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PRACTICE QUESTIONS

State of Qatar Department of Healthcare Professions (DHP) Ministry of Public Health (MOPH)

PARAM

Paramedic

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for State of Qatar Department of Healthcare Professions (DHP) Ministry of Public Health (MOPH) **PARAM**, 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, **PARAM**
- the question number
- the email address on your order

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

QUESTION 1

SINGLE CHOICE

A paramedic is assessing a patient with suspected right-sided heart failure. Which of the following clinical findings is MOST characteristic of this condition?

- ☐ A Crackles on auscultation of the lung bases
- ☐ B Pink, frothy sputum
- ☒ C Pitting edema of the lower extremities
- ☐ D Tachypnea with use of accessory muscles

ANSWER C

WHY Right-sided heart failure causes systemic venous congestion, which manifests most characteristically as dependent (lower extremity) pitting edema, jugular venous distension, and hepatomegaly. Options A and B (pulmonary crackles and pink frothy sputum) are hallmarks of LEFT-sided heart failure due to pulmonary congestion. Option D (tachypnea with accessory muscle use) is more typical of left-sided failure or primary respiratory distress, not specifically right-sided failure.

QUESTION 2

SINGLE CHOICE

A patient in cardiac arrest with a confirmed allergy to lidocaine requires antiarrhythmic therapy after amiodarone is unavailable. Which medication is the most appropriate substitute?

- ☐ A Procainamide
- ☒ B Magnesium sulfate
- ☐ C Adenosine
- ☐ D Atropine

ANSWER B

WHY For a shock-refractory ventricular arrhythmia in cardiac arrest when amiodarone is unavailable and lidocaine is contraindicated, magnesium sulfate is the appropriate alternative (particularly useful for torsades de pointes). Procainamide is not recommended in cardiac arrest due to its hemodynamic effects. Adenosine is used for SVT, not ventricular arrhythmias in arrest. Atropine is used for symptomatic bradycardia, not VF/VT.

QUESTION 3

SINGLE CHOICE

During bag-valve-mask (BVM) ventilation of an apneic adult patient, the paramedic observes the chest rising minimally and auscultates gastric sounds over the epigastrium. The MOST likely cause and appropriate corrective action are:

- ☐ A Tidal volume is appropriate; insert an oropharyngeal airway to relieve upper airway obstruction
- ☒ B The mask seal is inadequate and tidal volume is excessive, causing gastric insufflation; reduce volume and reposition the airway using a two-person technique
- ☐ C The patient has a tension pneumothorax; perform immediate needle decompression
- ☐ D The patient is in laryngospasm; apply cricoid pressure and continue ventilations

ANSWER B

WHY Minimal chest rise with epigastric sounds indicates that air is entering the stomach instead of the lungs, usually due to a poor mask seal and/or excessive tidal volume combined with airway malposition. The correct response is to reposition the airway, reseal the mask (using a two-handed two-person technique when possible), and reduce delivered volume to just enough to produce visible chest rise (roughly 500–600 mL, ~6–7 mL/kg). Cricoid pressure is no longer routinely recommended. Tension pneumothorax findings would include absent breath sounds on one side with hypotension and tracheal deviation, not bilateral epigastric sounds.

QUESTION 4

SINGLE CHOICE

A 62-year-old patient presents with sudden onset of right-sided weakness, slurred speech, and a blood pressure of 210/118 mmHg. Blood glucose is 96 mg/dL. According to the Qatar MOPH stroke protocol, which facility is the most appropriate destination?

- ☐ A The closest primary healthcare center for stabilization and referral
- ☒ B A designated stroke-ready hospital capable of delivering thrombolysis and/or thrombectomy within the appropriate time window
- ☐ C The patient's preferred hospital regardless of capability
- ☐ D A trauma center due to potential fall risk

ANSWER B

WHY Time-critical stroke patients must be transported to a facility capable of delivering definitive reperfusion therapy (IV thrombolysis and/or mechanical thrombectomy) within the appropriate window. Field triage policies for stroke specify bypassing closer non-credentialed facilities in favor of a stroke-capable center when transport time allows. The patient's glucose has already been ruled out as a cause, and blood pressure management is best handled at the receiving stroke-capable facility.

QUESTION 5

SINGLE CHOICE

A patient has been ejected from a vehicle in a high-speed collision and is unresponsive with signs of severe shock. Using the anatomical and physiological components of the primary survey (XABCDE in major trauma), which action should be performed FIRST?

- ☐ A Obtain a full set of vital signs including pulse, blood pressure, respiratory rate, and SpO2
- ☒ B Control catastrophic external hemorrhage
- ☐ C Perform a head-to-toe secondary survey
- ☐ D Administer high-flow oxygen via non-rebreather mask

ANSWER B

WHY In major trauma following the XABCDE approach, the 'X' (exsanguinating/external hemorrhage control) is performed before Airway and comes immediately after scene safety. Controlling catastrophic external hemorrhage with direct pressure, wound packing, or a tourniquet is the first life-saving step and precedes airway management, breathing assessment, and vital signs. Oxygen administration and the secondary survey occur after the primary survey threats have been addressed.

QUESTION 6

SINGLE CHOICE

A gravida-3, para-2 woman at 37 weeks gestation reports sudden onset of severe constant abdominal pain, vaginal bleeding, and a board-like, rigid uterus. Vital signs show tachycardia and hypotension. What is the MOST likely field impression?

- ☐ A Placenta previa
- ☒ B Abruptio placentae
- ☐ C Uterine rupture
- ☐ D Braxton-Hicks contractions

ANSWER B

WHY Placental abruption (abruptio placentae) classically presents with sudden, severe constant abdominal pain, dark vaginal bleeding (which may be hidden/concealed), a firm 'board-like' or rigid uterus due to trapped blood, and signs of maternal hypovolemic shock. Placenta previa typically presents with painless bright-red bleeding and a soft, non-tender uterus. Uterine rupture also presents with severe pain and shock but is most often seen in women with prior uterine surgery and a previous classical scar. Braxton-Hicks contractions are irregular, brief, and painless and do not cause rigidity or shock.

QUESTION 7

SINGLE CHOICE

A 5-year-old child is found unresponsive with a fever of 40.5°C (105°F), a petechial rash, and signs of shock. Which intervention is the MOST appropriate immediate action?

- ☐ A Administer aspirin and encourage oral fluid intake
- ☒ B Administer high-flow oxygen, establish IV/IO access, and provide fluid resuscitation while transporting urgently to an appropriate facility
- ☐ C Apply cold packs to the entire body to rapidly reduce fever
- ☐ D Wait for the rash to resolve before initiating treatment

ANSWER B

WHY Fever with a petechial/non-blanching rash in an ill child is highly suggestive of meningococemia or severe sepsis and is a time-critical emergency. Aspirin is contraindicated in children due to the risk of Reye syndrome. Aggressive cooling (e.g., ice-water immersion) is reserved for exertional heat stroke, not for febrile illness, and antipyretics should not delay resuscitation. The priority is supportive resuscitation (oxygen, vascular access, fluid bolus 20 mL/kg isotonic crystalloid) and rapid transport, along with early notification of the receiving facility and consideration of empiric antibiotics per local protocol.

QUESTION 8

SINGLE CHOICE

Under Qatar's DHP/MOPH-regulated paramedic scope of practice, what is the paramedic's primary legal and ethical obligation when a competent adult refuses transport after a thorough assessment?

- ☐ A Restrain the patient and transport them against their will for further evaluation
- ☒ B Document the assessment, inform the patient of the risks of refusing care, attempt to obtain a signature, and ensure they have access to follow-up resources
- ☐ C Call law enforcement immediately to override the patient's decision
- ☐ D Ignore the refusal and bill the patient for the transport

ANSWER B

WHY A competent adult has the right to refuse treatment and transport (the principle of informed consent/autonomy). The paramedic must ensure the patient is competent, fully informs them of the medical risks, attempts to persuade them to accept care, encourages alternative contacts (family, primary care), documents the assessment findings, the advice given, and obtains a refusal signature when possible. Restraining or forcibly transporting a competent patient is unlawful, and involving law enforcement is not an automatic response to refusal.

QUESTION 9

MULTIPLE CHOICE

Which cardiac rhythms are typically considered 'shockable' and treated with defibrillation in an adult pulseless patient according to current advanced cardiac life support (ACLS) guidelines? (Choose two.)

- ☒ **A** Pulseless ventricular tachycardia (pVT)
- ☒ **B** Ventricular fibrillation (VF)
- ☐ **C** Asystole
- ☐ **D** Pulseless electrical activity (PEA)

ANSWER A • B

WHY The two shockable rhythms in adult cardiac arrest are pulseless ventricular tachycardia (pVT) and ventricular fibrillation (VF), both of which are treated with immediate unsynchronized electrical defibrillation plus high-quality CPR and vasopressor/antiarrhythmic medications per ACLS. Asystole and pulseless electrical activity (PEA) are non-shockable rhythms; defibrillation does not improve outcomes in these rhythms, and management focuses on high-quality CPR, epinephrine, and identification/treatment of reversible causes (Hs and Ts).