

USAF EMS PROTOCOL PRACTICAL 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. How does medication administration differ for pediatric patients?**
 - A. Only oral medications are used
 - B. Dosages are typically based on weight and physiological maturity
 - C. Children can receive adult dosages
 - D. Pediatric patients need less frequent dosing
- 2. What is the primary airway management strategy for a hypothermic patient?**
 - A. Nasopharyngeal airway
 - B. Endotracheal intubation
 - C. BVM or SGA
 - D. Only supplemental oxygen
- 3. What three elements are evaluated on the Glasgow Coma Scale (GSC)?**
 - A. Eye, verbal, and motor responses
 - B. Verbal, auditory, and motor responses
 - C. Eye, facial, and motor responses
 - D. Verbal, sensory, and motor responses
- 4. Which type of assessment is performed first in the primary survey?**
 - A. Breathing assessment
 - B. Circulation assessment
 - C. Airway assessment
 - D. Neurological assessment
- 5. What characterizes a postictal state?**
 - A. Altered state of consciousness lasting 5-30 minutes post seizure
 - B. Complete loss of consciousness for several hours
 - C. Instantaneous recovery to full alertness
 - D. Long-term cognitive impairment after seizure

- 6. In an emergency setting, if someone has persistent epistaxis, what is a potential subsequent step?**
- A. Seek a surgical consult
 - B. Attempt nasal packing
 - C. Provide intravenous fluids
 - D. Perform a complete blood transfusion
- 7. Before releasing a crushed body part, what action should be taken?**
- A. Apply a splint to the extremity
 - B. Administer pain medication
 - C. Apply 2 tourniquets above the crushed extremity if able
 - D. Use a physiological agent to ease the release
- 8. For a diabetic patient with a BGL below 60 who cannot swallow, what is the primary treatment?**
- A. Dextrose 10% 250 mL IV/IO
 - B. Oral glucose 15g PO
 - C. Glucose tablets
 - D. IV fluids only
- 9. When oxygenating a hypothermic patient, what is the preferred method?**
- A. Cold oxygen via non-rebreather mask
 - B. Warmed and humidified oxygen
 - C. Room temperature oxygen
 - D. High-flow oxygen without humidity
- 10. When a patient presents with hypothermia, what is the most appropriate initial action?**
- A. Administer warm IV fluids
 - B. Perform an exam and get temperature
 - C. Initiate warming blankets
 - D. Administer oxygen

Answers

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

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Explanations

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1. How does medication administration differ for pediatric patients?

- A. Only oral medications are used
- B. Dosages are typically based on weight and physiological maturity**
- C. Children can receive adult dosages
- D. Pediatric patients need less frequent dosing

Medication administration for pediatric patients significantly differs from adults primarily because dosages are typically based on the child's weight and physiological maturity. This approach is crucial due to the variations in metabolism, organ function, and body composition between children and adults. For instance, a child's body weight is a primary factor in calculating the appropriate dosage of medication; therefore, practitioners often use a milligram per kilogram (mg/kg) formula to determine the correct amount. Additionally, physiological maturity impacts how a child's body processes drugs, necessitating adjustments not only in dosage but sometimes in the route of administration or the frequency of dosing. The other approaches mentioned do not reflect current best practices in pediatric care. While oral medications can be used, they are not exclusive; various routes can be employed depending on the patient's condition. The assertion that children can receive adult dosages is incorrect, as it overlooks the critical need for weight-based dosing in pediatrics. Lastly, the statement regarding less frequent dosing is not a standard rule, as children may require more frequent dosing depending on the specific medication and condition being treated. Thus, the practice of dosage adjustment based on weight and maturity is essential in ensuring the safety and effectiveness of medication in pediatric patients.

2. What is the primary airway management strategy for a hypothermic patient?

- A. Nasopharyngeal airway
- B. Endotracheal intubation
- C. BVM or SGA**
- D. Only supplemental oxygen

In cases of a hypothermic patient, the primary airway management strategy of utilizing Bag-Valve-Mask (BVM) ventilation or a Supraglottic Airway (SGA) is crucial. This approach is preferable because it allows for effective ventilation while also minimizing the risk of further complications associated with hypothermia. Hypothermia can significantly impair the patient's airway reflexes and increase the likelihood of respiratory failure. The BVM provides ventilatory support to ensure adequate oxygenation and carbon dioxide removal, which is essential in maintaining physiological functions. Additionally, the use of an SGA can facilitate airway management in patients who may not have an optimal response to traditional airway interventions due to their lowered level of consciousness or muscle tone. This combined approach is more appropriate than other strategies because it can provide a rapid means of securing and managing the airway, especially in emergency scenarios where time and efficiency are of the essence. It recognizes the need for both airway protection and adequate ventilation, priorities that are critical in a hypothermic patient who may exhibit altered respiratory patterns or diminished airway protective reflexes. Other options, while they may have their uses in different contexts, do not align as effectively with the unique considerations involved in managing hypothermia. For instance,

3. What three elements are evaluated on the Glasgow Coma Scale (GSC)?

- A. Eye, verbal, and motor responses
- B. Verbal, auditory, and motor responses
- C. Eye, facial, and motor responses
- D. Verbal, sensory, and motor responses

The Glasgow Coma Scale (GCS) is a clinical tool used to assess a patient's level of consciousness and neurological function. It evaluates three specific components: eye opening response, verbal response, and motor response. Each of these elements is scored to provide an overall evaluation of the patient's consciousness. Eye response measures whether a person can open their eyes spontaneously, in response to verbal commands, or to pain. Verbal response assesses the person's ability to speak coherently, respond to questions, or if they can make sounds at all. Motor response evaluates the patient's ability to move their limbs in reaction to verbal commands or painful stimuli. This option accurately reflects the established elements of the GCS, making it the correct choice. Understanding these components is crucial for effective neurological assessment and monitoring of patients in emergency medical settings.

4. Which type of assessment is performed first in the primary survey?

- A. Breathing assessment
- B. Circulation assessment
- C. Airway assessment
- D. Neurological assessment

In the primary survey, the first type of assessment performed is the airway assessment. This assessment is crucial because ensuring a patent airway is essential for the patient's survival. Without a clear airway, a patient cannot breathe effectively, leading to inadequate oxygenation and potential respiratory failure. During this step, emergency responders evaluate whether the airway is open and unobstructed, which may involve looking for any visible blockage, listening for abnormal breath sounds, or using techniques to clear the airway if necessary. If the airway is not secured or is obstructed, immediate interventions, such as repositioning the head or performing suction, are initiated to prevent further complications. Following the airway assessment, the focus shifts to breathing and circulation to continue the evaluation of the patient's overall condition effectively. However, the priority remains on the airway, as it is the foundation for breathing and circulation.

5. What characterizes a postictal state?

- A. Altered state of consciousness lasting 5-30 minutes post seizure**
- B. Complete loss of consciousness for several hours
- C. Instantaneous recovery to full alertness
- D. Long-term cognitive impairment after seizure

A postictal state is characterized by an altered state of consciousness that typically occurs following a seizure, lasting anywhere from 5 to 30 minutes. During this period, a person may experience confusion, disorientation, fatigue, and difficulty speaking. This recovery phase is a natural physiological response after the brain has gone through a seizure, as it needs time to return to its baseline functioning. The duration of the postictal state can vary due to factors such as the individual's overall health, the type of seizure experienced, and the individual's age. It is important for caregivers and medical personnel to recognize this phase, as it can impact the patient's immediate care and monitoring needs following a seizure episode. The other options depict scenarios that do not accurately represent the typical postictal experience. For example, complete loss of consciousness for several hours is not characteristic of the postictal state, as it is defined by a gradual recovery rather than prolonged unresponsiveness. Instantaneous recovery to full alertness does not align with the typical symptoms experienced during the postictal phase, where recovery is more gradual. Additionally, long-term cognitive impairment after a seizure is not typical of the postictal state, as this describes a chronic issue rather than the temporary effects of

6. In an emergency setting, if someone has persistent epistaxis, what is a potential subsequent step?

- A. Seek a surgical consult
- B. Attempt nasal packing**
- C. Provide intravenous fluids
- D. Perform a complete blood transfusion

In the case of persistent epistaxis, or nosebleeds that do not resolve spontaneously, it is essential to manage the bleeding effectively to prevent complications such as hypovolemia or shock. One of the most immediate and practical steps in this situation is to attempt nasal packing. This method helps control the bleeding by applying pressure directly to the source of the bleeding within the nasal cavity, allowing blood vessels to constrict and form clots. Nasal packing can also be crucial in calming the patient and providing an initial control measure before more definitive treatments are considered or before surgical intervention, if necessary. This step is particularly important in an emergency setting where time is of the essence, and managing bleeding quickly can significantly improve outcomes. The other options present broader approaches that may not be immediately relevant or appropriate for the initial management of persistent epistaxis. Seeking a surgical consult or performing a blood transfusion typically becomes relevant only if the patient is showing signs of significant blood loss or other complications, and those actions would likely come after initial measures like nasal packing have been attempted. Providing intravenous fluids might be necessary if the patient is in shock or severely dehydrated, but for the immediate step in addressing epistaxis, nasal packing is the most direct and effective intervention.

7. Before releasing a crushed body part, what action should be taken?

- A. Apply a splint to the extremity
- B. Administer pain medication
- C. Apply 2 tourniquets above the crushed extremity if able**
- D. Use a physiological agent to ease the release

Before releasing a crushed body part, it is crucial to stabilize the injury and control any potential bleeding. Applying two tourniquets above the crushed extremity is the correct action because it helps ensure that bleeding is adequately controlled while reducing the risk of further injury or complications that can arise when relieving pressure from a crushed area. When a body part is crushed, there can be significant bruising, swelling, and potential damage to blood vessels and nerves. Releasing the affected area can lead to a sudden rush of blood flow back to that region, which may trigger severe bleeding from damaged vessels that were previously compressed. By placing tourniquets above the injury site, the blood flow can be effectively managed, allowing for a safer release of the crushed part. Other options may not address the immediate risk of bleeding or may delay appropriate action. For instance, applying a splint is useful for stabilizing a fracture but does not prevent further bleeding when releasing pressure. Administering pain medication can provide comfort but does not address the physiological risks involved in the release process. Using a physiological agent to ease the release may not be practical or feasible in an emergency situation and does not secure the area from potential complications. In a high-risk scenario, ensuring that the priority is to

8. For a diabetic patient with a BGL below 60 who cannot swallow, what is the primary treatment?

- A. Dextrose 10% 250 mL IV/IO**
- B. Oral glucose 15g PO
- C. Glucose tablets
- D. IV fluids only

The primary treatment for a diabetic patient with a blood glucose level below 60 who cannot swallow is the administration of dextrose intravenously, specifically dextrose 10% given in a volume of 250 mL. This is because patients who are unable to swallow represent a significant risk for aspiration if oral glucose is administered. Providing glucose directly into the bloodstream via intravenous administration allows for rapid elevation of the blood glucose level, which is crucial in preventing severe neurological damage or loss of consciousness due to hypoglycemia. Dextrose 10% is specifically formulated for this purpose and can effectively treat hypoglycemia in emergency situations. It delivers an appropriate concentration of glucose that is quickly metabolized by the body, making it a safe and effective option for those unable to take oral medications or nutrients. Other options mentioned, such as oral glucose or glucose tablets, pose a danger for aspiration and are not suitable for patients who cannot swallow. IV fluids alone, while potentially helpful in other scenarios, do not directly address the immediate need for glucose replacement in a hypoglycemic state.

9. When oxygenating a hypothermic patient, what is the preferred method?

- A. Cold oxygen via non-rebreather mask
- B. Warmed and humidified oxygen**
- C. Room temperature oxygen
- D. High-flow oxygen without humidity

When oxygenating a hypothermic patient, the preferred method is to use warmed and humidified oxygen. This approach is critical because hypothermic patients have a lower body temperature, which can impair their respiratory and cardiovascular systems. Administering oxygen that is warm and humidified helps to prevent further cooling of the patient's core temperature and supports the respiratory mucosa by maintaining moisture, ensuring better gas exchange. Warmed and humidified oxygen also helps to reduce the risk of airway irritation and can promote patient comfort, which is particularly important in a hypothermic state where every measure should be taken to stabilize the patient's condition. Proper temperature and humidity in the oxygen delivered can aid in better absorption and utilization of oxygen by the body, which is crucial for a hypothermic patient who may have compromised metabolism and respiratory functions. In contrast, delivering cold, room temperature, or high-flow oxygen without humidity could exacerbate the hypothermic condition by introducing cooler air into the lungs, potentially leading to further complications. Thus, warmed and humidified oxygen is the most supportive and safest method for respiratory management in patients suffering from hypothermia.

10. When a patient presents with hypothermia, what is the most appropriate initial action?

- A. Administer warm IV fluids
- B. Perform an exam and get temperature**
- C. Initiate warming blankets
- D. Administer oxygen

The most appropriate initial action when a patient presents with hypothermia is to perform an exam and get the temperature. Conducting a thorough examination allows healthcare providers to assess the patient's overall condition, identify any immediate threats to life, and properly gauge the severity of the hypothermia. Measuring the body temperature is critical because it provides objective data on the degree of hypothermia, which in turn influences further treatment decisions and interventions. For instance, a patient's treatment may differ significantly based on whether they are experiencing mild, moderate, or severe hypothermia. This step ensures that subsequent actions, such as warming measures or fluid administration, are correctly tailored to the patient's specific needs, thus maximizing patient safety and effectiveness of care. Initiating warming blankets, administering warm IV fluids, or providing oxygen are all important components of treating hypothermia, but without first confirming the patient's temperature and conducting an appropriate assessment, those actions may not effectively address the patient's condition and could be premature.

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://usafemsprotocol.examzify.com>

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

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