

West Coast EMT Block Two Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2025 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 from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Questions

- 1. What condition can lead to a decrease in venous return and cause shock?**
 - A. Severe burns**
 - B. Cardiac arrest**
 - C. Respiratory failure**
 - D. Spinal injury**
- 2. A patient experiencing prolonged shortness of breath may exhibit which symptom?**
 - A. Excessive energy**
 - B. Constant wheezing**
 - C. Fever and chills**
 - D. Confusion and restlessness**
- 3. Which term is used to define the unwanted effects of a medication?**
 - A. Adverse effect.**
 - B. Side effect.**
 - C. Therapeutic effect.**
 - D. Contraindication.**
- 4. Upon approaching a patient with severe leg bleeding, what should your first action be?**
 - A. Check for a pulse.**
 - B. Control the bleeding.**
 - C. Administer oxygen.**
 - D. Open the airway.**
- 5. Which assessment should be prioritized in a patient with suspected bronchospasm?**
 - A. Heart rate monitoring**
 - B. Oxygen saturation assessment**
 - C. Assessment of blood pressure**
 - D. Temperature reading**

- 6. What is the most common cause of bacterial pneumonia in adults?**
- A. Viral infections**
 - B. Streptococcus pneumoniae**
 - C. Inhalation of food particles**
 - D. Chronic bronchitis**
- 7. A patient has a blood pressure of 130/70 mm Hg. The "130" in this measurement represents:**
- A. Atrial contraction**
 - B. Ventricular relaxation**
 - C. Ventricular contraction**
 - D. Ventricular filling**
- 8. How is a pleural effusion most accurately defined?**
- A. Fluid accumulation outside the lung**
 - B. Diffuse collapsing of the alveoli**
 - C. A unilaterally collapsed lung**
 - D. A bacterial infection of lung tissue**
- 9. A 49-year-old male presents with an acute onset of crushing chest pain and diaphoresis. What is the most appropriate initial action?**
- A. Administer up to three doses of nitroglycerin.**
 - B. Administer up to 324 mg of baby aspirin.**
 - C. Obtain vital signs and a SAMPLE history.**
 - D. Assess the adequacy of his respirations.**
- 10. In patients with suspected neurologic problems, which assessments are particularly important?**
- A. pulse, sensation, and movement in all extremities**
 - B. respiratory rate and effort**
 - C. body temperature and blood pressure**
 - D. skin color and warmth**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What condition can lead to a decrease in venous return and cause shock?

- A. Severe burns**
- B. Cardiac arrest**
- C. Respiratory failure**
- D. Spinal injury**

Severe burns can lead to a decrease in venous return and cause shock primarily due to the loss of fluid and plasma through damaged skin. When extensive burns occur, the body's fluid balance is significantly disrupted; plasma leaks out from the damaged tissues, leading to hypovolemia. This reduction in circulating blood volume causes a decrease in venous return to the heart, which ultimately can result in inadequate cardiac output and shock. In this state, the body struggles to maintain perfusion to vital organs, which could lead to multi-organ failure if not addressed promptly. The association between severe burns and shock highlights the critical importance of effective fluid resuscitation in the management of burn patients to restore adequate blood volume and improve venous return.

2. A patient experiencing prolonged shortness of breath may exhibit which symptom?

- A. Excessive energy**
- B. Constant wheezing**
- C. Fever and chills**
- D. Confusion and restlessness**

A patient experiencing prolonged shortness of breath can indeed exhibit confusion and restlessness. This symptom arises due to inadequate oxygenation to the brain, which can result from the body struggling to get enough oxygen during breathing difficulties. As the brain is highly sensitive to low oxygen levels, any deficiency can lead to altered mental status and increased agitation or confusion. In contrast, excessive energy is not typical in such scenarios, as prolonged shortness of breath usually leads to fatigue and a sense of struggle rather than increased activity. While constant wheezing may occur in some respiratory conditions, it does not necessarily signify prolonged shortness of breath affecting mental status. Fever and chills may suggest an infection or illness, but they are not direct consequences of the shortness of breath itself. Thus, confusion and restlessness best reflect the potential complications of insufficient oxygenation caused by enduring respiratory distress.

3. Which term is used to define the unwanted effects of a medication?

- A. Adverse effect.**
- B. Side effect.**
- C. Therapeutic effect.**
- D. Contraindication.**

The correct term for the unwanted effects of a medication is "adverse effect." This refers specifically to any harmful or unintended response to a medication that occurs at normal doses used for the treatment of a condition. Adverse effects can range from mild to severe and may require medical intervention or discontinuation of the medication. The term emphasizes the negative aspect of the medication's impact on the patient. In contrast, a "side effect" typically refers to secondary effects that are not the primary reason for prescribing the medication but may not necessarily be negative, as some side effects can be benign or even beneficial. The "therapeutic effect" describes the intended, positive effects of a medication that help to alleviate the symptoms or treat the condition. A "contraindication" pertains to specific situations or conditions where a medication should not be used due to the potential for harm. Understanding the distinction between these terms is crucial for effective medication management and patient safety in clinical practice.

4. Upon approaching a patient with severe leg bleeding, what should your first action be?

- A. Check for a pulse.**
- B. Control the bleeding.**
- C. Administer oxygen.**
- D. Open the airway.**

In a situation where a patient is experiencing severe leg bleeding, the priority is to control the bleeding as quickly as possible. This is crucial because uncontrolled hemorrhage can lead to shock or even death in a matter of minutes. The body can tolerate certain medical interventions such as managing airways or administering oxygen, but if bleeding is not addressed immediately, it can result in significant blood loss. Controlling the bleeding typically involves applying direct pressure to the wound, using hemostatic dressings if available, or even applying a tourniquet if the bleeding is life-threatening and does not respond to direct pressure. This action directly addresses the most immediate threat to the patient's life, ensuring that blood loss is minimized and providing time for further care and assessment. While assessing pulse, administering oxygen, and opening the airway are important components of patient care, those actions become secondary in the presence of severe bleeding that requires immediate intervention. Addressing the bleeding first lays the foundation for a more comprehensive treatment plan for the patient's overall condition.

5. Which assessment should be prioritized in a patient with suspected bronchospasm?

- A. Heart rate monitoring**
- B. Oxygen saturation assessment**
- C. Assessment of blood pressure**
- D. Temperature reading**

In a patient with suspected bronchospasm, assessing oxygen saturation is critical because bronchospasm can significantly impair airflow, leading to reduced oxygen levels in the blood. This condition commonly arises in respiratory issues like asthma or COPD, where airway constriction prevents adequate ventilation and gas exchange. Monitoring oxygen saturation provides immediate insight into the patient's respiratory efficiency and helps determine the severity of the bronchospasm. A drop in oxygen saturation may indicate the need for prompt interventions, such as bronchodilators or supplemental oxygen. This assessment is essential for evaluating the patient's hypoxemia, guiding emergency treatment, and determining whether advanced airway management might be necessary. While other assessments, such as heart rate monitoring and blood pressure checks, are important in a general clinical setting, they do not specifically address the acute respiratory concerns associated with bronchospasm. Temperature is less relevant in this scenario as it does not directly inform the evaluation of respiratory distress or airflow impairment. Prioritizing oxygen saturation assessment ensures that any emergency response can be appropriately tailored to manage the patient's immediate needs effectively.

6. What is the most common cause of bacterial pneumonia in adults?

- A. Viral infections**
- B. Streptococcus pneumoniae**
- C. Inhalation of food particles**
- D. Chronic bronchitis**

Streptococcus pneumoniae is recognized as the most common cause of bacterial pneumonia in adults due to its prevalence and virulence. This bacterium is part of the normal flora of the upper respiratory tract in many individuals but can become pathogenic under certain conditions, particularly in those with weakened immune systems or underlying health issues. When considering bacterial pneumonia, *Streptococcus pneumoniae* is responsible for a significant proportion of cases, often leading to severe respiratory symptoms, fever, and productive cough. The bacteria can cause lung inflammation and consolidation, which are hallmark signs of pneumonia observable in clinical evaluations such as chest X-rays. Other options, such as viral infections, can indeed lead to pneumonia, but they are not bacterial in nature and therefore do not qualify as the most common cause of bacterial pneumonia specifically. Similarly, inhalation of food particles typically causes aspiration pneumonia, which is a different mechanism and not as prevalent as infections caused by *Streptococcus pneumoniae*. Chronic bronchitis, on the other hand, is a condition that can lead to pneumonia but does not directly cause it; rather, it is a chronic lung disease that predisposes individuals to respiratory infections, including pneumonia. The data surrounding bacterial infections in adults clearly shows that *Streptococcus pneumoniae* is the key bacterial

7. A patient has a blood pressure of 130/70 mm Hg. The "130" in this measurement represents:

- A. Atrial contraction**
- B. Ventricular relaxation**
- C. Ventricular contraction**
- D. Ventricular filling**

The measurement of blood pressure is expressed in millimeters of mercury (mm Hg) with two values: the systolic pressure (the upper number) and the diastolic pressure (the lower number). In the reading of 130/70 mm Hg, the "130" refers to the systolic pressure, which indicates the pressure in the arteries during ventricular contraction. When the heart contracts, it pumps blood into the arteries, leading to an increase in pressure - this is the systolic pressure. The higher the number, the more forcefully the blood is being ejected. Thus, in this context, "130" represents the pressure exerted when the ventricles are actively pumping blood out of the heart into the circulation. Understanding this concept is crucial for interpreting blood pressure readings and assessing cardiovascular health.

8. How is a pleural effusion most accurately defined?

- A. Fluid accumulation outside the lung**
- B. Diffuse collapsing of the alveoli**
- C. A unilaterally collapsed lung**
- D. A bacterial infection of lung tissue**

A pleural effusion is accurately defined as the accumulation of fluid in the pleural space, which is the area between the layers of tissue that line the lungs and the chest cavity. This fluid buildup can impinge on lung expansion, making it difficult for the affected lung to fully inflate, which can lead to symptoms such as dyspnea. This definition sets pleural effusions apart from other respiratory conditions like pneumonia or atelectasis. For instance, the second option refers to atelectasis, marked by the collapse of alveoli, which is distinctly different from fluid accumulation. The third option describes a pneumothorax, where air in the pleural space leads to lung collapse, again differing from fluid scenarios. Lastly, the fourth option points toward pneumonia or another lung infection, which involves pathogens rather than fluid in the pleural space. By identifying pleural effusion specifically as fluid accumulation outside the lung, it emphasizes the condition's nature and relevance in clinical assessments and treatment options.

9. A 49-year-old male presents with an acute onset of crushing chest pain and diaphoresis. What is the most appropriate initial action?

A. Administer up to three doses of nitroglycerin.

B. Administer up to 324 mg of baby aspirin.

C. Obtain vital signs and a SAMPLE history.

D. Assess the adequacy of his respirations.

The most appropriate initial action in a scenario where a patient presents with an acute onset of crushing chest pain and diaphoresis is to assess the adequacy of his respirations. This step is crucial because respiratory distress can accompany a cardiac event, and ensuring that the patient is able to adequately ventilate is essential for oxygenation and preventing hypoxia. When a patient experiences crushing chest pain, it often suggests a potential cardiac issue, such as a myocardial infarction. Assessing the adequacy of respirations allows the EMT to quickly identify if the patient is breathing properly or if supplemental oxygen or airway management is needed. This action prioritizes the patient's immediate needs and helps in stabilizing their condition. While administering medications like nitroglycerin or baby aspirin may be indicated soon after an assessment, these actions should not compromise the evaluation of the patient's overall respiratory status. Obtaining vital signs and a SAMPLE history are important as well, but they come after ensuring the patient's immediate safety by checking their breathing. Thus, assessing respirations serves as a fundamental first step in patient care in this emergency situation.

10. In patients with suspected neurologic problems, which assessments are particularly important?

A. pulse, sensation, and movement in all extremities

B. respiratory rate and effort

C. body temperature and blood pressure

D. skin color and warmth

In patients with suspected neurological problems, assessing pulse, sensation, and movement in all extremities is critical because these assessments provide vital information about the central nervous system's function and integrity. The neurological system controls not only sensation and movement but also the blood flow to extremities, which can be reflected by pulse assessments. Sensation tests help identify neurological deficits, which may indicate the location and severity of neurological damage. Movement assessments gauge motor function and can help determine if there is paralysis, weakness, or coordination issues. Together, these assessments can guide interventions, help identify the need for further evaluation, and assist in developing treatment plans tailored to the patient's specific neurological condition. Other assessments like respiratory rate and effort, body temperature and blood pressure, and skin color and warmth, while important in a comprehensive examination, do not provide as direct insight into neurological function as the assessment of pulse, sensation, and movement does. Therefore, focusing on these specific neurological indicators is essential in assessing patients with suspected neurologic issues.