, with a limit on how many doses can be given in 24 hours to avoid liver injury. This weight-based method reduces the risk of underdosing a small child or overdosing a larger child. Giving a fixed amount, like an adult tablet dose (for example 500 mg) or a fixed per-dose amount (like 100 mg), ignores how much the child weighs and can lead to overdose in small children or underdosing in larger ones. A per-kilogram dose of 25 mg/kg is higher than the usual pediatric recommendation and increases the risk of adverse effects. Therefore, weight-based dosing around 15 mg/kg per dose best fits safe and effective pediatric use.

3. Which of the following is a side effect of activated charcoal?

- A. Hypertension
- B. N/V, constipation, black tarry stools
- C. Diarrhea
- D. Rash and itching

Activated charcoal works by binding toxins in the GI tract, forming complexes that are eliminated in the stool. The most common adverse effects are gastrointestinal: it often causes nausea and vomiting, can lead to constipation, and the stool takes on a black color from the charcoal itself. Hypertension isn't a typical side effect, diarrhea is less typical, and rash or itching would suggest an allergic reaction rather than a normal reaction to charcoal. So, nausea and vomiting, constipation, and black stools are the classic, expected side effects of activated charcoal.

4. What is the typical onset time for sublingual nitroglycerin?

- A. Onset within 3-5 minutes
- B. Onset within 1-3 minutes**
- C. Onset within 10-15 minutes
- D. Immediate effect

Sublingual nitroglycerin works so quickly because it is absorbed directly through the mucous membranes under the tongue, bypassing the liver on the first pass and entering the bloodstream fast. This rapid absorption allows for quick vasodilation and relief of angina symptoms. The typical onset is within 1–3 minutes, which is why that option is the best. If the tablet is swallowed, absorption is much slower and onset is delayed, which is not the rapid response we expect from sublingual administration. It isn't instantaneous, and waiting 10–15 minutes would be far longer than normal.

5. When should you reassess a patient after administering a medication?

- A. Always reassess at the end of transport
- B. Immediately after administration and at regular intervals per protocol (e.g., every 5 minutes)**
- C. Only if symptoms worsen
- D. Reassess at the next clinical handoff

Reassessing after giving a medication is about confirming the drug is having the intended effect and catching any adverse reactions early. Do this immediately after administration and then at regular intervals defined by your protocol (for example, every 5 minutes). This ongoing check lets you verify the patient's response, monitor vital signs and symptoms, and determine if you need to adjust treatment or prepare for additional interventions. Waiting until the end of transport or only rechecking if symptoms worsen can miss rapid changes in status and delays necessary actions, while waiting for the next handoff can interrupt continuous monitoring. Regular, prompt reassessment ensures patient safety and effective care.

6. Which administration method involves delivering albuterol in 1-2 puffs?

- A. Nebulizer
- B. Oral tablet
- C. Metered-Dose Inhaler**
- D. Intravenous infusion

Delivering albuterol in 1–2 puffs is typical of a metered-dose inhaler. Each puff is a premeasured amount designed to be inhaled quickly into the lungs for rapid bronchodilation. Other methods deliver the drug differently: a nebulizer uses a continuous mist over several minutes from a liquid solution, an oral tablet is swallowed and acts systemically with slower onset, and an intravenous infusion delivers medication directly into the bloodstream, not by inhalation. So the 1–2 puff pattern aligns with a metered-dose inhaler.

7. Albuterol is indicated for which of the following conditions?

- A. Hypertension
- B. Diabetes mellitus
- C. COPD, asthma, wheezing**
- D. Anemia

Albuterol is a fast-acting bronchodilator used to relieve bronchospasm in obstructive airway diseases. It works by stimulating beta-2 receptors on bronchial smooth muscle, increasing cyclic AMP, which relaxes the airway muscles and opens the airways to relieve wheezing and shortness of breath. Because of this action, it's indicated for conditions with reversible airway constriction such as asthma and COPD with wheeze. It is not used to treat hypertension, diabetes mellitus, or anemia, since those conditions are not caused by airway constriction and do not benefit from bronchodilation. In practice, it's delivered by inhalation to target the lungs, with possible side effects like tachycardia or tremor from systemic absorption.

8. What is the oxygen flow range for a nasal cannula?

- A. 6-8 LPM
- B. 2-6 LPM**
- C. 10-15 LPM
- D. 15 LPM

Delivering oxygen through a nasal cannula is a low-flow method, suited for modest increases in oxygen, not high-demand needs. The device works best within a flow range of about 2 to 6 liters per minute. Sending oxygen at these flows raises the amount the patient inhales in a gradual, comfortable way and provides a reasonable increase in inspired oxygen without the hydrating drawbacks and inefficiency that occur at higher rates. Pushing beyond about 6 L/min through a cannula isn't practical, as the nasal passages can't effectively utilize that much oxygen, and drying of the nares becomes a concern. For higher oxygen demands, other devices like masks or Venturi setups are used.

9. What is the maximum total dose of naloxone that can be administered?

- A. 2 mg
- B. 10 mg**
- C. 0.4 mg
- D. 5 mg

Naloxone is given in small, titrating doses until the patient's breathing improves, rather than a single large dose. The goal is to reverse opioid effects while avoiding abrupt withdrawal and other complications. In typical EMS practice, there is a ceiling on how much naloxone can be given overall—the cumulative maximum is 10 mg. This means you can continue giving 0.4 mg increments (reassessing each time) until the patient shows adequate respiration and consciousness, up to a total of 10 mg. Doses like 0.4 mg are the starting amounts, while 2 mg or 5 mg are not the total maximum by protocol, and 10 mg represents the cap on the total amount you'd administer. If reversal isn't achieved after reaching the cap, continue monitoring and transport for further care rather than pushing more naloxone.

10. What SpO2 target range is commonly used in EMS for non-COPD patients receiving oxygen?

- A. 88-92%.
- B. 90-95%.
- C. 94-99%.**
- D. 100%.

The main idea is to balance giving enough oxygen with avoiding excessive exposure. For patients who do not have COPD and need supplemental oxygen, the typical goal is a SpO2 in the high 90s, around 94–99%. This range ensures the blood is well oxygenated to support tissue needs while avoiding the risks that come with very high oxygen levels, such as oxygen toxicity and potential lung complications from excessive oxygen delivery. The 88–92% target is generally used for patients with COPD to prevent CO2 retention, which is why it isn't the standard for non-COPD patients. The broader 90–95% range can be acceptable in some situations, but 94–99% is considered the best-aligned target for most non-COPD patients to reflect normal oxygenation without pushing to unnecessary extremes. Reaching 100% isn't required and can increase the risk of oxygen-related harm, so oxygen is titrated to maintain the target range rather than chasing 100%.

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://tmccemtmeds.examzify.com>

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

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