

VALENCIA COLLEGE PARAMEDIC PROGRAM PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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 symptom is NOT typically associated with dehydration in infants?**
 - A. Dry mouth
 - B. Tenting of skin
 - C. Sunken fontanelles
 - D. Excessive drooling

- 2. During an anaphylactic reaction, which medication is recommended to administer if the patient is wheezing?**
 - A. Epinephrine 1:1,000
 - B. Benadryl 1mg/kg
 - C. Albuterol 2.5mg
 - D. Solumedrol 125mg

- 3. What is the typical range for PaCO₂ in arterial blood gases?**
 - A. 20-30 mmHg
 - B. 35-45 mmHg
 - C. 50-65 mmHg
 - D. 70-80 mmHg

- 4. What is meant by implied consent in medical situations?**
 - A. A formal written consent given by the patient
 - B. Assumed consent for treatment when the patient is unconscious or incapacitated
 - C. Consent given specifically during a medical emergency only
 - D. Consent that must always be verbalized by the patient

- 5. What is the primary purpose of surfactant in the lungs?**
 - A. Expands blood vessels
 - B. Decreases surface tension in the alveoli
 - C. Increases respiratory rate
 - D. Filters harmful particles from air

- 6. What type of breathing pattern is characterized by periods of increasing and decreasing respiratory depth?**
- A. Hyperventilation
 - B. Cheyne Stokes respirations
 - C. Kussmaul respirations
 - D. Ataxic breathing
- 7. What is the most common type of seizure in children?**
- A. Myoclonic seizure
 - B. Febrile seizure
 - C. Absence seizure
 - D. Grand mal seizure
- 8. What medication is commonly administered in ALS management of postpartum hemorrhage?**
- A. Oxytocin
 - B. Magnesium sulfate
 - C. Calcium gluconate
 - D. Methylergometrine
- 9. Which of the following is a common sign of depression in bipolar disorder?**
- A. Joyful mood
 - B. Euphoria
 - C. Sleep disturbance
 - D. Increased energy
- 10. What are the critical components in the management of pulseless electrical activity (PEA)?**
- A. Providing comfort and reassurance
 - B. CPR, epinephrine, and treating reversible causes
 - C. Fluid replacement and monitoring
 - D. Immediate defibrillation

Answers

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

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Explanations

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1. Which symptom is NOT typically associated with dehydration in infants?

- A. Dry mouth
- B. Tenting of skin
- C. Sunken fontanelles
- D. Excessive drooling**

Excessive drooling is not typically associated with dehydration in infants. When an infant is dehydrated, physiological responses occur aimed at conserving water in the body, which includes reduced saliva production. Consequently, dehydration usually leads to dryness in the mouth and decreased moisture in the oral cavity, rather than an increase in drooling. In contrast, symptoms like dry mouth, tenting of the skin, and sunken fontanelles are classic indicators of dehydration. Dry mouth signifies reduced saliva due to fluid loss, while tenting of the skin, which means that skin loses its elasticity and remains elevated when pinched, indicates reduced skin turgor due to fluid deficiency. Sunken fontanelles, the soft spots on an infant's skull, can appear depressed or sunken when an infant is dehydrated, reflecting the overall depletion of body fluids. These symptoms provide critical insights into the hydration status of an infant, distinguishing them from the phenomenon of excessive drooling.

2. During an anaphylactic reaction, which medication is recommended to administer if the patient is wheezing?

- A. Epinephrine 1:1,000
- B. Benadryl 1mg/kg
- C. Albuterol 2.5mg**
- D. Solumedrol 125mg

In the context of an anaphylactic reaction, the presence of wheezing indicates bronchoconstriction, which is a common complication due to severe allergic reactions. Administering Albuterol, a bronchodilator, helps to relax and open the airways, thereby alleviating the wheezing. This is particularly important as it improves airflow and can enhance oxygenation in a patient experiencing anaphylaxis. While epinephrine is also a critical medication for treating anaphylaxis, it is typically administered as a first-line treatment to manage systemic symptoms and vascular stability. Albuterol specifically targets bronchospasm, which is essential during an acute asthma-like event within anaphylaxis. Other options, such as Benadryl and Solumedrol, serve different roles in managing allergic reactions. Benadryl is an antihistamine that addresses itching and hives but does not provide immediate relief for airway constriction. Solumedrol, a corticosteroid, is used for its anti-inflammatory effects and would not act quickly enough to relieve the acute respiratory distress caused by wheezing in this setting. Thus, not only is Albuterol effective in treating the specific symptom of wheezing, but it is an essential part of the management strategy for airway obstruction during an anaphyl

3. What is the typical range for PaCO₂ in arterial blood gases?

- A. 20-30 mmHg
- B. 35-45 mmHg**
- C. 50-65 mmHg
- D. 70-80 mmHg

The typical range for PaCO₂, or the partial pressure of carbon dioxide in arterial blood, is 35-45 mmHg. This range is critical as it reflects the respiratory function of the body and helps maintain acid-base balance. Carbon dioxide is a natural byproduct of metabolism and is expelled from the body through the lungs. The balance of PaCO₂ is essential for ensuring that the pH of the blood remains within normal limits. When PaCO₂ levels fall below 35 mmHg, it may indicate hyperventilation or respiratory alkalosis, while levels above 45 mmHg can suggest hypoventilation or respiratory acidosis. Understanding this range allows health professionals, particularly in paramedicine, to assess a patient's respiratory status and guide appropriate interventions. Monitoring PaCO₂ helps in identifying potential respiratory failure or disturbances in acid-base equilibrium, making it a vital component of arterial blood gas analysis.

4. What is meant by implied consent in medical situations?

- A. A formal written consent given by the patient
- B. Assumed consent for treatment when the patient is unconscious or incapacitated**
- C. Consent given specifically during a medical emergency only
- D. Consent that must always be verbalized by the patient

Implied consent in medical situations refers to the assumption that a patient would want to receive medical treatment if they were able to communicate their wishes but are currently unable to do so due to unconsciousness or incapacitation. This principle is crucial in emergency medical settings where immediate treatment is necessary to preserve life or prevent further injury. Emphasis is placed on the urgency of the situation; medical professionals must act swiftly to provide care, especially when the patient's condition prevents them from consenting verbally or in writing. This legal and ethical concept allows healthcare providers to deliver essential interventions without delay, under the assumption that the patient would consent to treatment were they able to do so. While formal consent and verbalization are important in many medical contexts, they are not feasible in emergencies where implied consent is employed. The focus in these scenarios is on the urgent need for action rather than formalities, thereby enabling healthcare professionals to prioritize patient care effectively.

5. What is the primary purpose of surfactant in the lungs?

- A. Expands blood vessels
- B. Decreases surface tension in the alveoli**
- C. Increases respiratory rate
- D. Filters harmful particles from air

Surfactant plays a critical role in the lungs by decreasing surface tension in the alveoli, which are the tiny air sacs where gas exchange occurs. This reduction in surface tension is vital because it prevents the alveoli from collapsing during exhalation. By keeping the alveoli stable and open, surfactant enhances lung compliance and facilitates efficient gas exchange. In the absence of adequate surfactant, the alveoli would struggle to remain inflated, leading to respiratory difficulties, such as those seen in conditions like neonatal respiratory distress syndrome. The other options do not accurately represent the primary function of surfactant. For instance, surfactant does not expand blood vessels, nor does it directly increase the respiratory rate or filter harmful particles from the air entering the lungs. Instead, its main job is to ensure optimal surface tension within the alveoli, thereby playing a crucial role in maintaining effective lung function.

6. What type of breathing pattern is characterized by periods of increasing and decreasing respiratory depth?

- A. Hyperventilation
- B. Cheyne Stokes respirations**
- C. Kussmaul respirations
- D. Ataxic breathing

The breathing pattern characterized by periods of increasing and decreasing respiratory depth is known as Cheyne-Stokes respirations. This pattern typically involves a cycle that begins with shallow breaths that gradually become deeper and more forceful, followed by a slow decrease back to shallow breathing, and then a period of apnea where there is no breathing at all. This cycle repeats over time. Cheyne-Stokes respirations are often observed in patients with various medical conditions, particularly those affecting the central nervous system, such as heart failure or neurological disorders. Understanding this characteristic pattern is important for healthcare providers as it can help in assessing the patient's clinical status and making appropriate medical decisions.

7. What is the most common type of seizure in children?

- A. Myoclonic seizure
- B. Febrile seizure**
- C. Absence seizure
- D. Grand mal seizure

The most common type of seizure in children is the febrile seizure. Febrile seizures typically occur in young children, usually between the ages of 6 months and 5 years, and are triggered by a rapid rise in body temperature, often due to an infection. These seizures are generally not harmful and usually last for only a few minutes. Febrile seizures can be classified as simple or complex, with simple febrile seizures being the most common, occurring in a generalized manner without focal features. Though they can be alarming to parents, the prognosis is generally good, and most children outgrow them without any long-term effects. Other types of seizures, such as myoclonic seizures, absence seizures, and grand mal seizures, do occur in children but are less frequent than febrile seizures. Myoclonic seizures involve brief jerking movements, absence seizures are characterized by brief lapses in consciousness, and grand mal seizures (now more commonly referred to as tonic-clonic seizures) involve loss of consciousness and muscle contractions. While important to recognize, these seizure types do not have the same prevalence as febrile seizures in pediatric populations.

8. What medication is commonly administered in ALS management of postpartum hemorrhage?

- A. Oxytocin**
- B. Magnesium sulfate
- C. Calcium gluconate
- D. Methylergometrine

Oxytocin is commonly administered in Advanced Life Support (ALS) management of postpartum hemorrhage due to its effectiveness in promoting uterine contractions and reducing blood loss after childbirth. Postpartum hemorrhage often occurs when the uterus does not contract effectively after delivery, which can lead to significant bleeding. Oxytocin helps stimulate uterine contractions, thereby facilitating the expulsion of any retained placental tissue and decreasing the risk of excessive bleeding. In the context of postpartum hemorrhage, other medications may have their uses, but oxytocin is a first-line treatment because of its direct action on the uterus. It is usually administered intravenously or intramuscularly and is essential in the rapid management of the condition, especially in emergency situations. This makes it a critical component of ALS protocols for managing postpartum hemorrhage and reflects current guidelines and standards in emergency medicine and obstetric care.

9. Which of the following is a common sign of depression in bipolar disorder?

- A. Joyful mood
- B. Euphoria
- C. Sleep disturbance**
- D. Increased energy

Sleep disturbance is a common sign of depression in bipolar disorder. Individuals experiencing a depressive episode may struggle with insomnia, hypersomnia, or altered sleep patterns, which can significantly impact their daily functioning and overall well-being. These disturbances occur because the depressive phase is associated with feelings of sadness, hopelessness, and a lack of energy, often leading to difficulties in maintaining a regular sleep schedule. In bipolar disorder, the mood fluctuations between depressive episodes and manic or hypomanic episodes can cause various symptoms. While joyful moods and euphoria are characteristic of the manic state, they do not pertain to the depressive phase. Increased energy is also associated with mania rather than depression. Therefore, sleep disturbances serve as a critical indicator of the depressive aspect of bipolar disorder, helping healthcare providers identify and manage the condition more effectively.

10. What are the critical components in the management of pulseless electrical activity (PEA)?

- A. Providing comfort and reassurance
- B. CPR, epinephrine, and treating reversible causes**
- C. Fluid replacement and monitoring
- D. Immediate defibrillation

The management of pulseless electrical activity (PEA) primarily focuses on two critical actions: initiating high-quality cardiopulmonary resuscitation (CPR) and administering epinephrine, while also identifying and addressing any reversible causes of the PEA. PEA occurs when there is electrical activity in the heart, but the heart fails to pump effectively, leading to a lack of blood flow. Quality CPR is essential because it helps to maintain some level of cerebral and coronary perfusion until a more definitive treatment can be provided. The administration of epinephrine during resuscitation aids in increasing peripheral vascular resistance, which can improve blood flow to vital organs during shallow or ineffective heart contractions. In addition to these interventions, recognizing and treating reversible causes—often summarized by the "H's and T's" (hypovolemia, hypoxia, hydrogen ion excess, hyper/hypokalemia, hypothermia, tension pneumothorax, tamponade, toxins, and thrombosis)—is vital for effective management. By addressing these underlying issues, the chances of restoring effective cardiac function can be significantly improved. Other options do not appropriately encompass the necessary interventions for managing PEA. For instance, providing comfort and reassurance or focusing solely on fluid replacement

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://valenciaparamedic.examzify.com>

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

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