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PRACTICE QUESTIONS

Dubai Corporation for Ambulance Services

AP

Advanced Paramedics Examination

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Dubai Corporation for Ambulance Services **AP**, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **AP**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

MULTIPLE CHOICE

An advanced paramedic is preparing to perform rapid sequence intubation (RSI) on a 58-year-old male in severe respiratory failure. Which of the following pre-intubation assessments are essential components of the airway evaluation using the 3-3-2 rule? (Choose two.)

- ☐ A Three fingers between the incisors (mouth opening)
- ☒ B Three fingers from the tip of the chin to the hyoid bone
- ☒ C Two fingers from the hyoid bone to the thyroid cartilage
- ☐ D Two fingers between the sternal notch and the cricoid cartilage
- ☐ E Three fingers from the thyroid cartilage to the sternal notch

ANSWER B - C

WHY The 3-3-2 rule assesses anatomical predictors of difficult intubation: 3 fingers from the tip of the chin to the hyoid bone (mandibular length), 3 fingers between the incisors (mouth opening), and 2 fingers from the hyoid bone to the thyroid cartilage (laryngeal height). Options B and C correctly describe the second and third measurements. Option A confuses mouth opening with chin-to-hyoid distance. Options D and E describe incorrect anatomical landmarks not used in the 3-3-2 rule.

QUESTION 2

MULTIPLE CHOICE

An advanced paramedic is managing a patient in cardiac arrest with refractory ventricular fibrillation (VF) after five shocks, intravenous epinephrine, and amiodarone. Which two pharmacological interventions are appropriate next steps according to advanced life support guidelines? (Choose two.)

- ☐ **A** Repeat amiodarone 300 mg IV bolus
- ☒ **B** Administer lidocaine 1–1.5 mg/kg IV
- ☐ **C** Administer sodium bicarbonate 50 mmol IV
- ☐ **D** Administer calcium chloride 10 mL of 10% IV
- ☒ **E** Administer magnesium sulfate 2 g IV

ANSWER B • E

WHY For refractory VF/pVT after epinephrine and amiodarone, ACLS guidelines allow either a repeat dose of amiodarone or lidocaine 1–1.5 mg/kg IV. Magnesium sulfate 2 g IV is specifically indicated for torsades de pointes or suspected hypomagnesemia. Sodium bicarbonate is not routinely indicated unless hyperkalemia or acidosis is suspected, and calcium chloride is reserved for hyperkalemia, hypocalcemia, or calcium channel blocker toxicity. Option A is incorrect because amiodarone's maximum recommended dose is 450 mg total.

QUESTION 3

SINGLE CHOICE

An advanced paramedic obtains a 12-lead ECG showing ST-segment elevation greater than 1 mm in leads II, III, and aVF. Which coronary artery is most likely occluded?

- ☐ A Left anterior descending artery
- ☐ B Left circumflex artery
- ☒ C Right coronary artery
- ☐ D Left main coronary artery

ANSWER C

WHY ST elevation in the inferior leads (II, III, aVF) indicates an inferior wall myocardial infarction, which is most commonly caused by occlusion of the right coronary artery (RCA). The RCA supplies the inferior wall of the left ventricle in approximately 80–90% of patients (right-dominant circulation). The left anterior descending artery supplies the anterior wall, the left circumflex supplies the lateral wall, and left main occlusion typically causes widespread anterior and lateral changes with hemodynamic collapse.

QUESTION 4

SINGLE CHOICE

An advanced paramedic is assessing a 72-year-old female with sudden onset right-sided weakness and expressive aphasia. Symptoms began 45 minutes ago. According to stroke care guidelines, what is the most appropriate destination decision?

- ☐ A Transport to the nearest emergency department regardless of capability
- ☒ B Transport to a stroke-capable facility able to deliver thrombolysis within the treatment window
- ☐ C Obtain consent for on-scene thrombolytic therapy
- ☐ D Wait for symptoms to resolve before initiating transport

ANSWER B

WHY Acute ischemic stroke is time-critical. Patients within the thrombolytic window (typically up to 4.5 hours from symptom onset) should be transported to a stroke-capable facility able to deliver intravenous thrombolysis or mechanical thrombectomy. Bypassing non-specialist centers to reach definitive care is supported by stroke care guidelines. Option A is suboptimal when a stroke unit is reachable within a reasonable timeframe. Option C is incorrect because paramedics do not administer thrombolytics in the prehospital setting under standard protocols. Option D is dangerous because stroke symptoms may fluctuate but still warrant urgent transport.

QUESTION 5

SINGLE CHOICE

An advanced paramedic arrives at a multi-vehicle collision with multiple casualties. Using the START triage method, a patient who is not walking, has a respiratory rate of 8 breaths per minute, and is unresponsive to commands should be categorized as:

- ☐ A Immediate (Red)
- ☐ B Delayed (Yellow)
- ☒ C Expectant (Black)
- ☐ D Minor (Green)

ANSWER C

WHY Under the START (Simple Triage and Rapid Treatment) method, a patient who is not walking, has a respiratory rate below 10 breaths per minute after airway repositioning, or does not obey commands is triaged as Expectant (Black). A respiratory rate below 10 indicates inadequate ventilation, and unresponsiveness to commands suggests poor neurological status—both indicators of unsalvageable injury in a mass casualty context. Immediate (Red) requires a respiratory rate between 10 and 29 and ability to obey commands with controlled bleeding.

QUESTION 6

SINGLE CHOICE

An advanced paramedic is treating a 34-year-old male with acute severe asthma. The patient has a silent chest, exhaustion, and a peak expiratory flow rate of 30% of predicted. What is the most appropriate immediate pharmacological intervention?

- ☐ A Inhaled salbutamol only
- ☒ B Inhaled salbutamol with ipratropium bromide, intravenous hydrocortisone, and consideration of intravenous magnesium sulfate
- ☐ C Oral prednisolone and discharge at scene
- ☐ D Nebulized adrenaline only

ANSWER B

WHY Acute severe asthma with a silent chest and exhaustion represents life-threatening asthma requiring aggressive multimodal therapy. British Thoracic Society and GINA-aligned guidelines recommend high-flow oxygen, nebulized salbutamol combined with ipratropium bromide, intravenous corticosteroids (such as hydrocortisone), and intravenous magnesium sulfate (2 g over 20 minutes) in severe or life-threatening cases. Option A under-treats a critical patient. Option C is inappropriate because the patient requires urgent hospital treatment. Option D is incorrect because nebulized adrenaline is not the standard first-line treatment for asthma; intramuscular epinephrine is reserved for anaphylaxis-related bronchospasm.

QUESTION 7

SINGLE CHOICE

An advanced paramedic is managing a patient with acute pulmonary edema and a systolic blood pressure of 78 mmHg. Which pharmacological agent is contraindicated?

- ☐ A Furosemide
- ☐ B Morphine
- ☒ C Glyceryl trinitrate (GTN)
- ☐ D Oxygen via non-rebreather mask

ANSWER C

WHY Glyceryl trinitrate (GTN) causes venodilation and reduces preload, which can critically worsen hypotension in a patient with a systolic blood pressure below 90 mmHg. GTN is contraindicated in hypotensive acute pulmonary edema. Furosemide may be considered cautiously but is also less effective when hypotension is present. Morphine has been historically used but its role is now limited due to evidence of harm. Oxygen is appropriate unless the patient is hypoxemic only on room air in select cases. Among the options, GTN is the clearest contraindication.

QUESTION 8

SINGLE CHOICE

An advanced paramedic assesses a 68-year-old male with fever, confusion, and a heart rate of 122 bpm, respiratory rate of 24 breaths/min, blood pressure of 88/54 mmHg, and oxygen saturation of 92% on room air. What is the most appropriate prehospital intervention?

- ☐ A Administer oral fluids and discharge at scene
- ☒ B Establish intravenous access, administer fluid bolus, high-concentration oxygen, and alert the receiving facility as a time-critical sepsis case
- ☐ C Administer empiric intravenous antibiotics and delay transport
- ☐ D Withhold fluids due to risk of fluid overload

ANSWER B

WHY This patient meets criteria for septic shock (suspected infection plus hypotension and organ dysfunction evidenced by confusion and tachypnea). Prehospital management includes high-flow oxygen, early intravenous fluid resuscitation (typically 20 mL/kg crystalloid bolus), and pre-alerting the receiving hospital to enable timely antibiotic administration and escalation of care. Option A is dangerous—sepsis has a high mortality if under-treated. Option C delays definitive care; antibiotics are not standard prehospital practice in most systems. Option D is incorrect because hypotension in septic shock requires fluid resuscitation.

QUESTION 9

SINGLE CHOICE

An advanced paramedic is called to a 28-year-old primigravida in active labor. The baby's head has delivered but the shoulders fail to deliver with gentle traction. What is the first maneuver for shoulder dystocia?

- ☐ A Fundal pressure
- ☒ B McRoberts maneuver (hyperflexion of the mother's hips)
- ☐ C Emergency cesarean section on scene
- ☐ D Immediate episiotomy

ANSWER B

WHY The McRoberts maneuver—hyperflexing the mother's hips onto her abdomen—is the recommended first-line maneuver for shoulder dystocia. It straightens the sacral curve and rotates the symphysis pubis, often releasing the impacted anterior shoulder. It is successful in the majority of cases. Fundal pressure is contraindicated as it can worsen impaction and cause uterine rupture. Emergency cesarean section is not feasible in the prehospital setting. Routine episiotomy is not recommended; it is reserved for specific indications.