

# West Coast EMT Program Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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. What is the typical dosage of epinephrine delivered by an auto-injector?**
  - A. 0.1 to 0.3 mg for adults**
  - B. 0.3 to 0.5 mg for adults**
  - C. 0.5 to 1.0 mg for adults**
  - D. 2 to 4 mg for adults**
  
- 2. A 66-year-old woman has sudden difficulty breathing and a history of DVT. What should the EMT suspect?**
  - A. Diabetic ketoacidosis**
  - B. Congestive heart failure**
  - C. Pulmonary embolism**
  - D. Severe hypoglycemia**
  
- 3. What should be your first action for a 2-year-old experiencing a seizure with a recent ear infection?**
  - A. Allow the mother to drive her daughter to the hospital**
  - B. Attempt cooling measures, offer oxygen, and transport**
  - C. Place the child in cold water to reduce her fever**
  - D. Suspect meningitis and transport immediately**
  
- 4. A female patient with flu-like symptoms, fatigue, night sweats, and green sputum is most likely suffering from?**
  - A. Influenza Type A**
  - B. Pneumonia**
  - C. Tuberculosis**
  - D. Chronic obstructive pulmonary disease (COPD)**
  
- 5. What concern should you have when treating a known alcoholic patient with severe trauma?**
  - A. A. Internal bleeding may be profuse due to impaired blood clotting.**
  - B. B. Signs of shock may be masked by alcohol's stimulant effects.**
  - C. C. Long bone fractures are common due to weakened bone structure.**
  - D. D. Delirium tremens are triggered by physical trauma.**

- 6. According to the Rule of Palm, what percentage of the body surface area does the patient's whole hand represent?**
- A. 0.5%**
  - B. 1%**
  - C. 2%**
  - D. 5%**
- 7. For transporting an unresponsive female patient from upstairs, what is the safest method?**
- A. Secure her to a stair chair with the strongest provider at the foot end.**
  - B. Secure her to a fracture board with the strongest provider at the foot end.**
  - C. Secure her to a fracture board with the strongest provider at the head end.**
  - D. Secure her to a stair chair with the strongest provider at the head end.**
- 8. Given a child with a chest infection due to respiratory syncytial virus (RSV), what condition is most likely present based on observed symptoms?**
- A. Croup**
  - B. Pertussis**
  - C. Epiglottitis**
  - D. Bronchiolitis**
- 9. What is the best practice if you suspect a patient is having an allergic reaction?**
- A. Administer antihistamines and monitor for improvement.**
  - B. Activate emergency medical services and prepare for potential airway compromise.**
  - C. Encourage the patient to drink fluids to help flush out the allergen.**
  - D. Assess vital signs and document the symptoms.**

**10. Which signs should be expected in a patient exposed to cyanide?**

- A. An abnormally slow respiratory rate**
- B. A normal pulse oximetry reading**
- C. An abnormally slow pulse rate**
- D. Skin that is cherry red and hot**

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## Answers

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

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## **Explanations**

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**1. What is the typical dosage of epinephrine delivered by an auto-injector?**

- A. 0.1 to 0.3 mg for adults**
- B. 0.3 to 0.5 mg for adults**
- C. 0.5 to 1.0 mg for adults**
- D. 2 to 4 mg for adults**

The typical dosage of epinephrine delivered by an auto-injector is 0.3 to 0.5 mg for adults. This dosage is specifically chosen to effectively counteract severe allergic reactions, such as anaphylaxis, by rapidly increasing heart rate, improving blood circulation, and reducing swelling. The auto-injector design is intended for ease of use by those who may not have medical training, and the doses in this range are sufficient to elicit the necessary physiological responses while minimizing the risk of side effects associated with higher dosages. This makes it critical for life-saving treatment during emergencies where anaphylaxis is suspected. In clinical practice, dosages lower than 0.3 mg may not be as effective for adults experiencing severe allergic reactions, while higher doses beyond 0.5 mg could elevate the risk of unwanted cardiovascular effects. Therefore, the specified dosage range is a balance between efficacy and safety, making it the recommended standard for adults using an auto-injector.

**2. A 66-year-old woman has sudden difficulty breathing and a history of DVT. What should the EMT suspect?**

- A. Diabetic ketoacidosis**
- B. Congestive heart failure**
- C. Pulmonary embolism**
- D. Severe hypoglycemia**

In this scenario, the sudden onset of difficulty breathing in a 66-year-old woman, combined with her history of deep vein thrombosis (DVT), is highly indicative of a pulmonary embolism. A pulmonary embolism occurs when a blood clot that has formed in the deep veins of the legs dislodges and travels to the lungs, obstructing blood flow and leading to respiratory distress. The presence of DVT significantly increases the likelihood of developing a pulmonary embolism, making it a critical consideration in this patient's assessment. The other conditions listed do not align as closely with the presented symptoms and background. For instance, diabetic ketoacidosis typically presents with symptoms such as abdominal pain, altered mental status, or diabetic symptoms, rather than acute respiratory distress. Congestive heart failure could cause difficulty breathing due to fluid buildup, but it is usually associated with additional signs like edema or orthopnea and does not have a direct connection to her DVT history. Severe hypoglycemia would present with confusion, shakiness, or lethargy, and although it could cause distress, it is less likely to be the primary concern given her background and sudden respiratory issue. Therefore, the suspicion of pulmonary embolism is the most appropriate response in this case.

- 3. What should be your first action for a 2-year-old experiencing a seizure with a recent ear infection?**
- A. Allow the mother to drive her daughter to the hospital**
  - B. Attempt cooling measures, offer oxygen, and transport**
  - C. Place the child in cold water to reduce her fever**
  - D. Suspect meningitis and transport immediately**

When a 2-year-old is experiencing a seizure, particularly following a recent ear infection, the first action should focus on ensuring the child's safety and providing appropriate care. The most suitable response involves implementing cooling measures, offering oxygen, and preparing for transport to a medical facility. During a seizure, maintaining the child's safety is paramount. This entails cushioning the child's head, moving any nearby objects that could cause injury, and ensuring they are in a safe position, typically on their side if possible. If the child has a high fever, which is common with ear infections, cooling measures such as sponge baths or cool compresses can help mitigate the fever, though it's essential to avoid extremes, like cold water immersion. Additionally, offering oxygen can be critical, especially if the child is showing signs of respiratory distress or has decreased oxygen saturation. As the child's condition requires further medical evaluation to address potential complications, including the cause of the fever or the seizure itself, prompt transportation to a hospital is necessary. Addressing the other actions: allowing the mother to drive would not ensure adequate medical attention during transport or proper monitoring of the child's condition. Placing the child in cold water is not advised as it can cause shock and does not effectively manage fever in this scenario. While

- 4. A female patient with flu-like symptoms, fatigue, night sweats, and green sputum is most likely suffering from?**
- A. Influenza Type A**
  - B. Pneumonia**
  - C. Tuberculosis**
  - D. Chronic obstructive pulmonary disease (COPD)**

The combination of flu-like symptoms, fatigue, night sweats, and green sputum strongly indicates a respiratory infection, with particular attention to the possibility of tuberculosis. Tuberculosis is characterized by persistent cough, night sweats, weight loss, and the production of sputum, which can sometimes appear greenish or even bloody when the infection is more severe. The presence of night sweats and fatigue further aligns with the systemic effects often seen in tuberculosis, making it a leading consideration for the patient's symptoms. While pneumonia can present with similar symptoms, it is less commonly associated with prolonged systemic symptoms like night sweats and significant fatigue unless it is a severe or atypical pneumonia. Influenza Type A typically includes more prominent fever and body aches rather than the specific combination of night sweats and green sputum. Chronic obstructive pulmonary disease (COPD) could cause sputum production but usually wouldn't lead to new onset of flu-like symptoms combined with night sweats. Therefore, tuberculosis emerges as the most consistent diagnosis in this context.

5. What concern should you have when treating a known alcoholic patient with severe trauma?

**A. A. Internal bleeding may be profuse due to impaired blood clotting.**

B. B. Signs of shock may be masked by alcohol's stimulant effects.

C. C. Long bone fractures are common due to weakened bone structure.

D. D. Delirium tremens are triggered by physical trauma.

When treating a known alcoholic patient with severe trauma, the concern regarding impaired blood clotting due to internal bleeding is particularly significant. Chronic alcohol consumption can lead to liver dysfunction, which subsequently affects the production of clotting factors necessary for proper blood coagulation. This impairment means that even with relatively minor injuries, patients might experience excessive internal bleeding, which could rapidly become life-threatening. In a trauma scenario, identifying and managing internal bleeding is crucial, so understanding the nuances of how alcohol can affect a patient's physiological responses is essential. Patients with a history of alcoholism may also present with coagulopathies, which can compound the risks associated with severe trauma. Prompt recognition of this condition allows for timely interventions, improving patient outcomes.

6. According to the Rule of Palm, what percentage of the body surface area does the patient's whole hand represent?

A. 0.5%

**B. 1%**

C. 2%

D. 5%

The Rule of Palm is a useful concept in assessing burns and estimating the percentage of body surface area (BSA) affected. According to this rule, the entire surface area of a patient's palm (including the fingers) is approximately 1% of the total body surface area. This method provides a quick and practical way to estimate burns, especially for small areas, by using the patient's hand as a reference for size and estimating the total percentage of a burn injury. This simple approach is particularly helpful in emergency situations where rapid assessment is crucial for treatment decisions. In this case, the correct answer indicates that the whole hand represents 1% of a person's total body surface area, and helps in making quick assessments regarding the severity of burns or injuries.

7. For transporting an unresponsive female patient from upstairs, what is the safest method?
- A. Secure her to a stair chair with the strongest provider at the foot end.
  - B. Secure her to a fracture board with the strongest provider at the foot end.
  - C. Secure her to a fracture board with the strongest provider at the head end.**
  - D. Secure her to a stair chair with the strongest provider at the head end.

The correct approach to transporting an unresponsive female patient from upstairs is to secure her to a fracture board with the strongest provider at the head end. This method is optimal for several critical reasons. Firstly, using a fracture board allows for the stabilization of the patient's spine and body, which is vital when dealing with an unresponsive individual. It provides a rigid surface that can help prevent movement, which is essential in case of potential spinal injuries. Positioning the strongest provider at the head end is strategic for both safety and control. This position ensures that the strongest provider can better manage the patient's head and neck during the descent. Since the head is the heaviest part of the body, stabilizing it effectively is crucial to prevent further injury, especially if there is any concern about spinal issues. It also enables better communication with the rest of the team during the transport, as the head-end provider can guide the movement and ensure that the descent is controlled and coordinated. Furthermore, this method helps maintain the patient's airway, which is particularly important for any unresponsive patient. By having the strongest member at the head, there is greater assurance that the patient's airway can be monitored and managed effectively throughout the transport. In contrast, using a stair chair or placing the strongest provider

8. Given a child with a chest infection due to respiratory syncytial virus (RSV), what condition is most likely present based on observed symptoms?
- A. Croup
  - B. Pertussis
  - C. Epiglottitis
  - D. Bronchiolitis**

In the context of a child presenting with a chest infection due to respiratory syncytial virus (RSV), bronchiolitis is the condition most commonly associated with this infection. RSV primarily affects the small airways in the lungs, leading to inflammation and congestion in the bronchioles, which are the smaller branches of the respiratory system. This condition typically manifests in infants and young children, particularly during the winter months when RSV infections peak. The symptoms of bronchiolitis often include wheezing, difficulty breathing, coughing, and sometimes fever. These signs are a direct result of the airway inflammation caused by the viral infection, which obstructs airflow and affects the child's ability to breathe normally. While conditions like croup, pertussis, and epiglottitis can also present in pediatric patients, they involve different underlying causes and symptoms. Croup is characterized by a distinct barking cough and stridor associated with swelling around the larynx; pertussis (whooping cough) presents with severe coughing fits and whooping sounds during inhalation; and epiglottitis, a more serious bacterial infection, involves severe throat pain and difficulty swallowing, which can lead to respiratory distress. Therefore, the association of RSV with bronchiolitis is the

**9. What is the best practice if you suspect a patient is having an allergic reaction?**

- A. Administer antihistamines and monitor for improvement.**
- B. Activate emergency medical services and prepare for potential airway compromise.**
- C. Encourage the patient to drink fluids to help flush out the allergen.**
- D. Assess vital signs and document the symptoms.**

The best practice when suspecting a patient is having an allergic reaction is to activate emergency medical services and prepare for potential airway compromise. This approach is critical because allergic reactions can escalate quickly, leading to conditions such as anaphylaxis, which can cause severe respiratory issues and affect the airway. In situations where there is a suspected allergic reaction, ensuring prompt medical intervention is paramount. Activating emergency services allows for quick access to advanced care, which may include the administration of epinephrine if an anaphylactic reaction is confirmed. Additionally, being prepared for airway compromise is crucial as swelling of the throat or bronchospasms can occur rapidly, making it hard for the patient to breathe. Immediate action can be life-saving. While administering antihistamines, encouraging fluid intake, or assessing vital signs can all be part of a patient care strategy in managed allergic reactions, they do not address the immediate dangers associated with airway compromise. In an acute situation, prioritizing the patient's safety by calling for emergency help is always the best course of action.

**10. Which signs should be expected in a patient exposed to cyanide?**

- A. An abnormally slow respiratory rate**
- B. A normal pulse oximetry reading**
- C. An abnormally slow pulse rate**
- D. Skin that is cherry red and hot**

In cases of cyanide exposure, a normal pulse oximetry reading is characteristic due to the way cyanide affects the body at a cellular level. Cyanide interferes with the ability of cells to utilize oxygen, leading to a condition known as histotoxic hypoxia. While oxygen saturation peripherally may appear normal, the cells are unable to use that oxygen effectively. This can result in severe metabolic acidosis and life-threatening symptoms without showing typical signs of hypoxia on pulse oximetry. Other signs associated with cyanide toxicity typically include symptoms such as confusion, headache, dizziness, and potentially a cherry-red skin coloration; however, the cherry-red skin does not consistently occur in all cases. The respiratory rate is likely to increase rather than decrease, as the body instinctively tries to compensate for cellular hypoxia. Similarly, the pulse rate can become rapid rather than slow as the body attempts to deliver more oxygen, even when it is not being properly utilized at the cellular level. Therefore, while a normal pulse oximetry reading might seem counterintuitive, it accurately reflects one of the unique aspects of cyanide toxicity.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

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

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