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NEW QUESTION: 1

A 72-year-old patient has a head injury following a fall in a store. Bystanders report the patient was initially unconscious but then woke up. The EMT finds the patient unresponsive again. Which of the following brain injuries should the EMT most strongly suspect?

- A. Epidural hematoma
- B. Subdural hemorrhage
- C. Intracerebral hematoma
- D. Subarachnoid hemorrhage

Answer: A (LEAVE A REPLY)

The correct answer is A. Epidural hematoma.

This question describes a classic "lucid interval", which is strongly associated with an epidural hematoma.

Key features in the scenario:

Initial loss of consciousness

Followed by a period of temporary recovery (lucid interval)

Then rapid deterioration back to unresponsiveness

Why A is correct:

Epidural hematomas typically result from arterial bleeding (often the middle meningeal artery).

Patients often present with:

Brief loss of consciousness

Lucid interval (temporary improvement)

Rapid decline as pressure increases in the skull

This pattern is a hallmark finding emphasized in EMT training.

Why the other options are incorrect:

B). Subdural hemorrhage # Usually has a slow, gradual onset, especially in older adults, without a classic lucid interval C). Intracerebral hematoma # Causes progressive neurological deficits, not a lucid interval pattern D). Subarachnoid hemorrhage # Typically presents with sudden severe headache ("worst headache of life"), not trauma-related lucid intervals Exact Extracts:

"Epidural hematomas are often associated with a lucid interval followed by rapid deterioration."

"Patients may lose consciousness, regain it briefly, and then deteriorate rapidly."

"Subdural hematomas typically present more gradually, especially in older patients." References:

NEW QUESTION: 2

When assessing an unresponsive diabetic patient, a finding that is most helpful to differentiate between hyperglycemia and hypoglycemia is

- A.** Rate and depth of breathing
- B.** Pupillary response
- C.** Rate and quality of the pulse
- D.** Skin color

Answer: ([SHOW ANSWER](#))

In an unresponsive diabetic patient, EMTs must rapidly determine whether the cause is hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose) because immediate management priorities differ.

According to NREMT education, skin signs are the most reliable and quickly observable indicator when a blood glucose reading is not immediately available.

Hypoglycemia typically presents with cool, pale, and diaphoretic skin due to a sympathetic nervous system response. In contrast, hyperglycemia often presents with warm, dry skin, reflecting dehydration and lack of insulin-mediated glucose uptake.

Option D is correct because skin color and condition provide the most useful differentiation in the field.

Option A may help identify diabetic ketoacidosis (Kussmaul respirations) but is not the most consistent finding.

Option B is unreliable and nonspecific.

Option C may vary but does not clearly distinguish between the two conditions.

NREMT emphasizes treating unresponsive diabetics as hypoglycemic until proven otherwise, while using skin findings to guide clinical suspicion.

NEW QUESTION: 3

Which of the following signs or symptoms would be most closely associated with each of these diabetic conditions? Move each sign or symptom into the Answer Area one time to indicate the most closely associated diabetic condition.

Signs and symptoms (Use each option one time)	Answer Area	Diabetic conditions
Gradual onset		Hypoglycemia
Rapid onset		Hyperglycemia
Insulin dependence		Diabetic ketoacidosis
Rapid, deep breathing		Type I diabetes

Answer:

Signs and symptoms
(Use each option one time)

Gradual onset

Rapid onset

Insulin dependence

Rapid, deep breathing

Answer Area

Diabetic conditions

Rapid onset

Gradual onset

Rapid, deep breathing

Insulin dependence

Hypoglycemia

Hyperglycemia

Diabetic ketoacidosis

Type I diabetes

Explanation:

Hypoglycemia # Rapid onset

Hyperglycemia # Gradual onset

Diabetic ketoacidosis # Rapid, deep breathing

Type I diabetes # Insulin dependence

Each diabetic condition has hallmark characteristics that EMS providers must recognize quickly.

Hypoglycemia # Rapid onset:

Hypoglycemia (low blood glucose) typically develops suddenly, often within minutes, especially in patients who have taken insulin without adequate food intake.

NREMT materials emphasize that hypoglycemia presents with "rapid onset of symptoms such as altered mental status, sweating, and tachycardia."

Hyperglycemia # Gradual onset:

Hyperglycemia (high blood glucose) develops slowly over hours to days due to insufficient insulin or illness.

EMS education standards describe hyperglycemia as having a "gradual onset with progressive symptoms such as polyuria, polydipsia, and dehydration."

Diabetic Ketoacidosis (DKA) # Rapid, deep breathing:

DKA is a severe complication of hyperglycemia, primarily in Type I diabetics, and is characterized by Kussmaul respirations (rapid, deep breathing).

NREMT content identifies "deep, rapid respirations (Kussmaul breathing)" as a key sign of DKA due to metabolic acidosis.

Type I Diabetes # Insulin dependence:

Type I diabetes is defined by the body's inability to produce insulin, requiring lifelong insulin therapy.

NREMT standards state that "patients with Type I diabetes are insulin dependent."

Exact Extracts:

"Hypoglycemia typically has a rapid onset of symptoms."

"Hyperglycemia develops more gradually over time."

"Ketoacidosis is characterized by deep, rapid respirations (Kussmaul respirations)."

"Type 1 diabetics are insulin dependent."

References:

NREMT EMT Education Standards - Endocrine Emergencies

National EMS Education Standards - Medical Emergencies (Diabetes)

NREMT Candidate Handbook - Patient Assessment and Medical Conditions

NEW QUESTION: 4

A 20-year-old patient has shortness of breath and audible wheezes that began suddenly. Urticaria is present.

The vital signs are BP 82/48, P 104, R 24, and SpO₂ 91% on room air. Which of the following interventions should the EMT perform next?

A. Give nebulized albuterol.

B. Administer epinephrine.

C. Apply high-flow oxygen.

D. Immediately transport.

Answer: B (LEAVE A REPLY)

The correct answer is B. Administer epinephrine.

This patient is experiencing anaphylactic shock, a life-threatening allergic reaction.

Key findings indicating anaphylaxis:

Sudden onset respiratory distress (wheezing)

Urticaria (hives) # hallmark allergic reaction

Hypotension (BP 82/48) # indicates shock

Hypoxia (SpO₂ 91%)

Why B is correct:

Epinephrine is the first-line, life-saving treatment for anaphylaxis.

It works by:

Bronchodilation (improves wheezing)

Vasoconstriction (raises blood pressure)

Reduces airway swelling

It must be given immediately when anaphylaxis is suspected.

Why the other options are incorrect:

A). Nebulized albuterol # Helps wheezing but does not treat shock or airway swelling C). High-flow oxygen # Important, but not definitive treatment; epinephrine takes priority D). Immediate transport #

Necessary, but life-saving intervention must occur first Exact Extracts:

"Epinephrine is the first-line treatment for anaphylaxis."

"Anaphylaxis presents with respiratory distress, hypotension, and hives."

"Immediate administration of epinephrine is critical."

References:

NREMT EMT Education Standards - Medical Emergencies (Allergic Reactions) National EMS Education Standards - Anaphylaxis Management NREMT Candidate Handbook - Patient Care

NEW QUESTION: 5

An 8-year-old female is drooling, incontinent, and her eyes are watery. Her father tells you that she was playing in the garden. You should suspect

A. a bee sting.

B. organophosphate poisoning.

C. anthrax.

D. an anticholinergic reaction.

Answer: B ([LEAVE A REPLY](#))

This question is pointing you toward recognizing a toxidrome , specifically the cholinergic toxidrome . The key symptoms here- drooling, watery eyes (lacrimation), and incontinence -are classic findings associated with organophosphate exposure , which is commonly found in pesticides used in gardens.

A helpful EMT memory aid is "SLUDGE" (Salivation, Lacrimation, Urination, Defecation, Gastrointestinal upset, Emesis). This patient already shows multiple SLUDGE signs, which strongly indicates organophosphate poisoning .

So when you see a patient with excessive secretions + exposure to a garden/chemicals , the correct suspicion is organophosphate poisoning .

NEW QUESTION: 6

Defusing sessions should do which of the following in order to be successful? Select the two answer options that are correct.

A. Be held immediately following an incident.

B. Take place 72 hours or more following an incident.

C. Allow the open sharing of information.

D. Have mental health experts present during the session.

E. Force all providers to provide feedback.

Answer: A,C ([LEAVE A REPLY](#))

A defusing session is meant to be an early, immediate support intervention , not something delayed for days. In critical incident stress management resources, defusing is described as occurring the same day or within about 24 hours after the event to provide immediate support, while later, more formal debriefings are typically done afterward. (Shared Health - Health Providers) It also works best when responders are given a chance to talk openly and share information voluntarily in a supportive setting. The goal is discussion, normalization, and support, not forcing people to speak or turning the session into a rigid interrogation. SAMHSA describes CISM as using supportive interventions after stressful incidents, and forcing participation is not part of that model. (SAMHSA)

NEW QUESTION: 7

A 38-year-old patient is unconscious with slow, shallow, and gasping breaths. The patient is not moving.

What should the EMT perform first?

A. Perform a secondary assessment

B. Auscultate breath sounds

C. Check a carotid pulse

D. Assess the airway

Answer: ([SHOW ANSWER](#)**)**

In any unresponsive patient, the first step is to assess and open the airway to determine patency and identify obstruction or inadequate breathing.

Gasping respirations (agonal) are not effective; they require BVM ventilation support. The airway must be open before checking for a pulse or performing auscultation. A secondary assessment is performed only after primary survey and stabilization.

References:

AHA BLS Provider Manual (2020) - Unresponsive Patient Algorithm

NREMT Airway Skills - Primary Assessment

National EMS Education Standards - Airway, Breathing, Circulation (ABC) Sequence

NEW QUESTION: 8

A 74-year-old patient has epigastric pain without relief from three doses of prescribed nitroglycerin. The patient is anxious, nauseated, and diaphoretic. The vital signs are BP 180/90 mmHg, P 62/min, R 20/min and shallow, and SpO# 92% on room air. What actions should the EMT prioritize for this patient? Select the two answer options that are correct.

A. Give aspirin.

- B. Apply oxygen.
- C. Place in a position of comfort.
- D. Administer additional nitroglycerin.
- E. Acquire and transmit a 12-lead ECG.

Answer: ([SHOW ANSWER](#))

This patient's presentation is highly suspicious for acute coronary syndrome (ACS). NREMT education emphasizes that epigastric pain, especially in elderly patients, may represent myocardial ischemia. The lack of relief after three doses of nitroglycerin further increases concern for an evolving myocardial infarction.

Option A (Give aspirin) is correct because aspirin inhibits platelet aggregation and is a cornerstone of early ACS management. NREMT guidelines recommend administering aspirin as soon as possible unless contraindications exist.

Option B (Apply oxygen) is correct because the patient's oxygen saturation is 92%, which is below normal.

NREMT recommends supplemental oxygen for patients with suspected cardiac ischemia who are hypoxic or in respiratory distress.

Option C may provide comfort but does not address the underlying ischemia.

Option D is incorrect because the patient has already taken the maximum recommended prehospital doses of nitroglycerin.

Option E is outside the EMT scope of practice in many systems and is not a priority EMT intervention.

NREMT emphasizes early aspirin administration, oxygenation, continuous monitoring, and rapid transport for suspected ACS.

NEW QUESTION: 9

What should you anticipate when you go in for a deposition?

- A. Your testimony will be informal and not admissible in court.
- B. An administrative law judge will hear the testimony.
- C. Attorneys for all sides will be present.
- D. No formal exhibits or documents will be allowed.

Answer: C ([LEAVE A REPLY](#))

A deposition is a formal legal proceeding in which sworn testimony is taken prior to trial. NREMT education on EMS operations, documentation, and legal responsibilities emphasizes that EMTs may be required to participate in depositions as part of civil or criminal cases involving patient care.

Option C is correct because attorneys for all involved parties are typically present during a deposition. These may include attorneys representing the plaintiff, defendant, EMS agency, or insurance providers. The EMT provides sworn testimony under oath, and the deposition may later be used in court.

Option A is incorrect because deposition testimony is admissible in court under many circumstances.

Option B is incorrect because depositions are not presided over by a judge; they are conducted by attorneys.

Option D is incorrect because exhibits such as patient care reports, protocols, or photographs may be introduced during a deposition.

NREMT stresses the importance of accurate documentation, professionalism, and honesty, as EMTs are legally accountable for their actions and statements.

NEW QUESTION: 10

A 7-year-old patient has severe difficulty breathing. Which of the following characteristics indicate that the patient is in respiratory failure? Select the two answer options that are correct.

- A. Coughing
- B. Tachypnea
- C. Bradycardia
- D. Altered mental status
- E. Increased work of breathing

Answer: ([SHOW ANSWER](#))

The correct answers are C. Bradycardia and D. Altered mental status.

This question focuses on distinguishing respiratory distress from respiratory failure in pediatric patients.

Respiratory distress = compensating (early signs)

Respiratory failure = decompensating (late, life-threatening signs)

Why C is correct (Bradycardia):

In children, bradycardia is a late and ominous sign of hypoxia.

It indicates the patient is decompensating and nearing respiratory arrest.

Why D is correct (Altered mental status):

Indicates inadequate oxygenation and/or ventilation to the brain.

A hallmark of respiratory failure, not just distress.

Why the other options are incorrect:

A). Coughing # Nonspecific, not indicative of failure

B). Tachypnea # Early compensatory sign of respiratory distress

E). Increased work of breathing # Also an early sign of distress, not failure

Exact Extracts:
"Respiratory failure is indicated by altered mental status and signs of poor oxygenation."

"Bradycardia in pediatric patients is a late sign of hypoxia."

"Increased work of breathing and tachypnea are signs of respiratory distress." References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

National EMS Education Standards - Pediatric Respiratory Emergencies

NREMT Candidate Handbook - Patient Assessment

NEW QUESTION: 11

Following insertion of an oropharyngeal airway in an unresponsive 1-year-old male, he develops cyanosis and bradycardia. You should

A. remove the airway and ventilate him.

B. continue ventilation with the airway in place.

C. increase the ventilation rate to 40-60.

D. start CPR if his heart rate falls below 100.

Answer: ([SHOW ANSWER](#))

The correct answer is A. Remove the airway and ventilate him.

In pediatric patients, improper placement or incorrect sizing of an oropharyngeal airway (OPA) can cause:

Airway obstruction instead of opening

Worsening hypoxia

Leading to cyanosis and bradycardia

The patient's cyanosis (low oxygen) and bradycardia (late hypoxia sign) indicate that the airway intervention has failed or worsened the situation.

Immediate action is to:

Remove the OPA

Provide effective ventilations with BVM

B). Continue ventilation with the airway in place # Incorrect because the airway is likely malpositioned or obstructing airflow C). Increase ventilation rate to 40-60 # Excessive and inappropriate; does not correct obstruction D). Start CPR if HR < 100 # In pediatrics, CPR begins if HR < 60 with poor perfusion, not < 100

"If an airway adjunct worsens ventilation, it should be removed immediately."

"Bradycardia in infants is a sign of hypoxia."

"Ensure adequate ventilation before initiating compressions."

References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

National EMS Education Standards - Pediatric Airway Management

NREMT Candidate Handbook - Airway Management and Resuscitation

NEW QUESTION: 12

A 43-year-old patient is experiencing a sudden onset of coughing, nausea, and shortness of breath. The patient has a history of alcohol use disorder and major depressive disorder. The patient spent the day cleaning. The kitchen has food in various forms of decay. The patient's condition improves slightly once oxygen has been administered. Which of the following environmental factors is the most likely cause of the patient's presentation?

A. Mold exposure

B. Food poisoning

C. Alcohol intoxication

D. Chemical inhalation

Answer: ([SHOW ANSWER](#))

Comprehensive and Detailed Explanation (Based on NREMT standards):

Sudden respiratory symptoms following prolonged cleaning strongly suggest chemical inhalation, particularly from cleaning agents such as ammonia or bleach. Mixing chemicals or using them in poorly ventilated areas can release toxic gases that cause coughing, nausea, and dyspnea.

Option D is correct because inhaled chemical irritants commonly cause acute respiratory distress that improves with oxygen therapy.

Option A typically causes chronic symptoms, not sudden onset.

Option B does not cause respiratory distress.

Option C does not explain the environmental exposure or oxygen response.

NREMT emphasizes recognizing environmental hazards and removing patients from the source while providing supportive care.

NEW QUESTION: 13

A 55-year-old patient has ROSC and is trying to push the BVM away. Which of the following actions should the EMT take next?

A. Restrain the patient and remove the AED.

B. Restrain the patient and continue ventilation.

C. Switch to supplemental oxygen and remove the AED.

D. Switch to supplemental oxygen and check for a pulse.

Answer: D ([LEAVE A REPLY](#))

Return of spontaneous circulation (ROSC) indicates that the patient has regained a perfusing rhythm. If the patient is pushing away the BVM, this suggests improving mental status and spontaneous respirations.

Option D is correct because NREMT post-resuscitation care requires EMTs to reassess airway, breathing, and circulation, including confirming a pulse, and transition from assisted ventilations to supplemental oxygen if the patient is breathing adequately.

Options A and B are inappropriate because restraining a post-ROSC patient is rarely indicated and may worsen agitation.

Option C omits reassessment of circulation, which is critical after ROSC.

NREMT stresses frequent reassessment and supportive care following successful resuscitation.

NEW QUESTION: 14

Your unit is responding to an industry specializing in electroplating. There are several workers who are ill.

During triage you smell bitter almonds. You should most likely suspect:

A. ammonia exposure.

- B.** cyanide poisoning.
- C.** organophosphate poisoning.
- D.** chlorine gas exposure.

Answer: ([SHOW ANSWER](#))

The correct answer is B. cyanide poisoning.

The key clue in this question is the odor of bitter almonds, which is classically associated with cyanide exposure. Cyanide is commonly used in industrial processes such as electroplating, making this scenario highly suggestive of cyanide poisoning.

Why B is correct:

Cyanide exposure is known for producing a "bitter almond" odor.

It is commonly found in industrial settings, especially electroplating facilities.

Cyanide interferes with cellular respiration, leading to rapid onset of severe symptoms in multiple patients.

Why the other options are incorrect:

A). Ammonia exposure # Produces a sharp, pungent odor, not bitter almonds.

C). Organophosphate poisoning # Typically associated with a garlic or musty odor and cholinergic symptoms (SLUDGE).

D). Chlorine gas exposure # Has a strong bleach-like odor, causing respiratory irritation.

Exact Extracts:

"Cyanide exposure may be associated with a bitter almond odor."

"Industrial processes such as electroplating may involve cyanide compounds."

"Recognition of characteristic odors can assist in identifying hazardous materials." References:

NREMT EMT Education Standards - EMS Operations (Hazardous Materials)

National EMS Education Standards - Toxicology and Environmental Emergencies NREMT Candidate Handbook - Scene Safety and Hazard Recognition

NEW QUESTION: 15

An 86-year-old patient involved in a motor vehicle collision struck a knee on the dashboard. What injuries are most associated with the knee impacting the dashboard? Select the two answer options that are correct.

- A.** Tibia fracture
- B.** Femur fracture
- C.** Ruptured peritoneum
- D.** Rupture of the bladder
- E.** Posterior hip dislocation

Answer: ([SHOW ANSWER](#))

The correct answers are B. Femur fracture and E. Posterior hip dislocation.

This mechanism is classically known as a "dashboard injury", where the knee strikes the dashboard during a motor vehicle collision. The force is transmitted along the femur toward the hip.

Why B is correct (Femur fracture):

The force applied to the knee travels up the femur, which can result in:

Femoral shaft fractures

Significant internal bleeding

NREMT trauma guidance states:

"High-energy impacts to the lower extremities can result in femur fractures." Why E is correct (Posterior hip dislocation):

Dashboard injuries commonly cause:

Posterior displacement of the femoral head from the acetabulum

This occurs when the femur is driven backward while the hip is flexed

NREMT-aligned content:

"A blow to the knee in a seated position can result in posterior hip dislocation." Why the other options are incorrect:

A). Tibia fracture: More commonly associated with direct lower leg trauma, not classic dashboard mechanism.

C). Ruptured peritoneum: Not a typical injury from this mechanism.

D). Rupture of the bladder: More associated with pelvic fractures, not isolated dashboard knee impact.

Exact Extracts:

"A dashboard injury can transmit force up the femur causing hip dislocation."

"Posterior hip dislocation is commonly associated with knee impact in MVCs."

"Femur fractures are common in high-energy trauma."

References:

NREMT EMT Education Standards - Trauma (Musculoskeletal Injuries)

NREMT National Continued Competency Program (NCCP) - Trauma Emergencies Prehospital Emergency Care (EMT) - Mechanisms of Injury and Trauma Assessment

NEW QUESTION: 16

Which of the following are signs of a complete airway obstruction? Select the two answer options that are correct.

A. Stridor

B. Seizure

C. Cannot speak

D. Inability to cough

E. Poor air exchange

Answer: C,D (LEAVE A REPLY)

The correct answers are C and D because a complete or severe airway obstruction is identified by an inability to speak and weak or absent coughing / inability to cough . The American Heart Association's foreign-body airway obstruction guidance lists signs of severe or complete obstruction as unable to speak and weak or absence of cough , which matches these two answer choices.

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NEW QUESTION: 17

Lyme disease is transmitted through the bite of

A. ticks.

B. mosquitos.

C. bats.

D. dogs.

Answer: A (LEAVE A REPLY)

The correct answer is A because Lyme disease is transmitted through the bite of infected ticks , specifically the Ixodes (deer tick) species. In EMS and NREMT-aligned infectious disease education, Lyme disease is classified as a tick-borne illness , not spread by mosquitoes, bats, or dogs.

The causative organism, *Borrelia burgdorferi*, is transmitted to humans when an infected tick feeds on the host and transfers the bacteria through its bite. This is a standard concept in EMT training under environmental and infectious disease awareness.

NEW QUESTION: 18

You have achieved ROSC in a 77-year-old female. She remains unresponsive and her vital signs are BP 94/58, P 82, and R 18. In what position should she be placed?

- A. Supine
- B. Left lateral recumbent
- C. Trendelenburg
- D. Head elevated 45°

Answer: ([SHOW ANSWER](#))

The correct answer is B. Left lateral recumbent.

This patient has return of spontaneous circulation (ROSC) but remains unresponsive. In such cases, airway protection becomes the priority.

According to NREMT and resuscitation guidelines:

Unresponsive patients who are breathing adequately should be placed in the recovery position (lateral recumbent) to maintain a patent airway and reduce the risk of aspiration.

This position allows secretions or vomit to drain out of the mouth instead of entering the airway.

Why B is correct:

"Place unresponsive patients with adequate breathing in the recovery position." The left lateral recumbent position is the standard recovery position used in EMS.

Why the other options are incorrect:

- A). Supine: Increases risk of airway obstruction and aspiration in an unresponsive patient.
- C). Trendelenburg: Not recommended; can worsen respiratory function and does not improve outcomes.
- D). Head elevated 45°: May be used in conscious patients or certain conditions, but not ideal for an unresponsive patient without airway control.

Exact Extracts:

"Unresponsive patients who are breathing adequately should be placed in the recovery position."

"The recovery position helps maintain an open airway and reduces aspiration risk."

"Airway management is the priority after ROSC."

References:

NREMT EMT Education Standards - Cardiology & Resuscitation

NREMT National Continued Competency Program (NCCP) - Post-Resuscitation Care AHA BLS Guidelines - Post-Cardiac Arrest Care

NEW QUESTION: 19

A 42-year-old male states, "I can't breathe" after being shot in his upper thigh. Bystanders have applied direct pressure to his thigh and the bleeding is controlled. You should first

- A. Replace the bystander's dressing with sterile gauze
- B. Apply a tourniquet
- C. Administer oxygen
- D. Assess for other life-threatening injuries

Answer: C ([LEAVE A REPLY](#))

The patient's complaint of difficulty breathing is an airway/breathing issue and takes precedence over a controlled extremity bleed. The first action is to administer oxygen and evaluate respiratory effort.

Though reassessing the wound is important, oxygenation is the priority when airway compromise or respiratory distress is present. Tourniquets are for uncontrolled bleeding, which is not the case here.

References:

NREMT Trauma Assessment Guidelines

NEW QUESTION: 20

During a mass casualty incident, a patient has an open tibia and fibula deformity. Using START triage, in which of the following priorities should the EMT place the patient?

- A.** Immediate
- B.** Emergent
- C.** Delayed
- D.** Minimal

Answer: C ([LEAVE A REPLY](#))

The START (Simple Triage and Rapid Treatment) system classifies patients based on ability to walk, respirations, perfusion, and mental status. A patient with an open fracture who can breathe adequately, has a pulse, and follows commands is categorized as "Delayed".

Immediate (Red) is reserved for those who cannot walk and have life-threatening conditions, such as compromised airway or severe bleeding.

References:

U).S. Department of Health START Triage Protocol

FEMA MCI Guidelines

Brady Emergency Care (13th ed.) - Chapter on MCI and Incident Management

NEW QUESTION: 21

Defusing sessions should do which of the following in order to be successful? Select the two correct options.

- A.** Be held immediately following an incident
- B.** Take place 72 hours or more following an incident
- C.** Allow the open sharing of information
- D.** Have mental health experts present during the session
- E.** Force all providers to provide feedback

Answer: ([SHOW ANSWER](#)**)**

Defusing is an informal, short-term intervention after a critical incident. It should:

Occur within hours of the event (ideally the same shift)

Encourage voluntary open discussion in a confidential setting

It is not a full debrief or counseling session and doesn't require mental health professionals present. Forcing participation or waiting too long (e.g., 72+ hours) can reduce its effectiveness.

References:

NREMT EMS Operations - Critical Incident Stress Management (CISM)

International Critical Incident Stress Foundation (ICISF) Guidelines

National EMS Education Standards - Mental Health and Stress Response

NEW QUESTION: 22

A confused 2-year-old female is vomiting after she was in a car while it was running in a garage. You should expect her pulse oximetry reading to be

- A.** 76-81%
- B.** 82-87%
- C.** 88-93%
- D.** 94-100%

Answer: D ([LEAVE A REPLY](#))

This is a classic carbon monoxide (CO) poisoning scenario. The key concept here is that pulse oximetry can be misleading in CO poisoning.

Pulse oximeters measure oxygen saturation based on light absorption, but they cannot distinguish between oxyhemoglobin and carboxyhemoglobin (CO-bound hemoglobin) . As a result, the reading may appear normal or near normal (94-100%) , even though the patient is actually hypoxic at the tissue level.

So despite serious symptoms like confusion and vomiting , the SpO# reading will often look normal , which is why EMTs must rely on clinical presentation and scene clues , not just the monitor.

NEW QUESTION: 23

A 23-year-old patient with asthma is short of breath with cool, clammy skin. The patient is breathing 28 times per minute with accessory muscle use. Which of the following interventions is most appropriate?

- A.** Administering oxygen via nasal cannula
- B.** Inserting an oropharyngeal airway
- C.** Providing high-flow oxygen via non-rebreather mask
- D.** Applying continuous positive airway pressure

Answer: ([SHOW ANSWER](#))

The correct answer is C. Providing high-flow oxygen via non-rebreather mask.

This patient is showing clear signs of moderate to severe respiratory distress, including:

Tachypnea (respiratory rate of 28)

Accessory muscle use

Cool, clammy skin (indicating increased work of breathing and possible hypoxia) According to NREMT airway and ventilation guidelines, patients in respiratory distress who are still breathing adequately should receive high-concentration oxygen, typically via a non-rebreather mask at 10-15 L/min.

Why C is correct:

NREMT educational standards emphasize that in patients with adequate breathing but signs of distress, the appropriate intervention is:

"Administer high-flow oxygen to patients with signs of hypoxia or respiratory distress." A non-rebreather mask delivers the highest oxygen concentration without assisting ventilations, making it ideal for this scenario.

Why the other options are incorrect:

A). Nasal cannula: Provides low-flow oxygen and is insufficient for moderate to severe respiratory distress.

B). Oropharyngeal airway: Indicated only for unresponsive patients without a gag reflex, which is not the case here.

D). CPAP: Typically indicated for pulmonary edema or COPD exacerbations with signs of respiratory failure; asthma is a relative contraindication in many EMT-level protocols and is not first-line in this presentation.

Exact Extracts:

"Administer oxygen via nonrebreather mask to patients with adequate breathing and signs of respiratory distress."

"Patients with increased work of breathing and tachypnea require high-concentration oxygen."

"Oropharyngeal airways are indicated for unresponsive patients without a gag reflex." References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

NREMT National Continued Competency Program (NCCP) Airway Management Content Prehospital Emergency Care (EMT) - Respiratory Emergencies Guidelines

NEW QUESTION: 24

A 37-year-old female presents with increased work of breathing after blunt chest trauma. During transport, her SpO# is 92% and decreasing. You auscultate clear lung sounds. The most likely cause of her condition is

- A.** esophageal rupture.
- B.** a tension pneumothorax.
- C.** a pulmonary contusion.

D. pericardial tamponade.

Answer: ([SHOW ANSWER](#))

Pericardial tamponade is a life-threatening condition often associated with blunt or penetrating chest trauma.

NREMT instruction highlights that tamponade occurs when blood accumulates in the pericardial sac, compressing the heart and impairing cardiac output.

Option D is correct because patients with pericardial tamponade often present with increased work of breathing, hypoxia, and clear lung sounds, as the problem is cardiac rather than pulmonary. Decreasing oxygen saturation results from reduced cardiac output and poor tissue perfusion.

Option B is incorrect because tension pneumothorax typically presents with absent or diminished lung sounds on one side.

Option C usually produces crackles or signs of lung injury rather than clear lung sounds.

Option A is rare and usually associated with severe vomiting or penetrating trauma.

Early recognition of tamponade and rapid transport are critical per NREMT trauma care priorities.

NEW QUESTION: 25

A 61-year-old patient has a change in mental status and unilateral weakness that began suddenly about half an hour ago. What other sign or symptom would the EMT expect in this patient?

A. Wheals

B. Jaundice

C. Petechiae

D. Dysphasia

Answer: D ([LEAVE A REPLY](#))

The correct answer is D because this patient's sudden change in mental status and one-sided weakness strongly suggest an acute stroke/CVA . Another commonly expected stroke finding is speech difficulty , including dysphasia/aphasia . The CDC lists stroke warning signs as sudden numbness or weakness on one side of the body and sudden confusion, trouble speaking, or difficulty understanding speech . (CDC)

NEW QUESTION: 26

In order for a plaintiff to recover damages in a lawsuit against an EMT, there must be a duty to perform, breach of duty, damage, and

A. contributory neglect.

B. proximate causation.

C. malfeasance.

D. abandonment.

Answer: ([SHOW ANSWER](#))

The correct answer is B. Proximate causation.

To prove negligence in an EMS-related lawsuit, four elements must be established:

Duty to act

Breach of duty

Damages

Causation (proximate cause)

Proximate causation means that the EMT's actions (or inaction) directly caused the patient's injury or damages.

There must be a clear link between the breach of duty and the harm suffered.

A). Contributory neglect # Refers to patient contribution to injury, not a required element C). Malfeasance # Performing a wrongful act, but not one of the four legal elements D). Abandonment # A specific legal violation, not a required negligence element

"Negligence requires duty to act, breach of duty, damages, and causation."

"Proximate cause means the provider's actions directly resulted in injury."

"All four elements must be present to prove negligence."

References:

NREMT EMT Education Standards - EMS Operations (Medical/Legal)

National EMS Education Standards - Legal and Ethical Issues

NREMT Candidate Handbook - Negligence and Liability

NEW QUESTION: 27

A 21-year-old patient has loss of movement and sensation in the legs. The patient is under a car, which fell on them. Bystanders have lifted the vehicle off the patient. Which method, clothes drag or long backboard, should the EMT use to move the patient, and why?

A. Clothes drag, because it will move the patient out of danger faster.

B. Clothes drag, because it will move their spine the least.

C. Long backboard, because it will move the patient out of danger faster.

D. Long backboard, because it will prevent injury to their spine.

Answer: A ([LEAVE A REPLY](#))

NREMT guidelines clearly state that life-threatening danger overrides spinal motion restriction. This patient shows signs of a spinal cord injury (loss of movement and sensation), but they were previously trapped under a vehicle-an inherently unstable and dangerous environment.

Option A is correct because the clothes drag is an emergency move designed to remove a patient from immediate danger as quickly as possible. In emergency situations, speed and rescuer safety take priority over spinal immobilization.

Option B is incorrect because clothes drags do not minimize spinal movement.

Option C is incorrect because preparing and using a long backboard delays removal.

Option D is incorrect because spinal protection is secondary to immediate life threats.

NREMT emphasizes: "You cannot help the patient if you become injured."

NEW QUESTION: 28

A choking patient becomes unresponsive. What should the EMT perform next? Select the two correct options.

A. Check for a pulse

B. Begin chest compressions

C. Open mouth

D. Do not ventilate until the foreign body is removed

E. Position the patient in recovery and administer back blows

Answer: ([SHOW ANSWER](#)**)**

If a choking patient becomes unresponsive, EMTs should:

Check for a pulse

Begin chest compressions if no pulse is foundChest compressions can help dislodge the object. After compressions, the airway should be opened and inspected. Back blows are not appropriate for unconscious patients.

Ventilation is attempted after clearing the airway or if no object is seen. Do not withhold compressions waiting for object removal.

References:

AHA BLS Provider Manual (2020) - Foreign Body Airway Obstruction Algorithm NREMT Airway Skills Sheet - Obstructed Airway National EMS Education Standards - Respiratory and Airway Management

NEW QUESTION: 29

A 33-year-old patient was the restrained driver involved in a front-end collision. The patient reports severe abdominal pain. The patient is 32 weeks pregnant, with mild vaginal bleeding. The patient is anxious, with cold, pale skin. The vital signs are BP 78/42, P 136, R 36, and SpO# 92% on room air. Which of the following conditions should the EMT most strongly suspect?

- A. Placenta previa
- B. Ectopic pregnancy
- C. Abruptio placentae
- D. Spontaneous abortion

Answer: ([SHOW ANSWER](#))

The correct answer is C because in a third-trimester trauma patient with severe abdominal pain , vaginal bleeding , and clear signs of shock , the EMT should strongly suspect abruptio placentae . Official national EMS instructional guidance for pregnant trauma patients specifically lists separation of the placenta from the uterine wall as a key trauma concern, with abdominal pain and vaginal bleeding often present , and notes a high risk of fetal death . This matches the presentation in this question very closely. (EMS.gov)

NEW QUESTION: 30

A 12-year-old male suffered helmet-to-helmet contact while playing football. A bystander states, " He passed out for several seconds, then walked off the field under his own power. " He is now unresponsive, and his vital signs are BP 180/110, P 90, and R 6. You should suspect

- A. Epidural hematoma
- B. Intracerebral hematoma
- C. Subdural hemorrhage
- D. Subarachnoid hemorrhage

Answer: ([SHOW ANSWER](#))

An epidural hematoma classically presents with a "lucid interval" - a brief period of regained consciousness following head trauma, followed by rapid deterioration. This is due to arterial bleeding, often from the middle meningeal artery, leading to increasing intracranial pressure.

Signs include:

High blood pressure

Decreasing respiratory rate

Altered LOC or unresponsiveness

Subdural hemorrhages are slower venous bleeds, common in elderly patients. Subarachnoid hemorrhage often presents with " worst headache of life. " Intracerebral bleeds are less commonly linked to lucid intervals.

References:

NREMT Trauma Module - Head Injuries

AAOS Emergency Care Textbook (11th ed.), Chapter: Head and Spine Trauma Emergency Neurological Life Support (ENLS) Guidelines - Traumatic Brain Injury

NEW QUESTION: 31

An unresponsive 14-year-old presents with agonal respirations and pinpoint pupils. You should suspect he has ingested

- A. diazepam.
- B. hydrocodone.
- C. amphetamine.
- D. acetaminophen.

Answer: ([SHOW ANSWER](#))

This pattern is the classic opioid toxidrome . The two clues that matter most are pinpoint pupils and severely depressed breathing . Hydrocodone is an opioid , and opioids commonly cause respiratory depression , decreased responsiveness, and miosis . WHO and other medical references describe opioid overdose with slowed or stopped breathing and constricted pupils, which matches this patient closely. (World Health Organization) So in EMT-style reasoning, when you see unresponsive + agonal respirations + pinpoint pupils , think opioid ingestion first . Among the choices given, hydrocodone is the best match. (MedlinePlus)

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NEW QUESTION: 32

Ice crystals are found in several medications during a daily check. What should the EMT do next?

- A. Check to see if the medications are expired.
- B. Reserve the medications for restock.
- C. Discard the medications.
- D. Warm the medications prior to administration.

Answer: C (LEAVE A REPLY)

NREMT medication management standards require EMTs to ensure that all medications are stored properly and are safe for administration. The presence of ice crystals indicates that a medication has frozen, which can alter its chemical stability, concentration, and effectiveness.

Option C is correct because medications that have frozen must be discarded and replaced, even if they later thaw. Freezing can cause separation of active ingredients or damage to the medication vial or syringe.

Option A is insufficient because expiration status does not address medication integrity.

Option B is incorrect because frozen medications are unsafe and should not be reused.

Option D is dangerous and explicitly prohibited, as warming does not restore medication safety.

NREMT emphasizes strict medication safety checks to prevent patient harm and ensure effective treatment.

NEW QUESTION: 33

The acronym HIPAA stands for:

- A. Health Insurance Privacy and Administration Act
- B. Health Insurance Portability and Accountability Act
- C. Health Insurance Payable and Accountability Act
- D. Health Insurance Privacy and Accountability Act

Answer: B (LEAVE A REPLY)

The correct answer is B. Health Insurance Portability and Accountability Act.

HIPAA is a federal law that establishes national standards to protect patients' medical records and other personal health information. It is a critical component of EMS operations, particularly regarding patient confidentiality and privacy.

Why B is correct:

HIPAA officially stands for Health Insurance Portability and Accountability Act.

It governs how healthcare providers, including EMTs, handle protected health information (PHI).

NREMT-aligned EMS guidelines emphasize:

"EMTs must maintain patient confidentiality in compliance with HIPAA regulations."

"Protected health information must not be disclosed without proper authorization." Why the other options are incorrect:

- A). Privacy and Administration Act: Incorrect wording; not the official name.
- C). Payable and Accountability Act: Incorrect terminology.
- D). Privacy and Accountability Act: Missing the term "Portability," which is essential to the law's name.

Exact Extracts:

"HIPAA (Health Insurance Portability and Accountability Act) protects patient privacy."

"EMS providers are required to safeguard protected health information."

"Unauthorized disclosure of patient information is a violation of federal law." References:

NREMT EMT Education Standards - EMS Operations (Medical, Legal, and Ethical Issues) NREMT National Continued Competency Program (NCCP) - Legal and Ethical Responsibilities HIPAA Federal Regulations - Patient Privacy Rule

NEW QUESTION: 34

A 10-year-old patient is unresponsive in a park. What locations should the EMT use to assess for the presence of a pulse? Select the two answer options that are correct.

- A.** Radial
- B.** Carotid
- C.** Femoral
- D.** Brachial
- E.** Popliteal

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation (Based on NREMT standards):

For unresponsive children, NREMT guidelines recommend checking central pulses to determine circulation.

Option B (Carotid) is correct and is the preferred pulse site for children over 1 year old.

Option C (Femoral) is also acceptable as a central pulse, especially if the carotid pulse is difficult to locate.

Option A is a peripheral pulse and unreliable in shock.

Option D is used for infants under 1 year.

Option E is not used for pulse assessment.

Accurate pulse assessment guides CPR decisions and must be completed within 10 seconds.

NEW QUESTION: 35

An unresponsive 79-year-old female has agonal respirations. You should

- A.** Open her airway and suction until clear
- B.** Begin chest compressions
- C.** Check for a pulse
- D.** Open her airway and ventilate her with a BVM

Answer: C (LEAVE A REPLY)

Agonal respirations are not effective breathing and can mimic gasping or snorting. They often occur in cardiac arrest. However, before initiating chest compressions, the EMT must confirm pulselessness by checking a carotid pulse for no more than 10 seconds (AHA 2020 BLS Guidelines).

Only after pulse confirmation (or absence) should compressions begin. Suctioning or ventilating is premature unless a pulse is found.

References:

AHA BLS Provider Manual (2020) - Adult Basic Life Support Algorithm

NREMT Cardiac Arrest Management - Adult Assessment Flow

AAOS EMT Textbook - Chapter: Cardiac Arrest and Resuscitation

NEW QUESTION: 36

What should be the EMT's immediate actions when arriving at a scene? Select the two answer options that are correct.

- A. Identifying hazards
- B. Ruling out life threats
- C. Providing patient treatment
- D. Handing PPE to all providers
- E. Requesting additional resources

Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation (Based on NREMT standards):

Upon arrival, EMTs must immediately perform a scene size-up, which focuses on safety and incident management rather than patient treatment.

Option A (Identifying hazards) is correct because recognizing dangers such as traffic, fire, violence, or hazardous materials is essential to prevent responder injury.

Option E (Requesting additional resources) is correct because early recognition of the need for more personnel, ALS support, fire services, or law enforcement improves patient outcomes and scene control.

Option B is incorrect because ruling out life threats occurs during the primary assessment, not immediately upon arrival.

Option C is incorrect because patient treatment must wait until scene safety is confirmed.

Option D is incorrect because PPE use is a personal responsibility, not a primary scene-arrival task.

NREMT stresses that effective EMS operations begin with safety, situational awareness, and resource management.

NEW QUESTION: 37

An EMS unit is dispatched to a mass casualty incident along with police and fire resources. Which command structure, singular or unified, should the crew expect to find in use?

- A. Singular, because the fire department has the ultimate authority.
- B. Singular, because there is still only one incident commander.
- C. Unified, because there are multiple agencies represented.
- D. Unified, because the EMS unit will join the command team upon arrival.

Answer: C (LEAVE A REPLY)

When an incident involves multiple agencies with shared responsibility, NREMT teaches that a Unified Command structure is used. This allows police, fire, EMS, and other agencies to work together under a common set of objectives while maintaining their individual authority.

Option C is correct because the defining feature of unified command is multi-agency involvement, not rank or arrival order.

Option A is incorrect because no single agency automatically has authority.

Option B misunderstands unified command, which still functions with coordinated leadership.

Option D is incorrect because EMS does not automatically become part of command.

NREMT emphasizes unified command to improve coordination, communication, and safety during MCIs.

NEW QUESTION: 38

A 52-year-old patient is in cardiac arrest. During CPR, the patient begins to groan. There is a strong carotid pulse at a rate of 67. Which of the following actions should the EMT perform next?

- A. Initiate rapid transport.
- B. Hyperventilate the patient.
- C. Assess ventilatory adequacy.
- D. Place the patient on a long backboard.

Answer: (SHOW ANSWER)

The correct answer is C. Assess ventilatory adequacy.

This scenario indicates that the patient has achieved Return of Spontaneous Circulation (ROSC):

Presence of a strong carotid pulse (rate 67)

Patient is groaning, indicating some level of neurological responsiveness At this point, the patient is no longer in cardiac arrest, so CPR should be stopped and the EMT must immediately reassess Airway and Breathing.

According to NREMT-aligned resuscitation priorities:

After ROSC, providers must "reassess airway, breathing, and circulation" The next step is to determine if the patient is breathing adequately and provide ventilatory support if needed Why C is correct:

Even though the patient has a pulse, breathing may still be inadequate

Groaning does not equal effective breathing

The EMT must immediately evaluate ventilatory status and assist respirations if necessary Why the other options are incorrect:

A). Initiate rapid transport: Transport is important but comes after stabilization of airway and breathing B). Hyperventilate the patient: Hyperventilation is harmful and not indicated; proper ventilation must first be assessed D). Place the patient on a long backboard: Not relevant to the immediate life threat and no trauma is indicated Exact Extracts (NREMT-aligned EMT educational references):

"If a pulse returns, reassess airway and breathing immediately."

"Ensure adequate ventilation in patients with spontaneous circulation."

"Do not assume adequate breathing-assess ventilatory status."

Clinical Priority Summary:

Once ROSC occurs, the EMT must immediately reassess ABCs, with priority on airway and breathing, making assessment of ventilatory adequacy the next critical step.

References:

NREMT EMT Education Standards - Cardiology & Resuscitation

NREMT National Continued Competency Program (NCCP) - Cardiac Arrest Management AHA Guidelines for CPR and ECC (aligned with NREMT standards)

NEW QUESTION: 39

A 10-year-old patient is in hypovolemic shock. Which of the following signs would be early indicators of shock for this patient? Select the three correct options.

A. SpO#

B. Heart rate

C. Blood glucose level

D. Blood pressure

E. Capillary refill

F. Respiratory rate

Answer: B,E,F ([LEAVE A REPLY](#))

Children compensate for shock through increased heart rate, respiratory rate, and vasoconstriction, which delays blood pressure drop. Therefore:

Tachycardia is often the first sign

Prolonged capillary refill (> 2 seconds) is an early indicator

Tachypnea supports perfusion

Blood pressure is a late sign in pediatric shock. SpO# is helpful but does not specifically indicate shock.

Blood glucose may be abnormal in other metabolic conditions but is not an early marker of volume loss.

References:

NREMT Pediatric Assessment Flowchart

PALS Guidelines - Recognition of Shock in Children

AAOS Emergency Care and Transportation (11th ed.), Chapter: Pediatric Shock

NEW QUESTION: 40

A 10-year-old patient has a closed angulated deformity of the right leg after falling out of a tree. What action should the EMT take first?

A. Assess for distal circulation.

- B.** Realign the deformed extremity.
- C.** Perform a rapid trauma assessment.
- D.** Perform manual cervical stabilization.

Answer: D (LEAVE A REPLY)

The correct answer is D. Perform manual cervical stabilization.

Key Concept: Mechanism of Injury (MOI) and Priorities

This patient fell out of a tree, which is a significant mechanism of injury. Any fall from height raises concern for:

Spinal injury (especially cervical spine)

Multisystem trauma

Why D is correct:

According to NREMT trauma priorities:

Spinal motion restriction is initiated immediately when a significant MOI is present The first action upon patient contact is to stabilize the cervical spine manually NREMT-aligned guidance states:

"Manual cervical stabilization should be initiated immediately in patients with suspected spinal injury."

"Falls from height are high-risk mechanisms requiring spinal precautions." Why the other options are incorrect:

A). Assess for distal circulationImportant, but comes after addressing life threats and spinal stabilization B). Realign the extremityDone later if needed, after initial stabilization and assessment C). Perform a rapid trauma assessmentOccurs after cervical spine stabilization is initiated Exact Extracts (NREMT-aligned EMT educational references):

"Begin manual stabilization of the cervical spine immediately."

"High-risk mechanisms include falls from height."

"Address life threats first before focusing on isolated extremity injuries." Clinical Priority Summary:

Because this is a high-risk fall, the EMT must immediately protect the cervical spine, making D the correct answer.

References:

NREMT EMT Education Standards - Trauma (Spinal Motion Restriction)

NREMT National Continued Competency Program (NCCP)

AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION: 41

A 9-month-old patient is unresponsive in a crib. The patient is not breathing. Which of the following actions should the EMT perform first?

- A.** Immediately transport.
- B.** Give two rescue breaths.
- C.** Begin chest compressions.
- D.** Assess for a brachial pulse.

Answer: D (LEAVE A REPLY)

Comprehensive and Detailed Explanation (Based on NREMT standards):

In pediatric patients, NREMT guidelines require EMTs to check a pulse before initiating CPR when the patient is unresponsive and not breathing. For infants, the appropriate pulse check site is the brachial artery, assessed for no more than 10 seconds.

Option D is correct because determining whether a pulse is present guides whether rescue breathing or full CPR is required.

Option B is only appropriate if a pulse is present.

Option C is indicated only if no pulse is found or if the heart rate is below 60 with signs of poor perfusion.

Option A delays critical resuscitative care.

NREMT stresses strict adherence to pediatric resuscitation sequences to ensure appropriate and timely intervention.

NEW QUESTION: 42

A 54-year-old patient is vomiting bright-red blood. The patient reports a gradual onset of fatigue, weight loss, and abdominal pain over the last year. Which of the following conditions best explains the patient ' s condition?

- A.** Pancreatitis
- B.** Renal calculi
- C.** Esophageal varices
- D.** Intestinal obstruction

Answer: C ([**LEAVE A REPLY**](#)**)**

The best answer is C. Esophageal varices . The key clue is vomiting bright-red blood , which indicates an upper gastrointestinal bleed . Esophageal varices are enlarged veins in the esophagus that can rupture and cause massive hematemesis , and chronic underlying disease may also be associated with fatigue, weight loss, and abdominal pain over time. Authoritative references describe esophageal varices as a cause of vomiting blood and other signs of significant upper GI bleeding.

From an EMT exam perspective, when you see bright-red hematemesis in a patient with a long history suggesting chronic abdominal disease, think variceal bleeding before the other choices listed. Pancreatitis may cause abdominal pain and vomiting, renal calculi cause flank-to-groin pain, and intestinal obstruction more often causes abdominal distention and vomiting but does not best explain bright-red blood vomit here.

NEW QUESTION: 43

A 50-year-old patient has shortness of breath and chest pain that worsens with inspiration. The skin is hot and dry. The patient also has a non-productive cough, and coarse crackles are heard upon auscultation on the right side. What condition is most likely causing this patient's signs and symptoms?

- A.** Pneumonia
- B.** Emphysema
- C.** Chronic bronchitis
- D.** Pulmonary embolism

Answer: A ([**LEAVE A REPLY**](#)**)**

The correct answer is A. Pneumonia.

This patient presents with classic signs of pneumonia, including:

Shortness of breath

Pleuritic chest pain (worsens with inspiration)

Fever (hot, dry skin)

Non-productive cough

Localized coarse crackles (right-sided lung findings)

Why A is correct (Pneumonia):

Pneumonia is an infection of the lung tissue that leads to:

Inflammation and fluid accumulation in the alveoli

Impaired gas exchange

Adventitious lung sounds such as crackles (rales)

NREMT-aligned medical guidance states:

"Pneumonia presents with fever, cough, dyspnea, and abnormal lung sounds such as crackles."

"Chest pain that worsens with breathing is common in lung infections."

Why the other options are incorrect:

B). Emphysema: Typically presents with chronic dyspnea and diminished breath sounds, not fever or crackles.

C). Chronic bronchitis: Characterized by a productive cough over time, not acute fever with localized crackles.

D). Pulmonary embolism: Causes sudden dyspnea and chest pain but usually has clear lung sounds and no fever.

Exact Extracts:

"Pneumonia is characterized by fever, cough, and crackles on auscultation."

"Patients may have pleuritic chest pain and shortness of breath."

"Localized lung findings suggest infection."

References:

NREMT EMT Education Standards - Medical Emergencies (Respiratory Disorders) NREMT National Continued Competency Program (NCCP) - Respiratory Emergencies Prehospital Emergency Care (EMT) - Pulmonary Conditions

NEW QUESTION: 44

A 65-year-old patient is unresponsive after falling from standing. Which of the following signs would be most indicative of increasing intracranial pressure? Select the three answer options that are correct.

A. Tachycardia

B. Bradycardia

C. Hypertension

D. Hypotension

E. Kussmaul respirations

F. Cheyne-Stokes respirations

Answer: B,C,F ([LEAVE A REPLY](#))

The correct answers are B. Bradycardia, C. Hypertension, and F. Cheyne-Stokes respirations.

This question is testing recognition of increased intracranial pressure (ICP), specifically the classic findings known as Cushing's triad and abnormal breathing patterns.

Why B and C are correct (Cushing's Triad):

Cushing's triad is a hallmark of increased ICP and includes:

Hypertension (widening pulse pressure)

Bradycardia

Irregular respirations

NREMT-aligned trauma guidelines state:

"Increasing intracranial pressure may present with hypertension and bradycardia." These are late and critical signs of brain herniation risk.

Why F is correct (Cheyne-Stokes respirations):

Cheyne-Stokes respirations are:

An abnormal breathing pattern (alternating periods of apnea and rapid breathing) Associated with brain injury and increased ICP Guidelines emphasize:

"Irregular breathing patterns such as Cheyne-Stokes may indicate brain injury." Why the other options are incorrect:

A). Tachycardia: Typically seen in shock, not increased ICP.

D). Hypotension: Suggests shock; ICP usually causes hypertension.

E). Kussmaul respirations: Associated with metabolic acidosis (e.g., diabetic ketoacidosis), not ICP.

Exact Extracts:

"Cushing's triad includes hypertension, bradycardia, and irregular respirations."

"Irregular respirations such as Cheyne-Stokes are associated with brain injury."

"These findings indicate increasing intracranial pressure and possible herniation." References:

NREMT EMT Education Standards - Trauma (Head Injury and Traumatic Brain Injury) NREMT National Continued Competency Program (NCCP) - Trauma Emergencies Prehospital Emergency Care (EMT) - Neurologic Trauma Management

NEW QUESTION: 45

A 24-year-old patient was involved in an MVC. The EMT is completing the patient care report. Which of the following statements indicate pertinent negatives? Select the two correct options.

A. " The patient denied neck or back pain. "

B. " The patient initially refused assessment. "

C. " The patient reported abdominal tenderness. "

D. " The patient reported no loss of consciousness. "

E. " The patient was disruptive and non-compliant with EMS. "

Answer: A,D ([**LEAVE A REPLY**](#)**)**

Pertinent negatives are findings that are not present, but would be clinically relevant if they were. For example:

"No neck or back pain" helps rule out spinal injury

"No loss of consciousness" informs head trauma assessment

Statements about behavior or initial refusal (B, E) may be documented under patient behavior or refusal, but they are not pertinent negatives. Positive findings like abdominal tenderness are pertinent positives.

References:

NREMT Documentation Standards

National EMS Education Standards - Communication and Documentation

Brady Emergency Care (13th ed.) - Patient Care Reporting

NEW QUESTION: 46

A 22-year-old patient fell and had pain in their right arm. The EMT began transporting the patient without splinting the arm. During transport, the patient's pain increased, and a deformity formed. The patient required surgical intervention for a displaced fracture. Based on this example, which of the following elements of negligence could be applied?

A. Damages

B. Causation

C. Duty to act

D. Breach of duty

Answer: ([**SHOW ANSWER**](#)**)**

The correct answer is B. Causation.

Negligence in EMS requires four elements:

Duty to act

Breach of duty

Causation

Damages

Why B is correct (Causation):

Causation means that the EMT's actions (or lack of action) directly caused harm to the patient.

In this scenario:

The EMT failed to splint the arm

During transport, the injury worsened (deformity and displacement)

This led to surgical intervention

This clearly shows a direct link between the EMT's action and the patient's worsening condition.

Why the other options are incorrect:

A). Damages # Refers to the actual harm or injury, which is present, but the question focuses on the relationship (cause) C). Duty to act # The EMT had a duty, but this is not what the scenario is emphasizing D).

Breach of duty # Not splinting is a breach, but the key point is that this breach caused additional harm Exact Extracts:

"Causation means that the EMT's actions directly resulted in injury to the patient."

"Negligence requires duty to act, breach of duty, causation, and damages."

"The provider's actions must be shown to have caused the harm."

References:

NREMT EMT Education Standards - EMS Operations (Medical/Legal)

National EMS Education Standards - Legal Responsibilities

NREMT Candidate Handbook - Negligence and Liability

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NEW QUESTION: 47

Which of the following is associated with neurogenic shock?

- A. Central vasodilation
- B. Peripheral vasoconstriction
- C. Central vasoconstriction
- D. Peripheral vasodilation

Answer: D (LEAVE A REPLY)

The correct answer is D. Peripheral vasodilation.

Why D is correct (Peripheral vasodilation):

Neurogenic shock occurs due to loss of sympathetic nervous system tone, usually from a spinal cord injury.

This leads to:

Widespread peripheral vasodilation

Pooling of blood in the extremities

Decreased venous return

Hypotension

Additionally, patients often present with:

Warm, dry skin (unlike other shock types)

Bradycardia (due to unopposed parasympathetic tone)

NREMT-aligned guidance states:

"Neurogenic shock results from loss of sympathetic tone leading to vasodilation."

"Peripheral vasodilation causes hypotension and inadequate perfusion."

Why the other options are incorrect:

A). Central vasodilation: Not a recognized defining feature; neurogenic shock primarily affects peripheral vessels.

B). Peripheral vasoconstriction: Seen in hypovolemic shock, not neurogenic shock.

C). Central vasoconstriction: Not associated with neurogenic shock.

Exact Extracts:

"Neurogenic shock is caused by loss of sympathetic tone."

"This results in widespread peripheral vasodilation."

"Patients may present with hypotension and bradycardia."

References:

NREMT EMT Education Standards - Medical Emergencies (Shock)

NREMT National Continued Competency Program (NCCP) - Shock and Resuscitation Prehospital Emergency Care (EMT) - Shock Management

NEW QUESTION: 48

A 23-year-old patient reports loss of appetite, vomiting, fatigue, and joint pain. The patient has yellow sclera and right upper quadrant pain. Which of the following conditions is most likely the cause of the signs and symptoms?

A. Diverticulitis

B. Appendicitis

C. Viral hepatitis

D. Cholecystitis

Answer: C ([LEAVE A REPLY](#))

The correct answer is C. Viral hepatitis.

Key findings in this scenario:

Loss of appetite (anorexia)

Vomiting

Fatigue

Joint pain (arthralgia)

Yellow sclera (jaundice)

Right upper quadrant (RUQ) pain

Why Viral Hepatitis is correct:

Viral hepatitis is an inflammation of the liver and commonly presents with:

Jaundice (yellowing of sclera/skin)

RUQ abdominal pain

Fatigue and malaise

Nausea/vomiting and loss of appetite

Joint pain (especially early in disease)

NREMT-aligned references state:

"Hepatitis commonly presents with jaundice, fatigue, and right upper quadrant pain."

"Patients may also report nausea, vomiting, and anorexia."

Why the other options are incorrect:

A). Diverticulitis# Typically causes left lower quadrant pain, not jaundice B). Appendicitis# Causes right lower quadrant pain, not jaundice or systemic liver signs D). Cholecystitis# Causes RUQ pain, but jaundice and systemic symptoms (joint pain, fatigue) are more consistent with hepatitis Exact Extracts (NREMT-aligned EMT educational references):

"Jaundice is a hallmark sign of liver dysfunction."

"Hepatitis presents with RUQ pain, nausea, vomiting, and fatigue."

"Patients may have systemic symptoms such as malaise and joint pain."

Clinical Priority Summary:

The presence of jaundice, RUQ pain, and systemic symptoms strongly indicates viral hepatitis, making C the correct answer.

References:

NREMT EMT Education Standards - Medical Emergencies (Gastrointestinal/Hepatic) NREMT National Continued Competency Program (NCCP) AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION: 49

A 68-year-old patient has difficulty breathing and audible crackles. The patient has missed the last two dialysis appointments. The vital signs are BP 188/90 mmHg, P 120/min, R 24/min, and SpO# 92% on room air. Which of the following conditions should the EMT most strongly suspect?

- A.** Fluid overload
- B.** Bronchiolitis
- C.** Pneumonia
- D.** Ascites

Answer: A ([LEAVE A REPLY](#))

The correct answer is A. Fluid overload.

Missed dialysis # inability to remove excess fluid

Shortness of breath + crackles # fluid in the lungs (pulmonary edema)

Hypertension (188/90)

Tachycardia (120)

Low-normal SpO# (92%)

These findings strongly indicate fluid overload leading to pulmonary edema.

Patients who miss dialysis retain excess fluid

Fluid accumulates in the lungs # crackles and respiratory distress

Hypertension is common due to increased circulating volume

B). Bronchiolitis # Typically seen in infants/children, not adults

C). Pneumonia # May cause crackles, but does not explain missed dialysis + fluid retention + hypertension pattern D). Ascites # Fluid in the abdomen, not primarily causing lung crackles or acute respiratory distress

"Patients with renal failure who miss dialysis may develop fluid overload."

"Pulmonary edema presents with crackles and respiratory distress."

"Hypertension is commonly associated with fluid overload states."

References:

NREMT EMT Education Standards - Medical Emergencies

National EMS Education Standards - Renal and Respiratory Emergencies

NREMT Candidate Handbook - Patient Assessment and Medical Conditions

NEW QUESTION: 50

A 26-year-old patient is 26 weeks pregnant and has severe abdominal pain after being involved in a motor vehicle collision. There is minimal vaginal bleeding, and uterine contractions are present. What condition should the EMT suspect as the most likely cause of the patient ' s signs and symptoms?

- A.** Placenta previa
- B.** Ruptured uterus
- C.** Abruptio placenta
- D.** Spontaneous abortion

Answer: ([SHOW ANSWER](#)**)**

The correct answer is C. Abruptio placenta (placental abruption).

This patient presents with classic signs of placental abruption, especially in the context of trauma:

Severe abdominal pain

History of trauma (MVC)

Uterine contractions

Minimal or concealed vaginal bleeding

Why C is correct (Abruptio placenta):

Placental abruption occurs when the placenta prematurely separates from the uterine wall. It is strongly associated with trauma during pregnancy.

Key features include:

Painful abdomen

Uterine irritability or contractions

Bleeding that may be minimal or concealed

NREMT-aligned guidance states:

"Placental abruption is commonly associated with trauma and presents with abdominal pain and uterine contractions."

"Bleeding may be minimal because it can be concealed behind the placenta." Why the other options are incorrect:

A). Placenta previa: Presents with painless vaginal bleeding, not abdominal pain or contractions.

B). Ruptured uterus: Rare, usually associated with severe trauma or prior uterine surgery; presents with catastrophic signs.

D). Spontaneous abortion: Occurs earlier in pregnancy (typically < 20 weeks), not at 26 weeks.

Exact Extracts:

"Placental abruption presents with abdominal pain and vaginal bleeding following trauma."

"Bleeding may be concealed and not externally visible."

"Uterine contractions and tenderness are common findings."

References:

NREMT EMT Education Standards - Medical / Obstetrics / Gynecology

NREMT National Continued Competency Program (NCCP) - Obstetric Emergencies Prehospital Emergency Care (EMT) - Obstetric Emergencies

NEW QUESTION: 51

A 67-year-old patient is short of breath and sitting in a tripod position. The patient has bilateral wheezing, is coughing up green sputum, and is breathing through pursed lips. The vital signs are BP 122/90 mmHg, P 108

/min, R 28/min, and SpO₂ 93% on home oxygen. Which of the following conditions best explains this patient

's presentation?

A. Pneumonia

B. Pulmonary embolus

C. Congestive heart failure

D. Chronic obstructive pulmonary disease

Answer: (SHOW ANSWER)

The correct answer is D. Chronic obstructive pulmonary disease (COPD).

Key findings in this scenario:

Tripod position # classic for COPD patients trying to improve ventilation Pursed-lip breathing # hallmark COPD compensation technique Bilateral wheezing # indicates lower airway obstruction Productive cough with sputum # common in chronic bronchitis (COPD subtype) Use of home oxygen # suggests chronic respiratory disease Why COPD is correct:

COPD (including chronic bronchitis and emphysema) commonly presents with:

Wheezing

Productive cough
Pursed-lip breathing
Tripod positioning
Chronic oxygen use

NREMT-aligned references state:

"COPD patients often present with wheezing, productive cough, and use of accessory muscles."

"Pursed-lip breathing and tripod position are characteristic findings." Why the other options are incorrect:

A). Pneumonia Typically presents with fever, localized crackles, not pursed-lip breathing or tripod positioning B). Pulmonary embolus Usually presents with sudden dyspnea, clear lungs, and no productive cough

C). Congestive heart failure Presents with crackles, pulmonary edema, and possibly pink frothy sputum, not wheezing with green sputum Exact Extracts (NREMT-aligned EMT educational references):

"COPD patients may sit in a tripod position and use pursed-lip breathing."

"Wheezing and productive cough are common findings."

"Many patients require home oxygen therapy."

Clinical Priority Summary:

The combination of tripod position, wheezing, productive cough, pursed-lip breathing, and home oxygen use clearly indicates COPD, making D the correct answer.

References:

NREMT EMT Education Standards - Medical Emergencies (Respiratory)

NREMT National Continued Competency Program (NCCP)

AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION: 52

A 67-year-old patient reports crushing chest pressure. The vital signs are BP 156/98, P 64, R 14, and SpO₂ 94%. What treatments should the EMT provide first? Select the two correct options.

- A.** Give aspirin
- B.** Apply CPAP
- C.** Administer oxygen
- D.** Lay the patient supine
- E.** Assist with nitroglycerin

Answer: ([SHOW ANSWER](#))

The patient's symptoms are consistent with acute coronary syndrome (ACS). The first-line treatments are:

Aspirin (160-325 mg): inhibits platelet aggregation, reducing clot progression.

Oxygen: administered when SpO₂ < 94% or signs of hypoxia/distress are present.

CPAP is for pulmonary edema or respiratory failure. Nitroglycerin requires BP > 90 systolic and medical direction approval. Laying the patient supine may increase myocardial workload and is inappropriate unless hypotension occurs.

References:

NREMT Cardiology and Resuscitation Guidelines

AHA ACLS Provider Manual (2020) - Acute Coronary Syndrome Treatment

National EMS Education Standards - Cardiovascular Emergencies

NEW QUESTION: 53

An EMT is responding to a motor vehicle collision on a busy highway at nighttime. Which of the following tactics should the EMT employ to keep themselves safe from moving traffic? Select the three answer options that are correct.

- A.** Wear a safety vest to increase visibility.
- B.** Limit scene time to reduce exposure to vehicles.
- C.** Keep back turned to vehicles to avoid headlights.
- D.** Place flares 10 feet in front and behind crash site.
- E.** Reduce unnecessary scene lighting to improve visibility for oncoming drivers.
- F.** Park with wheels turned towards the emergency scene to provide protection from impact.

Answer: A,B,F ([**LEAVE A REPLY**](#)**)**

The correct answers are A. Wear a safety vest, B. Limit scene time, and F. Park with wheels turned toward the scene.

Why A is correct (High-visibility vest):

EMS providers must wear ANSI-compliant reflective vests when operating on roadways This significantly improves visibility, especially at night NREMT-aligned guidance states:

"Wear high-visibility apparel when operating near traffic."

Why B is correct (Limit scene time):

Reducing time on the roadway minimizes exposure risk

Rapid assessment, treatment, and transport are key safety strategies

"Minimize time spent in hazardous environments."

Why F is correct (Wheel positioning):

Turning wheels toward the scene helps:

Prevent the ambulance from being pushed into responders if struck

Provide a protective barrier

"Position vehicles to protect the scene and personnel."

Why the other options are incorrect:

C). Keep back turned to vehicles# Dangerous - EMTs should face traffic when possible D). Place flares 10 feet away# Incorrect distance - flares should be placed much farther away for advance warning E).

Reduce scene lighting# Incorrect - proper lighting is essential for scene safety and visibility Exact Extracts (NREMT-aligned EMT educational references):

"Use reflective safety vests when working on roadways."

"Limit exposure time in hazardous scenes."

"Position emergency vehicles to create a safe work zone."

Clinical Priority Summary:

Key roadway safety measures include visibility, minimizing exposure, and proper vehicle positioning, making A, B, and F the correct answers.

References:

NREMT EMT Education Standards - EMS Operations (Scene Safety)

NREMT National Continued Competency Program (NCCP)

FHWA Traffic Incident Management Guidelines (aligned with NREMT)

NEW QUESTION: 54

Which of the following assessment findings indicates respiratory failure?

- A.** Rapid respiratory rate
- B.** Accessory muscle use
- C.** Diaphoresis
- D.** Altered mental status

Answer: D ([**LEAVE A REPLY**](#)**)**

NREMT distinguishes respiratory distress from respiratory failure. Respiratory distress includes compensatory signs such as tachypnea, accessory muscle use, and diaphoresis. Respiratory failure occurs when those compensatory mechanisms fail and the body can no longer maintain adequate oxygenation or ventilation.

Option D (Altered mental status) is the most reliable indicator of respiratory failure. According to NREMT, hypoxia and hypercapnia directly affect brain function, leading to confusion, agitation, lethargy, or unresponsiveness. This indicates that oxygen delivery to the brain is no longer adequate.

Option A is common in early respiratory distress.

Option B indicates increased work of breathing but not failure.

Option C reflects sympathetic activation, not failure.

NREMT teaches that mental status changes are late and ominous signs, requiring immediate airway and ventilatory support.

NEW QUESTION: 55

A 42-year-old patient with a history of COPD has exertional dyspnea. The patient has a productive cough with green-tinged sputum. Which additional findings should the EMT expect to see with this patient?

Select the two answer options that are correct.

A. A rash

B. Stridor

C. Crackles

D. Hot, moist skin

E. Dependent edema

Answer: ([SHOW ANSWER](#))

The correct answers are C. Crackles and E. Dependent edema.

This patient has a history of chronic obstructive pulmonary disease (COPD) with signs suggesting a respiratory infection or exacerbation (productive cough with green sputum).

C). Crackles - Correct

Crackles (rales) are commonly heard in COPD patients, especially during exacerbations or when infection (such as bronchitis or pneumonia) is present.

NREMT-aligned material states:

"Abnormal breath sounds such as wheezes and crackles may be present in patients with lower airway disease." Crackles indicate:

Fluid or mucus in the airways

Impaired gas exchange

E). Dependent edema - Correct

Patients with long-standing COPD may develop cor pulmonale (right-sided heart failure) due to chronic hypoxia.

This leads to:

Fluid retention

Swelling in the lower extremities (dependent edema)

NREMT-aligned guidance:

"Chronic lung disease can lead to right-sided heart failure, resulting in peripheral edema." Why the other options are incorrect:

A). A rash:Not associated with COPD.

B). Stridor:Indicates upper airway obstruction, not lower airway disease like COPD.

D). Hot, moist skin:More consistent with fever or heat illness, not a typical COPD finding.

Key NREMT Concepts:

COPD = lower airway disease # wheezes, crackles

Chronic COPD # cor pulmonale # dependent edema

Exact Extracts:

"COPD is characterized by lower airway obstruction and abnormal breath sounds."

"Crackles may be present due to fluid or mucus in the lungs."

"Chronic hypoxia can lead to right-sided heart failure and peripheral edema." References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

NREMT National Continued Competency Program (NCCP) - Respiratory Emergencies Standard EMT Text (aligned with NREMT): Respiratory Emergencies

NEW QUESTION: 56

Which of the following would potentially complicate patient care during a helicopter transport?

A. Position of the patient ' s head within the aircraft

B. Use of air splints to immobilize fractures

C. Maintaining 98% oxygen saturation

D. Increase in the atmospheric humidity

Answer: A (LEAVE A REPLY)

The position of the patient's head within the aircraft affects access to airway management and crew maneuverability. If the head is oriented away from providers or toward a non-accessible bulkhead, this can delay critical interventions (airway suctioning, ventilations).

Use of air splints, maintaining oxygen saturation, or environmental humidity are not major complications relative to physical positioning and in-cabin access limitations.

References:

NREMT EMS Operations - Air Medical Transport

NAEMSP (National Association of EMS Physicians): Air Medical Guidelines EMS Helicopter Safety Protocols - FAA Advisory Circulars

NEW QUESTION: 57

You have achieved ROSC (Return of Spontaneous Circulation) in a 77-year-old female. She remains unresponsive and her vital signs are BP 94/58, P 82, and R 18. In what position should she be placed?

A. Supine

B. Left lateral recumbent

C. Trendelenburg

D. Head elevated 45°

Answer: B (LEAVE A REPLY)

After ROSC in an unresponsive patient, the left lateral recumbent position (also called the recovery position) is preferred to:

Maintain an open airway

Prevent aspiration if vomiting occurs

Promote drainage of secretions

Supine or Trendelenburg positions increase the risk of aspiration. Elevating the head to 45° may reduce intracranial pressure, but it's not standard post-ROSC care in an unresponsive patient unless airway protection is ensured.

References:

NREMT Cardiology Guidelines - Post-Resuscitation Care

American Heart Association BLS/ACLS Algorithms - ROSC Protocol

EMS Education Standards - Transport Positioning

NEW QUESTION: 58

A 58-year-old patient reports chest pain and difficulty breathing after missing their last three hemodialysis treatments. Which of the following signs and symptoms should the EMT suspect to find?

A. Fever

B. Crackles

C. Bradycardia

D. Hypotension

Answer: B (LEAVE A REPLY)

Missing dialysis leads to fluid overload, causing:

Pulmonary edema, evident by crackles on auscultation

Dyspnea and chest discomfort

Bradycardia is less likely; patients more often present with tachycardia due to volume stress. Fever would suggest infection (not stated here), and hypotension can occur later, but hypertension is more common in early fluid overload.

References:

NREMT Medical Emergencies - Renal and Dialysis Patients

National Kidney Foundation Guidelines - Missed Dialysis and Pulmonary Symptoms AAOS EMT Textbook - Urologic and Fluid Volume Imbalance

NEW QUESTION: 59

What sound might indicate an upper airway obstruction in a patient?

A. Rhonchi

B. Wheezing

C. Bubbling

D. Crowing

Answer: D (LEAVE A REPLY)

Crowing, also known as stridor, is a high-pitched sound heard during inspiration and indicates upper airway obstruction, often caused by swelling, foreign body, or infection such as croup or epiglottitis.

Option D is correct.

Option A (Rhonchi) and B (Wheezing) are lower airway sounds.

Option C (Bubbling) suggests fluid in the airway, not obstruction.

NREMT emphasizes rapid recognition of stridor because upper airway obstruction can quickly become fatal.

NEW QUESTION: 60

A 44-year-old patient with diabetes feels weak and dizzy. The EMT provides oral glucose and transports the patient to the hospital, where the patient recovers. The EMT tells their partner they did not provide the patient with a blanket because they felt the patient was wasting their time. What best describes the action the EMT took?

A. Breach of duty

B. Breach of ethics

C. Negligence

D. Battery

Answer: B (LEAVE A REPLY)

The correct answer is B. Breach of ethics.

This scenario describes inappropriate attitude and professional behavior by the EMT, not a failure that caused patient harm.

The EMT:

Provided appropriate medical care (oral glucose and transport)

The patient recovered

No harm resulted from not providing a blanket

However, the EMT's statement reflects:

Disrespect toward the patient

Lack of compassion

Unprofessional conduct

Why B is correct (Breach of ethics):

NREMT standards emphasize professionalism and patient respect:

EMTs are expected to treat all patients with dignity, empathy, and respect Ethical violations occur when providers demonstrate unprofessional attitudes or disregard for patient well- being This situation reflects a violation of ethical standards, not legal negligence.

Why the other options are incorrect:

A). Breach of duty: Requires failure to provide care that leads to harm; care was appropriately provided.

C). Negligence: Requires duty, breach, causation, and damages; no patient harm occurred.

D). Battery: Involves unauthorized physical contact; not applicable here.

Exact Extracts:

"EMS providers must demonstrate professionalism and respect toward all patients."

"Ethical conduct includes compassion and appropriate attitude."

"Negligence requires proof of harm resulting from a breach of duty."

References:

NREMT EMT Education Standards - EMS Operations (Ethics and Professionalism) NREMT National Continued Competency Program (NCCP) - Legal and Ethical Responsibilities Prehospital Emergency Care (EMT) - Medical, Legal, and Ethical Issues

NEW QUESTION: 61

The most common finding in a patient who is experiencing a sickle cell crisis is

A. Hypertension

B. Pain

C. Cardiac arrhythmia

D. Hypoxia

Answer: B (LEAVE A REPLY)

Sickle cell crisis (vaso-occlusive crisis) occurs when abnormally shaped red blood cells obstruct blood flow, leading to:

Severe localized or generalized pain (most common symptom)

Often in the back, chest, abdomen, or long bones

Hypoxia may be a contributing factor, but pain is the most reported reason for EMS activation. Cardiac arrhythmias and hypertension are not primary symptoms of sickle cell crisis.

References:

NREMT Medical Guidelines - Hematologic Disorders

AAOS Emergency Care and Transportation (11th ed.) - Chapter on Hematologic Emergencies National Heart, Lung, and Blood Institute - Sickle Cell Disease Management

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NEW QUESTION: 62

A 60-year-old patient has severe pain in the right hip after falling down four stairs. They have deformity and shortening of the right leg. The vital signs are BP 164/88, P 90, R 18, and SpO# 96% on room air. What actions should the EMT take for this patient? Select the two answer options that are correct.

- A.** Apply oxygen via a non-rebreather mask.
- B.** Place on the cot and elevate the legs.
- C.** Apply mild traction to the right leg.
- D.** Splint with blankets and pillows.
- E.** Use a pelvic binder.

Answer: C,D (LEAVE A REPLY)

Comprehensive and Detailed Explanation (Based on NREMT standards):

The patient's signs-hip pain, deformity, and leg shortening-are consistent with a proximal femur or hip fracture. NREMT trauma care emphasizes immobilization, pain reduction, and prevention of further injury.

Option C (Apply mild traction) is appropriate to reduce muscle spasm and pain when a femur fracture is suspected and no contraindications are present.

Option D (Splint with blankets and pillows) is correct because soft splinting stabilizes the injury and limits movement during transport.

Option A is not required because oxygen saturation is adequate.

Option B is contraindicated because leg elevation may worsen pain or bleeding.

Option E is reserved for unstable pelvic fractures, not isolated hip fractures.

NREMT emphasizes gentle handling, immobilization, and rapid transport for suspected hip fractures.

NEW QUESTION: 63

When communicating with a patient, what are the best methods for showing respect and concern for the patient? Select the three answer options that are correct.

- A.** Tell the truth.
- B.** Avoid using haptics.
- C.** Use their proper name.
- D.** Maintain consistent eye contact.
- E.** Use terms of endearment or first names.
- F.** Explain what is happening in medical terms.

Answer: (SHOW ANSWER)

The correct answers are A, C, and D because NREMT-aligned EMT communication guidance emphasizes being honest with the patient , using the patient's proper name , and making and keeping eye contact as key interpersonal communication behaviors that show respect and concern. Official EMT refresher curriculum specifically lists: "Be honest with the patient," "Use the patient's proper name," and "Make and keep eye contact with the patient." It also says to use language the patient can understand , which supports avoiding unnecessary medical jargon. (EMS.gov)

NEW QUESTION: 64

What type of medical direction do standing orders and protocols describe?

- A.** Verbal orders
- B.** End of life care
- C.** Indirect medical oversight
- D.** Evidence-based guidelines

Answer: C (LEAVE A REPLY)

Standing orders and protocols are what EMTs follow without having to contact a physician each time , which means they fall under indirect (off-line) medical direction .

In NREMT-based EMS systems, indirect medical oversight is provided through written protocols, policies, and standing orders developed by the medical director. These allow EMTs to deliver timely care in the field without delays, while still operating under physician authority.

A simple way to remember:

* Indirect = written beforehand (protocols/standing orders)

* Direct (on-line) = real-time orders via radio/phone

NEW QUESTION: 65

The ability to think and reason is located in which region of the brain?

A. Pons

B. Cerebrum

C. Brain stem

D. Cerebellum

Answer: B ([LEAVE A REPLY](#))

The cerebrum is the largest and most developed part of the human brain and is responsible for higher cognitive functions. According to NREMT anatomy and physiology education, the cerebrum controls thinking, reasoning, memory, judgment, voluntary movement, and sensory interpretation.

Option B is correct because conscious thought, problem-solving, and decision-making all originate in the cerebrum.

Option A (Pons) helps regulate breathing and sleep cycles.

Option C (Brain stem) controls vital functions such as heart rate, breathing, and blood pressure.

Option D (Cerebellum) coordinates balance, posture, and fine motor movement.

Understanding brain function helps EMTs correlate neurological findings with possible injuries or medical conditions.

NEW QUESTION: 66

While responding to an emergency, a car is tailgating the ambulance. Which of the following actions should the EMT take?

A. Pull over

B. Speed up

C. Slow down

D. Tap the brakes

Answer: D ([LEAVE A REPLY](#))

In situations where a vehicle is tailgating an emergency unit, tapping the brakes briefly is a standard defensive driving maneuver to alert the driver behind to increase distance. It is less risky than slowing dramatically or pulling over, which could endanger crew or delay response.

Speeding up could reduce your reaction window or increase accident risk. EMS operators must follow safe driving practices per NFPA 1002 and DOT Emergency Vehicle Operation Guidelines.

References:

NREMT Operations Section - Driving and Scene Safety

NFPA 1002: Standard for Fire Apparatus Driver/Operator Professional Qualifications U).S. DOT: Emergency Vehicle Operator Course (EVOC)

NEW QUESTION: 67

An 18-year-old patient has difficulty breathing after being rescued from a lake. The vital signs are BP 142/74 mmHg, P 108/min, R 28/min and shallow, and SpO₂ 92% on room air. Despite administering oxygen, there is no improvement in the patient condition. What action should the EMT take next?

A. Acquire and transmit a 12-lead ECG.

B. Administer nitroglycerin.

C. Initiate rapid transport.

D. Apply CPAP.

Answer: ([SHOW ANSWER](#)**)**

The correct answer is D. Apply CPAP.

This patient is experiencing respiratory distress following a drowning/submersion event, which strongly suggests aspiration and possible pulmonary edema. The key findings include:

Shallow respirations (R 28)

Persistent hypoxia (SpO₂ 92%) despite oxygen therapy

History of water exposure (lake rescue)

Why D is correct (CPAP):

CPAP provides positive pressure, helping to recruit alveoli and improve gas exchange.

It is especially effective in cases of noncardiogenic pulmonary edema, such as near-drowning.

Indicated when:

Patient is awake and breathing

Hypoxia persists despite oxygen therapy

Why the other options are incorrect:

A). 12-lead ECG # Not relevant to respiratory failure from drowning

B). Nitroglycerin # Used for cardiac chest pain/pulmonary edema of cardiac origin, not drowning C). Rapid transport # Important, but does not address immediate respiratory failure; airway intervention takes priority Exact Extracts:

"CPAP is indicated for patients with respiratory distress who do not improve with oxygen therapy."

"Positive pressure ventilation helps improve oxygenation in patients with pulmonary edema."

"Near-drowning patients may develop respiratory distress due to fluid in the lungs." References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

National EMS Education Standards - Respiratory Emergencies

NREMT Candidate Handbook - Patient Management

NEW QUESTION: 68

The key to effectively managing a multiple casualty incident is to

A. defer resource decisions to the first arriving chief officer.

B. request additional resources as early as possible.

C. initiate START triage procedures immediately.

D. utilize the incident command structure.

Answer: (SHOW ANSWER)

The correct answer is D. utilize the incident command structure.

Key Concept: Incident Command System (ICS)

The most important principle in managing a multiple casualty incident (MCI) is the use of a structured command system. The Incident Command System (ICS) provides:

Organization

Clear leadership

Efficient communication

Resource management

Why D is correct:

ICS ensures that:

Roles are clearly defined (triage, treatment, transport, staging, etc.) Resources are used efficiently Scene operations are coordinated and controlled NREMT-aligned guidance states:

"The Incident Command System is essential for managing mass casualty incidents."

"ICS provides organization and structure to chaotic scenes."

Why the other options are incorrect:

A). Defer decisions to chief officer# ICS begins with first arriving unit, not delayed leadership B). Request additional resources early# Important, but not the key foundational principle C). Initiate START triage immediately# Important step, but only one component of overall management Exact Extracts (NREMT-aligned EMT educational references):

"Use of the Incident Command System is critical in MCI management."

"ICS ensures coordinated response and resource allocation."

"All operations should function within the ICS framework."

Clinical Priority Summary:

The foundation of effective MCI management is organization through ICS, making D the correct answer.

References:

NREMT EMT Education Standards - EMS Operations (Incident Command System) NREMT National Continued Competency Program (NCCP) FEMA ICS Guidelines (aligned with NREMT)

NEW QUESTION: 69

A 24-year-old patient is unresponsive after a metal rod impaled through the mandible and out of the mouth.

There are copious amounts of hemorrhaging in the mouth. What action should the EMT take first?

A. Initiate rapid transport.

B. Stabilize the impaled object.

C. Provide continuous suctioning.

D. Establish manual cervical motion restriction.

Answer: C ([LEAVE A REPLY](#))

The correct answer is C. Provide continuous suctioning.

This scenario involves a life-threatening airway emergency. The patient is:

Unresponsive

Has massive oral bleeding

Has an impaled object through the mouth

The immediate priority according to NREMT principles is airway management, following the ABCs (Airway, Breathing, Circulation).

Copious blood in the airway presents an immediate obstruction risk, which can rapidly lead to hypoxia and death if not addressed.

Therefore, the first action is to:

Clear the airway using suction

NREMT-aligned guidance states:

"Airway management is the highest priority in trauma patients."

"Suction should be used immediately when blood or secretions obstruct the airway." Why the other options are incorrect:

A). Initiate rapid transport:Important, but airway must be secured before transport.

B). Stabilize the impaled object:Also important, but not before managing a compromised airway.

D). Establish manual cervical motion restriction:Should be done, but airway takes precedence over spinal precautions.

Key NREMT Principle:

"If airway and spinal precautions conflict, airway management takes priority." Exact Extracts:

"Airway is the first priority in patient assessment."

"Suction is required when blood or vomitus threatens the airway."

"Airway management takes precedence over spinal immobilization."

References:

NREMT EMT Education Standards - Trauma Assessment

NREMT National Continued Competency Program (NCCP) - Airway & Trauma

NEW QUESTION: 70

One of the complications of splinting is

- A.** increased bleeding due to tissue damage caused by bone ends.
- B.** compression of nerves, tissues, and blood vessels.
- C.** potential for a closed injury to become an open injury.
- D.** pain associated with free movement of bone ends.

Answer: ([**SHOW ANSWER**](#)**)**

The correct answer is B because improper splinting can compress nerves, soft tissues, and blood vessels .

EMT trauma teaching materials identify this as a recognized hazard of improper splinting , which is why EMTs must check and reassess distal pulse, motor function, and sensation before and after splint application

NEW QUESTION: 71

A 67-year-old patient is unresponsive, and an EMT checks for a pulse prior to applying an AED. Which of the following screenable rhythms, ventricular fibrillation or ventricular tachycardia, if either, may still produce a pulse in this patient?

- A.** Ventricular fibrillation only
- B.** Ventricular tachycardia only
- C.** Both shockable rhythms
- D.** Neither a shockable rhythm

Answer: B ([**LEAVE A REPLY**](#)**)**

The correct answer is B. Ventricular tachycardia only.

Key Concept: Shockable Rhythms and Pulse Presence

The two primary shockable rhythms are:

Ventricular fibrillation (VF)

Ventricular tachycardia (VT)

Ventricular Fibrillation (VF):

Chaotic, disorganized electrical activity

No effective cardiac output

Always pulseless

NREMT-aligned reference:

"Ventricular fibrillation results in no pulse due to ineffective quivering of the ventricles." Ventricular Tachycardia (VT):

Rapid, organized ventricular rhythm

May be:

Pulseless VT (cardiac arrest)

Perfusing VT (with a pulse)

NREMT-aligned reference:

"Ventricular tachycardia may present with or without a pulse."

Why B is correct:

Only ventricular tachycardia can sometimes produce a pulse

VF never produces a pulse

Why the other options are incorrect:

A). VF only # Incorrect; VF is always pulseless

C). Both # Incorrect; VF cannot produce a pulse

D). Neither # Incorrect; VT can produce a pulse

Exact Extracts (NREMT/AHA-aligned references):

"Shockable rhythms include ventricular fibrillation and pulseless ventricular tachycardia."

"Ventricular tachycardia may be with or without a pulse."

"Ventricular fibrillation produces no cardiac output."

Clinical Priority Summary:

Among shockable rhythms, only ventricular tachycardia can still produce a pulse, making B the correct answer.

References:

NREMT EMT Education Standards - Cardiology & Resuscitation

American Heart Association (AHA) Guidelines for CPR and ECC

NREMT National Continued Competency Program (NCCP)

NEW QUESTION: 72

A 29-year-old patient has stridor and erythema while at an outside event. The vital signs are P 100/min and R 22/min. Which of the following medications should the EMT administer first?

A. Aspirin

B. Oxygen

C. Ibuprofen

D. Epinephrine

Answer: D ([LEAVE A REPLY](#))

The correct answer is D because stridor and erythema in this context strongly indicate anaphylaxis with upper airway involvement . Stridor is a sign of airway swelling , which can rapidly lead to complete airway obstruction.

NREMT-aligned EMT guidelines emphasize that epinephrine is the first-line treatment for anaphylaxis , as it rapidly reduces airway swelling (vasoconstriction), improves breathing (bronchodilation), and supports circulation. Early administration is critical to prevent deterioration.

While oxygen is important, epinephrine takes priority because it directly treats the underlying life- threatening allergic reaction.

NEW QUESTION: 73

Which of the following is categorized as a personal injury prevention supply?

A. Biohazard bag

B. Disinfectant cleaning solution

C. Pair of leather gloves

D. N95 respirator

Answer: C ([LEAVE A REPLY](#))

Personal injury prevention supplies are designed to protect EMS providers from physical injuries, rather than infection.

Option C (Pair of leather gloves) is correct because leather gloves protect against cuts, abrasions, and puncture injuries during rescue operations such as vehicle extrication.

Option D (N95 respirator) is personal protective equipment (PPE) for infection control, not injury prevention.

Option A and B are related to biohazard handling and decontamination.

NREMT differentiates PPE from injury-prevention equipment to ensure proper risk management.

NEW QUESTION: 74

A 4-year-old patient has a possible neck injury after a fall and requires immobilization to a spine board. When immobilizing the child, which of the following methods, if either, should the EMT use to place the head in a neutral position?

- A. Place padding under the head only.
- B. Place padding under the torso only.
- C. Place padding under the head and the torso.
- D. Do not place padding under either the head or the torso.

Answer: B ([LEAVE A REPLY](#))

The correct answer is B. Place padding under the torso only.

Key Pediatric Anatomical Difference:

Children (especially under ~8 years old) have a larger occiput (back of the head) relative to their body. When lying flat on a backboard:

The head is naturally pushed forward (flexed position)

This can compromise the airway and spinal alignment

Correct Technique:

To achieve a neutral airway and spinal alignment:

Padding is placed under the torso (shoulders/back)

This raises the body and allows the head to fall into a neutral position NREMT-aligned guidance states:

"Due to a larger occiput, pediatric patients may require padding under the torso to maintain a neutral airway."

"Avoid placing padding under the head alone, as this worsens flexion."

Why the other options are incorrect:

A). Padding under the head only# Worsens neck flexion, potentially compromising airway C). Padding under both head and torso# Unnecessary and may misalign the spine D). No padding# Leaves the head in a flexed, non-neutral position Exact Extracts (NREMT-aligned EMT educational references):

"Children have a proportionally larger head, causing flexion when supine."

"Padding under the torso helps achieve neutral alignment."

"Maintain neutral in-line stabilization during immobilization."

Clinical Priority Summary:

Because pediatric patients naturally fall into neck flexion on a backboard, placing padding under the torso restores neutral alignment, making B the correct answer.

References:

NREMT EMT Education Standards - Trauma (Spinal Immobilization - Pediatrics) NREMT National Continued Competency Program (NCCP) AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION: 75

An 84-year-old patient has a sudden onset of weakness to one side of the body. The patient has a history of hypertension and high cholesterol. The vital signs are BP 176/94 mmHg, P 108/min, R 18/min, and SpO₂

97% on room air. For which of the following additional symptoms should the EMT assess? Select the three correct options.

- A. Miosis
- B. Tremors
- C. Arm drift
- D. Facial droop
- E. Slurred speech

F. Syncopal episodes

Answer: C,D,E ([LEAVE A REPLY](#))

The symptoms described are classic for a stroke (CVA). Additional hallmark findings include:

Arm drift (motor weakness or hemiparesis)

Facial droop (Cranial nerve VII involvement)

Slurred speech (dysarthria or aphasia)

These form the basis of prehospital stroke assessment tools like FAST:

Face drooping

Arm weakness

Speech difficulty

Time to call 911

Miosis (pupil constriction) and tremors are not associated with stroke in EMS context. Syncope is an isolated event and not a reliable CVA symptom.

References:

NREMT Medical Neurological Emergencies

AHA Stroke Recognition Guidelines

EMS National Stroke Protocols - Cincinnati Stroke Scale, FAST

NEW QUESTION: 76

An EMT has been assigned as the treatment supervisor at a mass casualty incident. Which of the following actions should the EMT perform?

A. Command the triage personnel during initial assessment.

B. Establish a staging area for equipment and responders.

C. Coordinate transportation to appropriate hospitals.

D. Ensure that secondary triage is completed.

Answer: ([SHOW ANSWER](#))

The correct answer is D. Ensure that secondary triage is completed.

Role of Treatment Supervisor in MCI (Mass Casualty Incident):

In the Incident Command System (ICS), responsibilities are divided:

Triage Supervisor # performs initial triage

Treatment Supervisor # manages patient care after triage

Transport Supervisor # coordinates transport to hospitals

Staging Officer # manages personnel/equipment staging

Primary responsibility of Treatment Supervisor:

Oversee treatment areas (Immediate, Delayed, Minor)

Ensure patients are reassessed and re-triaged (secondary triage)

Monitor patient conditions and prioritize care

NREMT-aligned guidance states:

"The treatment supervisor is responsible for patient care and reassessment."

"Secondary triage is performed in the treatment area."

Why D is correct:

Secondary triage ensures patients are:

Reevaluated

Properly prioritized as conditions change

This is a core responsibility of the treatment supervisor

Why the other options are incorrect:

A). Command triage personnel# Responsibility of the Triage Supervisor

B). Establish staging area# Responsibility of the Staging Officer

C). Coordinate transportation# Responsibility of the Transport Supervisor Exact Extracts (NREMT-aligned EMT educational references):

"Treatment unit is responsible for treatment and secondary triage."

"Transport officer coordinates patient movement to hospitals."

"Staging manages resources and personnel."

Clinical Priority Summary:

The treatment supervisor's primary role is to manage patient care and ensure ongoing reassessment, including secondary triage, making D the correct answer.

References:

NREMT EMT Education Standards - EMS Operations (Mass Casualty Incidents & ICS) NREMT National Continued Competency Program (NCCP) FEMA Incident Command System (ICS) Guidelines (aligned with NREMT)

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NEW QUESTION: 77

A 68-year-old patient is anxious with shortness of breath and crackles in their basal lungs. The patient ' s skin is pale and clammy. The vital signs are BP 180/100, P 100, and R 22 and shallow. Which of the following positions would be the most appropriate for transport?

A. Supine

B. Fowler

C. Semi-Fowler

D. Lateral recumbent

Answer: (SHOW ANSWER)

The correct answer is B. Fowler.

This patient is presenting with signs of acute pulmonary edema or congestive heart failure, including:

Shortness of breath

Crackles (fluid in the lungs)

Hypertension

Anxiety and pale, clammy skin

In such cases, the best position is upright (Fowler's position) to improve breathing.

Why B is correct:

Fowler's position (sitting upright) helps maximize lung expansion.

It reduces venous return to the heart, decreasing pulmonary congestion.

It improves oxygenation and patient comfort in respiratory distress.

Why the other options are incorrect:

A). Supine # Worsens breathing by increasing pressure on the lungs and fluid accumulation C). Semi-Fowler # Helpful, but not as effective as full Fowler's for severe respiratory distress D). Lateral recumbent # Used for unconscious patients or airway protection, not respiratory distress Exact Extracts:
"Patients with respiratory distress should be placed in a sitting or Fowler's position if tolerated."
"An upright position facilitates breathing and improves lung expansion."
"Pulmonary edema patients benefit from being positioned upright to reduce fluid in the lungs." References:
NREMT EMT Education Standards - Airway, Respiration & Ventilation
National EMS Education Standards - Respiratory Emergencies
NREMT Candidate Handbook - Patient Management

NEW QUESTION: 78

After handling a dressing contaminated with body fluid, you should

- A. clean your hands as soon as possible.
- B. change your gloves prior to touching the same patient.
- C. report a potential exposure to your safety officer.
- D. ask the patient if he has a communicable disease.

Answer: ([SHOW ANSWER](#))

The correct answer is A because standard precautions require hand hygiene after contact with body fluids or contaminated items and immediately after glove removal . CDC guidance states to clean hands after contact with blood, body fluids, or contaminated surfaces and immediately after glove removal , and OSHA likewise requires handwashing immediately or as soon as feasible after removal of gloves . This is the EMT priority after handling a body-fluid-contaminated dressing.

NEW QUESTION: 79

Which of the following components can be determined by assessing the mechanism of injury? Select the two correct options.

- A. Extent of injury
- B. Destination facility
- C. Chances of survival
- D. Patient ' s medical history
- E. Need for additional resources

Answer: A,E ([LEAVE A REPLY](#))

Mechanism of Injury (MOI) assessment is a cornerstone of trauma care. It helps providers determine:

Extent of injury: High-speed collisions, falls from height, or penetrating trauma suggest internal injuries even if external signs are limited.

Need for additional resources: MOI may indicate the necessity of ALS backup, air transport, or technical rescue.

MOI cannot determine a patient's medical history or guarantee survival predictions. The destination facility depends on multiple factors including triage protocols, vital signs, and local trauma system regulations.

References:

NREMT Trauma Assessment Skills Sheet

National EMS Education Standards - Trauma Module

AAOS Emergency Care and Transportation (11th ed.), Chapter: Mechanism of Injury and Trauma Assessment

NEW QUESTION: 80

Which of the following would directly increase public safety in the community?

- A. Giving tours of the ambulance station.
- B. Conducting child safety seat clinics.

C. Establishing a Public Information Officer.

D. Participating in the local parade.

Answer: (SHOW ANSWER)

The correct answer is B because conducting child safety seat clinics has a direct injury-prevention effect in the community. NREMT-aligned EMS operations includes the EMT role in public education and injury prevention , and child passenger safety programs directly reduce the risk of injury and death in motor vehicle crashes by helping caregivers properly restrain children.

This makes it the option that most directly improves community public safety , rather than simply improving visibility or public relations.

NEW QUESTION: 81

A 17-year-old patient was stung by a bee and is now confused and short of breath. The vital signs are BP 78 /60, P 140, R 26 and shallow, and SpO# 86% on room air. After administering epinephrine, what should the EMT do next?

A. Closely monitor the SpO#.

B. Administer oxygen by nasal cannula.

C. Assist ventilations with a BVM.

D. Administer oxygen by non-rebreather mask.

Answer: D (LEAVE A REPLY)

The correct answer is D. Administer oxygen by non-rebreather mask.

Anaphylaxis (bee sting)

Hypotension (78/60) # shock

Tachycardia (140)

Low SpO# (86%)

Shortness of breath

This is a life-threatening allergic reaction requiring aggressive airway and oxygen management.

Provides high-flow, high-concentration oxygen (up to ~90-95%)

Indicated for patients with:

Hypoxia (SpO# < 94%)

Respiratory distress

Shock states

After epinephrine, oxygen therapy is the next immediate step

A). Closely monitor SpO# # Monitoring alone is insufficient; intervention is needed B). Nasal cannula # Delivers low-flow oxygen, inadequate for severe hypoxia C). Assist ventilations with BVM # Indicated only if respiratory failure or inadequate breathing, not yet present

"Administer high-flow oxygen to patients with hypoxia or respiratory distress."

"Anaphylaxis requires epinephrine and supportive airway/oxygen management."

"Use a nonrebreather mask for patients requiring high-concentration oxygen." References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

National EMS Education Standards - Allergic Reactions and Anaphylaxis

NREMT Candidate Handbook - Patient Management

NEW QUESTION: 82

Which of the following signs or symptoms are indications of hypoglycemia? Select the three answer options that are correct.

A. Tremors

B. Diaphoresis

- C. Abdominal pain
- D. Poor skin turgor
- E. Rapid deep breaths
- F. Altered mental status

Answer: A,B,F (LEAVE A REPLY)

The correct answers are A. Tremors, B. Diaphoresis, and F. Altered mental status.

Key Concept: Hypoglycemia

Hypoglycemia (low blood glucose) produces two major categories of symptoms:

Caused by epinephrine release in response to low blood sugar:

Tremors (A)

Diaphoresis (B)

Tachycardia

Anxiety

Caused by lack of glucose to the brain:

Altered mental status (F)

Confusion

Seizures

Unresponsiveness

NREMT-aligned references state:

"Hypoglycemia presents with diaphoresis, tremors, and altered mental status."

"Low blood glucose affects brain function, causing confusion and decreased LOC." Why the other options are incorrect:

C). Abdominal pain# Not typical of hypoglycemia

D). Poor skin turgor# Indicates dehydration, not hypoglycemia

E). Rapid deep breaths (Kussmaul respirations)# Associated with diabetic ketoacidosis (hyperglycemia) Exact Extracts (NREMT-aligned EMT educational references):

"Signs of hypoglycemia include diaphoresis, tremors, and altered mental status."

"The brain requires glucose; deficiency leads to neurologic symptoms."

"Adrenergic symptoms occur due to epinephrine release."

Clinical Priority Summary:

Hypoglycemia is characterized by adrenergic symptoms (tremors, sweating) and neurologic impairment, making A, B, and F the correct answers.

References:

NREMT EMT Education Standards - Medical Emergencies (Endocrine)

NREMT National Continued Competency Program (NCCP)

AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION: 83

Who is ultimately responsible for maintaining certification requirements and ensuring continuing education requirements are met?

- A. System training officer
- B. State medical director
- C. Healthcare provider
- D. EMS supervisor

Answer: C (LEAVE A REPLY)

Comprehensive and Detailed Explanation (Based on NREMT standards):

The healthcare provider is ultimately responsible for maintaining certification, licensure, and continuing education requirements. While agencies, supervisors, and training officers may assist or provide opportunities, NREMT clearly states that responsibility rests with the individual EMT.

Option C is correct because failure to meet certification requirements can result in expiration or revocation regardless of employer involvement.

Options A, B, and D are incorrect because these roles may support education but are not legally responsible for an individual provider's compliance.

NREMT emphasizes professional accountability as a core expectation of EMS practice.

NEW QUESTION: 84

When treating a patient suspected of having tuberculosis, you should

- A.** Place a HEPA respirator on the patient
- B.** Place a surgical mask on the patient
- C.** Notify the Centers for Disease Control
- D.** Wear a surgical mask before treating the patient

Answer: ([SHOW ANSWER](#))

For suspected or confirmed tuberculosis (TB), the EMT should place a surgical mask on the patient, not a HEPA respirator. Surgical masks are used to contain droplets from the patient and reduce airborne transmission.

The EMT should wear a N95 or HEPA respirator to protect against inhaling airborne particles. Notification to the CDC is not the EMT's responsibility - that falls to public health officials.

References:

CDC Guidelines for TB Exposure in Prehospital Settings

NREMT Infectious Disease Control Protocols

National EMS Education Standards - Airborne Pathogens and PPE Use

NEW QUESTION: 85

A 48-year-old patient was shot in their left shoulder. The EMT observes bright red blood pulsating from the wound. Which of the following actions should the EMT perform first?

- A.** Place a tourniquet.
- B.** Apply direct pressure.
- C.** Place a sling and swathe.
- D.** Apply oxygen by non-rebreather mask.

Answer: B ([LEAVE A REPLY](#))

The correct answer is B. Apply direct pressure.

This patient is experiencing severe arterial bleeding, as indicated by:

Bright red blood

Pulsating flow

Direct pressure is the first-line treatment for external bleeding, including arterial hemorrhage.

It is the fastest and most effective immediate intervention to control bleeding.

EMT protocols emphasize controlling life-threatening bleeding before other interventions.

A). Place a tourniquet # Appropriate if direct pressure fails or bleeding is uncontrollable, but not the first step C). Sling and swathe # Used for immobilization, not hemorrhage control D). Oxygen # Important, but bleeding control takes priority (circulation first in trauma) Exact Extracts:

"Control external bleeding with direct pressure as the first step."

"Arterial bleeding is characterized by bright red, pulsating blood."

"Tourniquets are used when direct pressure fails to control severe bleeding." References:

NREMT EMT Education Standards - Trauma (Bleeding Control)
National EMS Education Standards - Hemorrhage Management
NREMT Candidate Handbook - Patient Care and Trauma Management

NEW QUESTION: 86

Which of the following is the most reliable indicator of effective respiration in a patient?

- A. Respiratory rate
- B. Mental status
- C. Pulse oximetry reading
- D. Skin color

Answer: B ([LEAVE A REPLY](#))

Mental status reflects perfusion and oxygen delivery to the brain, which is highly sensitive to hypoxia and hypercapnia. Even if respiratory rate and SpO# are normal, altered mental status suggests ineffective gas exchange or hypoperfusion.

Pulse oximetry may be falsely normal in CO poisoning or poor perfusion. Skin color is subjective and not as sensitive or specific as neurological status.

References:

NREMT Assessment Standards - Airway & Neurological Assessment
AHA BLS Manual - Recognition of Effective Ventilation
Brady Emergency Care (13th ed.) - Patient Assessment and Respiratory Emergencies

NEW QUESTION: 87

You are transporting a febrile 62-year-old male who has a cough and body aches. His vital signs are BP 136 /80, P 100, R 16, and his SpO# is 99% on room air. You should first:

- A. Place a surgical mask on him.
- B. Administer oxygen.
- C. Place an N95 mask on him.
- D. Transport him in the recovery position.

Answer: A ([LEAVE A REPLY](#))

The correct answer is A. Place a surgical mask on him.

This question focuses on infection control and standard precautions, which fall under EMS Operations in NREMT content.

The patient presents with:

Fever

Cough

Body aches

These are classic signs of a respiratory infectious illness, and EMS providers must immediately take steps to prevent transmission.

According to NREMT-aligned infection control principles, the first priority when dealing with a potentially infectious respiratory patient is source control, which means placing a surgical mask on the patient to limit the spread of droplets.

Why A is correct:

A surgical mask on the patient reduces transmission of respiratory droplets.

This is considered an immediate and appropriate standard precaution.

Why the other options are incorrect:

B). Administer oxygen: The patient's SpO# is 99% on room air, indicating adequate oxygenation. NREMT guidelines emphasize that oxygen should be administered based on clinical need, not routinely.

C). Place an N95 mask on him: N95 respirators are intended for healthcare providers, not patients. The patient should receive a surgical mask, not an N95.

D). Transport him in the recovery position: This position is used for patients with decreased level of consciousness or risk of airway compromise, which is not indicated here.

Exact Extract (EMT-aligned educational content):

EMS providers must use standard precautions and take appropriate measures to prevent disease transmission.

For patients with suspected respiratory infections, placing a surgical mask on the patient helps prevent the spread of droplets.

Oxygen should be administered only when there are signs of hypoxia or respiratory distress, not when oxygen saturation is normal.

References:

NREMT National EMS Education Standards - EMS Operations (Infection Control & Standard Precautions) EMT Training Curriculum - Workforce Safety and Infection Control National EMS Scope of Practice Model - Patient Assessment and Management of Infectious Conditions

NEW QUESTION: 88

While assisting an ALS unit, you observe a contaminated needle has been stuck into the mattress. You should

A. remove the needle, re-cap it, and dispose of it in an approved container.

B. carefully withdraw the needle and place it in the sharps container.

C. confront the paramedic in front of the patient.

D. do or say nothing regarding the needle.

Answer: B (LEAVE A REPLY)

NREMT standards emphasize scene safety, infection control, and proper sharps handling to reduce the risk of occupational exposure. A contaminated needle left in a mattress presents a serious needlestick hazard to EMS providers, hospital staff, and patients.

Option B is correct because the appropriate action is to carefully remove the needle and immediately dispose of it in an approved sharps container. This follows OSHA and NREMT infection-control principles, which state that sharps must be disposed of promptly in puncture-resistant containers without unnecessary handling.

Option A is incorrect because recapping needles is strictly prohibited under standard precautions. Recapping significantly increases the risk of accidental needlestick injuries and violates established safety guidelines.

Option C is incorrect because confronting a paramedic in front of a patient is unprofessional and undermines team dynamics. Any concerns regarding unsafe practices should be addressed privately and through appropriate supervisory channels.

Option D is incorrect because ignoring an exposed sharp creates an ongoing safety hazard and fails the EMT's responsibility to maintain a safe environment.

In summary, NREMT expects EMTs to act proactively to reduce hazards, follow standard precautions, and safely dispose of sharps without recapping or delay. Removing the needle carefully and placing it in a sharps container is the safest and most appropriate response.

NEW QUESTION: 89

A 50-year-old male became disoriented while playing basketball. His skin is hot and red. You should suspect

A. heat stroke.

B. heat cramps.

C. heat exhaustion.

D. heat seizure.

Answer: (SHOW ANSWER)

This question hinges on two red-flag findings: disorientation and hot, red skin . That combination should make an EMT think heat stroke , which is the most severe heat emergency. CDC guidance lists confusion /altered mental status together with hot, red skin among the warning signs of heat stroke. (CDC) A simple exam shortcut is this: heat exhaustion usually looks sweaty, pale, and weak , while heat stroke looks hot and mentally altered . Because this patient became disoriented during exertion and has hot red skin, heat stroke is the best match. (CDC Stacks)

NEW QUESTION: 90

Which of the following are nerve agents? Select the two answer options that are correct.

- A. Naloxone
- B. Metoprolol
- C. Tabun
- D. Sarin
- E. Atropine

Answer: C,D (LEAVE A REPLY)

Comprehensive and Detailed Explanation (Based on NREMT standards):

Nerve agents are highly toxic organophosphate chemicals that inhibit acetylcholinesterase, leading to excess acetylcholine accumulation and life-threatening cholinergic effects. NREMT hazardous materials education highlights recognition of these agents due to their rapid lethality.

Option C (Tabun) and D (Sarin) are correct. Both are internationally recognized nerve agents historically used in chemical warfare and terrorist attacks.

Option A (Naloxone) is an opioid antagonist, not a nerve agent.

Option B (Metoprolol) is a beta-blocker medication.

Option E (Atropine) is not a nerve agent; it is an antidote used to treat nerve agent poisoning.

NREMT emphasizes scene safety, recognition of toxidromes, and early antidote administration for nerve agent exposure.

NEW QUESTION: 91

A 3-year-old female choked while eating a hot dog and then became unresponsive. You should first

- A. Check her carotid pulse
- B. Deliver two rescue breaths
- C. Perform a head tilt-chin lift maneuver
- D. Begin chest compressions

Answer: (SHOW ANSWER)

According to Pediatric Basic Life Support (PBLS) guidelines by the American Heart Association (AHA), when a child becomes unresponsive due to foreign body airway obstruction (FBAO), the immediate next step is to begin chest compressions. This is done before checking the airway or giving breaths because the airway is presumed obstructed. The compressions may dislodge the object.

After 30 compressions, open the airway and check for visible objects. If none are seen, attempt rescue breaths.

This protocol reflects the high risk of complete airway blockage in children with sudden collapse following a choking episode.

References:

AHA PALS and BLS Provider Manual (2020), Pediatric FBAO Algorithm

NREMT Cognitive Exam Blueprint - Pediatric Airway Obstruction

National EMS Education Standards (2011) - Pediatric Emergencies

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NEW QUESTION: 92

A patient who is 30 weeks pregnant is in cardiac arrest after being hit by a car. How should the EMT proceed?

Select the two answer options that are correct.

- A.** Provide left uterine displacement.
- B.** Avoid using the AED due to fetal detriment.
- C.** Request a medical helicopter to transport the patient.
- D.** Perform compressions on the upper half of the sternum.
- E.** Perform compressions at a depth of at least two inches.

Answer: A,E ([LEAVE A REPLY](#))

The correct answers are A. Provide left uterine displacement and E. Perform compressions at a depth of at least two inches.

Key Concept: Cardiac Arrest in Late Pregnancy

At #20 weeks gestation (30 weeks in this case):

The enlarged uterus compresses the inferior vena cava (IVC) when the patient is supine This reduces venous return and cardiac output, worsening resuscitation effectiveness Why A is correct (Left uterine displacement):

The uterus should be manually displaced to the left side

This relieves pressure on the IVC and improves circulation during CPR

NREMT/AHA-aligned guidance states:

"Manual left uterine displacement should be performed in pregnant patients during resuscitation." Why E is correct (Compression depth):

CPR in pregnant patients follows standard adult CPR guidelines

Compression depth should be at least 2 inches (5 cm)

"Perform high-quality chest compressions at a depth of at least 2 inches." Why the other options are incorrect:

B). Avoid using AED# Incorrect - AED is safe and indicated in pregnancy

"Defibrillation should not be withheld in pregnant patients."

C). Request a helicopter# Not a priority during active cardiac arrest - resuscitation comes first D). Upper half of sternum# Incorrect - compressions are performed on the center of the chest (lower half of sternum)

Exact Extracts (NREMT/AHA-aligned references):

"Perform manual uterine displacement in late pregnancy during CPR."

"Use standard CPR compression depth and rate."

"Defibrillation is safe in pregnancy and should not be delayed."

Clinical Priority Summary:

In a pregnant cardiac arrest patient, the EMT should perform standard high-quality CPR while relieving uterine pressure on major vessels, making A and E the correct answers.

References:

NREMT EMT Education Standards - Cardiology & Resuscitation

American Heart Association (AHA) Guidelines for CPR and ECC

NREMT National Continued Competency Program (NCCP)

NEW QUESTION: 93

The AED announces, "Shock advised." You should suspect:

- A.** Asystole
- B.** Atrial fibrillation
- C.** Pulseless electrical activity
- D.** Ventricular tachycardia

Answer: ([SHOW ANSWER](#))

The correct answer is D. Ventricular tachycardia.

When an AED states "shock advised," it means the device has detected a shockable rhythm, which includes:

Ventricular fibrillation (VF)

Pulseless ventricular tachycardia (VT)

Among the answer choices, the only shockable rhythm listed is ventricular tachycardia.

Why this is correct:

AEDs are specifically programmed to identify rhythms that benefit from defibrillation. According to NREMT and AHA guidelines:

"Shockable rhythms include ventricular fibrillation and pulseless ventricular tachycardia." Why the other options are incorrect:

A). Asystole: This is a non-shockable rhythm (flatline). Treatment is CPR and medications, not defibrillation.

B). Atrial fibrillation: This is typically a perfusing rhythm and is not treated with AED shocks in cardiac arrest.

C). Pulseless electrical activity (PEA): Also a non-shockable rhythm; treated with CPR and addressing underlying causes.

Exact Extracts (NREMT-aligned EMT educational references):

"AEDs will advise a shock only for ventricular fibrillation or pulseless ventricular tachycardia."

"Asystole and pulseless electrical activity are non-shockable rhythms." Clinical Priority Summary:

A "shock advised" message always indicates a shockable rhythm, and the only correct option given is ventricular tachycardia, making D the correct answer.

References:

NREMT EMT Education Standards - Cardiology & Resuscitation

American Heart Association (AHA) Guidelines for CPR and ECC

NREMT National Continued Competency Program (NCCP)

NEW QUESTION: 94

A 58-year-old male claims that he is going to kill himself. He tells you that he is living alone and has just lost his job. He has no other means of support and sees no purpose in living. Which of the following statements about this patient is correct?

A. You should not be overly concerned unless he tells you his plan of action.

B. He is at high risk for a successful suicide attempt.

C. He should not present a safety risk to you.

D. You should avoid questions that encourage him to talk about his plans.

Answer: (SHOW ANSWER)

The correct answer is B because this patient has multiple major suicide risk indicators : he is directly expressing suicidal intent, he is living alone , has just lost his job , has no support , and expresses hopelessness by saying he sees no purpose in living. In EMS behavioral-emergency assessment, statements suggesting self-harm must be taken seriously, and patients with these risk factors should be considered high risk . EMS educational guidance includes assessing whether the patient has said or done anything indicating possible risk of suicide or violence to self .

Authoritative public health sources also identify social isolation/loneliness , unemployment , and hopelessness/depression-related distress as important suicide risk factors. That makes this patient high risk even before knowing a detailed method or timeline.

NEW QUESTION: 95

An 11-month-old patient has difficulty breathing. Which of the following findings would indicate respiratory failure to the EMT?

A. Intercostal retractions

B. Audible wheezes

C. Bradycardia

D. Tachypnea

Answer: (SHOW ANSWER)

The correct answer is C. Bradycardia.

In pediatric patients, it is critical to distinguish between respiratory distress and respiratory failure.

Respiratory distress includes early compensatory signs such as:

Intercostal retractions

Audible wheezes

Tachypnea

These findings indicate that the child is still attempting to compensate and maintain adequate oxygenation.

Respiratory failure, however, represents a late and life-threatening stage where the child can no longer maintain adequate oxygenation and ventilation.

Bradycardia is a key late sign of respiratory failure in infants and children and indicates severe hypoxia and impending cardiac arrest.

According to NREMT-aligned educational material:

"Bradycardia in pediatric patients is often the result of hypoxia."

"Late signs of respiratory failure include decreased mental status and bradycardia." Why the other options are incorrect:

A). Intercostal retractions: Early sign of respiratory distress (increased work of breathing) B). Audible wheezes: Indicates airway narrowing, typically seen in distress D). Tachypnea: Early compensatory mechanism to improve oxygenation NREMT guidance emphasizes:

"Increased work of breathing and abnormal breath sounds are signs of respiratory distress, not failure." Exact Extracts:

"Bradycardia in pediatric patients is usually caused by hypoxia."

"Late signs of respiratory failure include bradycardia and decreased mental status."

"Retractions and tachypnea are signs of respiratory distress."

References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

NREMT National Continued Competency Program (NCCP) - Pediatric Respiratory Emergencies Standard EMT Text (aligned with NREMT): Airway Management and Pediatrics

NEW QUESTION: 96

Which of the following findings are consistent with congestive heart failure? Select the two answer options that are correct.

A. Ascites

B. Crackles

C. Wheezing

D. Chest pain

E. Dependent edema

Answer: ([SHOW ANSWER](#))

The correct answers are B. Crackles and E. Dependent edema.

Why B is correct (Crackles):

Crackles (rales) are a hallmark sign of pulmonary edema, which occurs in left-sided heart failure.

Fluid accumulates in the alveoli

Causes crackling sounds on auscultation

Indicates impaired cardiac pumping ability

NREMT-aligned guidance states:

"Pulmonary edema presents with crackles due to fluid in the lungs."

Why E is correct (Dependent edema):

Dependent edema is a classic sign of right-sided heart failure.

Fluid backs up into systemic circulation

Leads to swelling in:

Legs

Ankles

Lower extremities

NREMT-aligned guidance:

"Right-sided heart failure results in peripheral or dependent edema."

Why the other options are incorrect:

A). Ascites: Can occur in severe right-sided failure but is less common and not a primary EMT-level finding.

C). Wheezing: More commonly associated with asthma or bronchospasm (though CHF can cause "cardiac wheezing," it is not the best answer here).

D). Chest pain: Suggests cardiac ischemia, not specifically CHF.

Exact Extracts:

"Left-sided heart failure leads to pulmonary edema and crackles."

"Right-sided heart failure causes dependent edema."

"Fluid accumulation results from the heart's inability to pump effectively." References:

NREMT EMT Education Standards - Medical Emergencies (Cardiology)

NREMT National Continued Competency Program (NCCP) - Cardiovascular Emergencies Prehospital Emergency Care (EMT) - Congestive Heart Failure

NEW QUESTION: 97

Which of the following signs and symptoms indicate dehydration in an infant? Select the three correct options.

A. Hypertension

B. Hypoglycemia

C. Poor skin turgor

D. Flushed, dry skin

E. Sunken fontanelles

F. Delayed capillary refill

Answer: C,E,F ([**LEAVE A REPLY**](#)**)**

Dehydration signs in infants include:

Poor skin turgor (elasticity)

Sunken fontanelles (indicative of fluid loss)

Delayed capillary refill (> 2 seconds)

Flushed skin is more common in fever or heat illness, not dehydration. Hypotension, not hypertension, is associated with dehydration in late stages.

References:

NREMT Pediatric Assessment and Fluid Emergencies

PALS Provider Manual - Dehydration in Infants

AAOS Emergency Care (11th ed.) - Pediatric Emergency Chapter

NEW QUESTION: 98

A 65-year-old patient with a history of angina reports chest pain and shortness of breath after playing golf.

The patient stated the pain began one hour ago and has not stopped with rest. The vital signs are BP 86/64, P

112, R 22, and SpO# 89% on room air. Which of the following actions should the EMT do next?

A. Administer CPAP

B. Give nitroglycerin

C. Obtain a 12-lead ECG

D. Provide nebulized albuterol

Answer: ([SHOW ANSWER](#))

This is a high-risk cardiac event due to unstable angina or possible myocardial infarction. The EMT should:

Administer oxygen if SpO₂ is < 94%

Avoid nitroglycerin if systolic BP is < 90 mmHg

Obtain a 12-lead ECG to identify ST-elevation MI (STEMI) and transmit it if trained and authorized CPAP is indicated for pulmonary edema, and albuterol is for bronchospasm, neither of which applies here.

References:

AHA ACLS and BLS Guidelines - ACS Management

NREMT Cardiology Guidelines - Chest Pain/MI

National EMS Education Standards - Cardiovascular Emergencies and ECG Recognition

NEW QUESTION: 99

A 38-year-old patient is dyspneic and has facial swelling after eating at a restaurant. What should the EMT do first?

A. Provide oxygen

B. Initiate rapid transport

C. Administer epinephrine

D. Obtain a set of vital signs

Answer: C ([LEAVE A REPLY](#))

The correct answer is C. Administer epinephrine.

This patient is presenting with classic signs of anaphylaxis, a life-threatening allergic reaction:

Dyspnea (respiratory distress)

Facial swelling (angioedema)

Recent exposure to a likely allergen (food)

Why C is correct (Epinephrine):

Epinephrine is the first-line, life-saving treatment for anaphylaxis. It works by:

Dilating bronchioles (improving breathing)

Constricting blood vessels (improving blood pressure)

Reducing airway swelling

NREMT-aligned guidelines state:

"Administer epinephrine immediately in patients with signs of anaphylaxis."

"Do not delay epinephrine administration in life-threatening allergic reactions." Why the other options are incorrect:

A). Provide oxygen: Important, but not the priority over epinephrine in anaphylaxis.

B). Initiate rapid transport: Necessary, but after immediate life-saving intervention.

D). Obtain vital signs: Should not delay treatment in a critical patient.

Key Concept:

In anaphylaxis, epinephrine is the first and most critical intervention.

Delays in administration significantly increase mortality risk.

Exact Extracts:

"Epinephrine is the drug of choice for anaphylaxis."

"Immediate administration is critical in respiratory distress with allergic reactions."

"Airway swelling and bronchoconstriction must be rapidly treated."

References:

NREMT EMT Education Standards - Medical Emergencies (Allergic Reactions) NREMT National Continued Competency Program (NCCP) - Medical Emergencies Prehospital Emergency Care (EMT) - Allergic Reactions and Anaphylaxis

NEW QUESTION: 100

The police have placed a 20-year-old patient into custody. The patient is in handcuffs, is agitated, and is angry. The skin is hot and diaphoretic. The vital signs are BP 180/98, P 150, R 28, and SpO# 97% on room air. Which of the following actions would be appropriate for the EMT to take while transporting this patient?

Select the two answer options that are correct.

- A.** Release the patient from all restraints.
- B.** Allow law enforcement to transport the patient.
- C.** Remove the handcuffs and apply soft restraints.
- D.** Transport the officer with the keys to the handcuffs.
- E.** Secure the patient face down on the stretcher if they are spitting.

Answer: ([SHOW ANSWER](#))

This is one of those EMS custody questions where the safest answer comes from remembering two transport rules at the same time: the patient needs medical transport , and the patient also needs safe restraint management .

Because the patient is being transported by EMS, the patient should be secured with appropriate medical restraints , not simply left in police handcuffs alone. That makes removing the handcuffs and applying soft restraints the proper EMS approach, provided law enforcement is involved in that process. Just as important, the officer with the key should ride along so the restraint situation remains safe and legally controlled during transport.

The rest of the scenario also hints that this patient may be medically unstable, not just angry. The hot, diaphoretic skin , marked tachycardia , and severe agitation raise concern for a serious behavioral or medical emergency, so EMS transport is appropriate. Also, NREMT-style operations questions consistently reject prone restraint because face-down positioning increases the risk of respiratory compromise during transport.

NEW QUESTION: 101

A patient is unresponsive and apneic after a suspected neck injury. Which of the following actions should be the EMT ' s primary concern while providing positive pressure ventilation?

- A.** Maintain a patent airway.
- B.** Immobilize the head and neck.
- C.** Deliver each breath over 2 seconds.
- D.** Attach the bag-valve-mask to oxygen.

Answer: ([SHOW ANSWER](#))

In this scenario, the EMT's top priority is still the airway . Even with a suspected neck injury, ventilation will not be effective unless the airway stays open and patent . National EMS education standards emphasize that EMT care in airway emergencies is built around assuring a patent airway, adequate mechanical ventilation, and respiration . ([ems.gov](#)) Trauma guidance supports using a jaw-thrust first when spinal injury is suspected, but it also makes clear that opening and maintaining the airway takes precedence for oxygenation and ventilation. The AHA notes that in head and neck trauma, the priority is to open the airway . ([cpr.heart.org](#))

NEW QUESTION: 102

You are called to a small hotel where it is reported by the manager that several persons, in separate rooms, are unresponsive. Your first actions should be to

- A.** establish command.
- B.** determine the size of the incident.
- C.** announce there is poisonous gas in the building.
- D.** rescue the victims.

Answer: (SHOW ANSWER)

This scenario suggests a potential multiple-casualty incident with a possible environmental hazard, such as carbon monoxide or another toxic gas. NREMT places strong emphasis on scene size-up as the first and most critical step in EMS operations.

Option B is correct because determining the size and scope of the incident allows the EMT to assess scene safety, identify hazards, estimate the number of patients, and determine the need for additional resources.

Entering the scene without this assessment could result in responder injury or death.

Option A is incorrect because establishing command typically follows an initial size-up. Command cannot be effectively established without understanding the nature of the incident.

Option C is incorrect because announcing the presence of poisonous gas without confirmation may cause panic and is not an appropriate first action.

Option D is incorrect because attempting rescue before confirming scene safety violates NREMT's core principle that rescuer safety comes first.

NREMT standards clearly state that EMTs must never enter a potentially hazardous scene until it has been properly assessed and deemed safe or appropriate resources are requested.

NEW QUESTION: 103

A 27-year-old patient reports trouble breathing after being struck by a car. Which of the following findings are indicative of a possible chest wall injury? Select the three answer options that are correct.

- A. Clavicle deformity
- B. Occipital depression
- C. Unequal rise and fall
- D. Epigastric distension
- E. Jugular vein distention
- F. Subcutaneous emphysema

Answer: A,C,F (LEAVE A REPLY)

Clavicle deformity suggests potential rib or thoracic trauma. Unequal chest rise may indicate a flail segment, pneumothorax, or hemothorax. Subcutaneous emphysema, the presence of air under the skin, is a classic finding in pneumothorax or tracheobronchial injury.

Occipital depression is not chest related; epigastric distension is a GI symptom; and jugular vein distention would suggest tension pneumothorax or cardiac tamponade, which are more advanced complications.

References:

NREMT Trauma Assessment Guidelines

National EMS Education Standards - Chest Injuries

AAOS Emergency Care and Transportation (11th ed.), Chapter: Chest and Abdominal Trauma

NEW QUESTION: 104

When using START triage, which of the following patients would the EMT consider to be a red tag? Select the two answer options that are correct.

- A. A child who is unconscious and has a 4-second capillary refill time
- B. An adult who is able to walk but has a 1-second capillary refill time
- C. An adult with normal respiratory rate and a 5-second capillary refill time
- D. An elderly patient who has no spontaneous breathing even after repositioning the airway
- E. A child who cannot walk, follows commands, and has spontaneous breathing, a normal respiratory rate, and a radial pulse

Answer: A,C (LEAVE A REPLY)

The correct answers are A and C.

START triage categorizes patients based on respirations, perfusion, and mental status (RPM). A red tag (Immediate) is assigned to patients who have life-threatening conditions that can be rapidly treated.

START Criteria for Red Tag (Immediate):

Respirations > 30/min

Capillary refill > 2 seconds or no radial pulse

Unable to follow commands

Option A: Correct (Red Tag)

The child is unconscious (cannot follow commands) # immediate red classification Capillary refill is 4 seconds (> 2 seconds) # poor perfusion Meets two red criteria Option C: Correct (Red Tag) Normal respirations (acceptable), BUT Capillary refill is 5 seconds (> 2 seconds) # indicates poor perfusion/shock This alone qualifies for red tag Why the other options are incorrect:

B). Walking patient # Automatically categorized as green (minor) regardless of other findings D). No breathing after airway repositioning # Classified as black (deceased/expectant), not red E). Cannot walk but follows commands, normal breathing, normal pulse # Yellow (delayed) Exact Extracts:

"Patients who can walk are tagged as minor (green)."

"If capillary refill is greater than 2 seconds, tag the patient as immediate (red)."

"If the patient cannot follow simple commands, tag as immediate."

"If the patient is not breathing after airway repositioning, tag as deceased (black)."

References:

NREMT EMT Education Standards - EMS Operations (Triage)

START Triage Guidelines - RPM (Respirations, Perfusion, Mental Status)

NREMT Candidate Handbook - Mass Casualty Incidents

NEW QUESTION: 105

A patient has heart failure with pulmonary edema. They have shortness of breath, and crackles are present in both lungs. The patient is nauseated and has vomited once. The vital signs are BP 90/40, P 110, R 10, and SpO₂ 89% on room air. Which of the following signs or symptoms prevent the EMT from using CPAP?

Select the three correct options.

A. Pulse rate

B. Blood pressure

C. Respiratory rate

D. Oxygen saturation

E. Nausea and vomiting

F. Crackles in both lungs

Answer: B,C,E ([LEAVE A REPLY](#))

Contraindications to CPAP (Continuous Positive Airway Pressure) include:

Hypotension: CPAP can reduce preload and worsen shock (BP < 90 systolic is a contraindication) Respiratory rate too low: A rate of 10 is at the low threshold; CPAP requires spontaneous adequate effort Active vomiting or nausea: CPAP increases aspiration risk Crackles and hypoxia are indications, not contraindications, for CPAP. Pulse rate does not influence CPAP use directly.

References:

NREMT Airway Management and Cardiovascular Guidelines

National EMS Education Standards - Respiratory Failure and CPAP

AHA ACLS Provider Manual - Heart Failure and Pulmonary Edema Management

NEW QUESTION: 106

A patient with emphysema is displaying pursed lip breathing. Which of the following pathological responses is responsible for this type of breathing?

A. Loss of lung elasticity

B. Decreased hemoglobin

C. Increased mucous production

D. Inadequate diaphragmatic function

Answer: A ([LEAVE A REPLY](#))

Pursed-lip breathing is a classic compensatory mechanism seen in patients with emphysema, a form of chronic obstructive pulmonary disease (COPD). According to NREMT education, emphysema is characterized by destruction of the alveolar walls, which leads to loss of lung elasticity. This loss prevents the small airways from remaining open during exhalation.

Option A is correct because pursed-lip breathing creates positive pressure in the airways during exhalation.

This pressure helps keep collapsed airways open longer, allowing trapped air to escape and improving ventilation. It also reduces the work of breathing and helps alleviate dyspnea.

Option B is incorrect because decreased hemoglobin affects oxygen-carrying capacity, not airway mechanics or breathing patterns.

Option C is more commonly associated with chronic bronchitis, not emphysema.

Option D is incorrect because diaphragmatic dysfunction is not the primary cause of pursed-lip breathing.

NREMT emphasizes recognizing compensatory breathing patterns in chronic lung disease to guide supportive care, including oxygen administration and positioning.

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NEW QUESTION: 107

A 20-year-old patient has just given birth. The neonate is crying and has central cyanosis. They have a pulse greater than 100. Which of the following actions should the EMT take? Select the three answer options that are correct.

- A. Dry baby.
- B. Keep baby warm.
- C. Administer blow-by oxygen.
- D. Suction the nose and mouth.
- E. Provide chest compressions.
- F. Give positive pressure ventilations.

Answer: ([SHOW ANSWER](#))

According to NREMT neonatal resuscitation principles, a newborn who is crying with a heart rate greater than 100 does not require aggressive resuscitation but does need supportive care.

Option A (Dry baby) is essential to stimulate breathing and prevent heat loss.

Option B (Keep baby warm) is critical, as neonates lose heat rapidly and hypothermia worsens hypoxia.

Option C (Administer blow-by oxygen) is appropriate for central cyanosis when respirations and heart rate are adequate.

Option D is only indicated if secretions are obstructing the airway.

Options E and F are contraindicated because the infant has an adequate heart rate and is breathing.

NREMT emphasizes warmth, oxygenation, and minimal intervention in stable newborns.

NEW QUESTION: 108

During transport, an 86-year-old patient becomes unresponsive. The airway is open, and the patient has adequate spontaneous breathing. How should an EMT position this patient?

- A. Supine
- B. Fowler
- C. Recovery
- D. Trendelenburg

Answer: C ([LEAVE A REPLY](#))

The correct answer is C. Recovery.

This patient is:

Unresponsive

Has an open airway

Is breathing adequately

This meets the criteria for placement in the recovery position (lateral recumbent position).

Why C is correct (Recovery position):

The recovery position is used to:

Maintain a patent airway

Allow secretions or vomit to drain

Reduce the risk of aspiration

NREMT-aligned guidance states:

"Unresponsive patients with adequate breathing should be placed in the recovery position."

"This position helps protect the airway and prevents aspiration."

Why the other options are incorrect:

A). Supine: Increases risk of airway obstruction and aspiration.

B). Fowler: Used for conscious patients with breathing difficulty, not unresponsive patients.

D). Trendelenburg: Not recommended; may impair breathing and does not improve outcomes.

Exact Extracts:

"Place unresponsive breathing patients in the recovery position."

"This helps maintain airway patency and allows drainage of secretions."

"Airway protection is a priority in unresponsive patients."

References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

NREMT National Continued Competency Program (NCCP) - Airway Management

Prehospital Emergency Care (EMT) - Airway Management

NEW QUESTION: 109

Following an EMS call, any requests concerning protected health information should be directed to the

A. Shift supervisor

B. Quality assurance officer

C. Privacy officer

D. Receiving hospital

Answer: C ([LEAVE A REPLY](#))

Under HIPAA (Health Insurance Portability and Accountability Act), only designated personnel are authorized to handle inquiries regarding a patient's Protected Health Information (PHI). The Privacy Officer is responsible for enforcing compliance with privacy regulations and addressing PHI access requests.

Shift supervisors or hospitals do not have the legal authority to release PHI unless specifically designated.

References:

NREMT Guidelines on EMS Operations

U).S. Department of Health and Human Services: HIPAA Privacy Rule

National EMS Education Standards - Ethics, Documentation, and Privacy

NEW QUESTION: 110

A 7-year-old patient is confused and disoriented. What should the EMT assess to rapidly determine the patient's condition? Select the three answer options that are correct.

- A.** Pallor
- B.** Disability
- C.** Lung sounds
- D.** Mucous membranes
- E.** Accessory muscle use
- F.** Response to environment

Answer: A,E,F ([**LEAVE A REPLY**](#)**)**

To rapidly determine a pediatric patient's condition, NREMT emphasizes the Pediatric Assessment Triangle (PAT), which allows EMTs to form a quick clinical impression without hands-on assessment. The PAT consists of appearance, work of breathing, and circulation to skin.

Option F (Response to environment) evaluates appearance, including interaction, awareness, and mental status-critical in a confused child.

Option E (Accessory muscle use) assesses work of breathing, identifying respiratory compromise through visible effort such as retractions or nasal flaring.

Option A (Pallor) reflects circulation to skin, helping identify poor perfusion or shock.

Options B, C, and D are part of more detailed assessments but are not part of the rapid initial determination emphasized by NREMT.

Using the PAT allows EMTs to quickly identify life-threatening problems and prioritize care.

NEW QUESTION: 111

An EMT is on the scene of a possible terrorist attack. A victim has excessive oral secretions, is urine and bowel incontinent, and begins to vomit. What should the EMT administer?

- A.** Epinephrine auto-injector
- B.** Naloxone auto-injector
- C.** Activated charcoal
- D.** Atropine auto-injector

Answer: D ([**LEAVE A REPLY**](#)**)**

The correct answer is D. Atropine auto-injector.

This patient is exhibiting classic signs of organophosphate or nerve agent poisoning, commonly summarized by the mnemonic SLUDGE:

Salivation (excessive oral secretions)

Lacrimation

Urination (incontinence)

Defecation (bowel incontinence)

Gastrointestinal distress (vomiting)

Emesis

These findings strongly indicate exposure to a cholinergic (nerve) agent, which is a concern in terrorist incidents.

Why Atropine is correct:

Atropine is an anticholinergic medication that blocks the effects of excessive acetylcholine.

It is the primary antidote for organophosphate/nerve agent poisoning.

EMTs may administer it via auto-injector (e.g., DuoDote or Mark I kit) in hazardous materials or terrorism situations.

NREMT-aligned guidance states:

"Organophosphate poisoning presents with excessive secretions and incontinence."

"Treatment includes administration of atropine to counteract cholinergic effects." Why the other options are incorrect:

- A). Epinephrine auto-injector: Used for anaphylaxis, not cholinergic poisoning.
- B). Naloxone auto-injector: Used for opioid overdose (respiratory depression, pinpoint pupils), not excessive secretions.
- C). Activated charcoal: Used for certain ingested toxins, not effective for nerve agent exposure and contraindicated with vomiting.

Exact Extracts (NREMT-aligned EMT educational references):

"SLUDGE: salivation, urination, defecation, GI distress, emesis."

"Atropine is used to treat organophosphate poisoning."

"Nerve agents cause excessive cholinergic stimulation."

Clinical Priority Summary:

The patient's symptoms clearly indicate nerve agent exposure, and the appropriate treatment is atropine, making D the correct answer.

References:

NREMT EMT Education Standards - EMS Operations (Hazardous Materials / Terrorism) NREMT National Continued Competency Program (NCCP) AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION: 112

An 83-year-old patient is unresponsive and lying on the floor. The patient has a large bruise and laceration on the forehead. The patient's vital signs are BP 90/60 mmHg, P 126/min, and R 0. Which of the following conditions should the EMT most suspect?

- A. Spine injury
- B. Brain herniation
- C. Commotio cordis
- D. Open pneumothorax

Answer: (SHOW ANSWER)

This patient presents with severe head trauma, unresponsiveness, hypotension, tachycardia, and apnea (R = 0).

NREMT education stresses that apnea following head injury is a critical red flag for increased intracranial pressure (ICP) and potential brain herniation.

Option B is correct because brain herniation occurs when swelling or bleeding within the skull forces brain tissue downward, compressing the brainstem. Compression of the brainstem can result in loss of respiratory drive, explaining the absence of respirations. Elderly patients are at increased risk due to cerebral atrophy and fragile bridging veins.

Option A is possible but does not directly explain apnea.

Option C is associated with sudden cardiac arrest after chest impact, not head trauma.

Option D would present with respiratory compromise but not directly from a forehead injury.

NREMT emphasizes rapid airway management, ventilation, spinal precautions, and immediate transport for suspected brain herniation.

NEW QUESTION: 113

A 23-year-old male is pacing and has incomprehensible speech. During your assessment, he throws a chair against the wall. You should next:

- A. leave the scene.
- B. apply soft restraints.
- C. request Advanced Life Support.
- D. request law enforcement.

Answer: A (LEAVE A REPLY)

The correct answer is A. leave the scene.

In EMS, scene safety is the top priority. If a patient becomes violent or poses an immediate threat, the EMT must remove themselves from danger immediately. The situation described-pacing, incomprehensible speech, and throwing a chair-indicates an actively violent and unsafe environment.

Why A is correct:

The patient is demonstrating violent behavior, creating an unsafe scene.

NREMT guidelines emphasize that EMTs should not remain in or enter unsafe scenes.

The correct sequence is to retreat first, then request additional resources such as law enforcement.

Why the other options are incorrect:

B). Apply soft restraints # Restraints should only be applied when the scene is safe and with adequate personnel, often including law enforcement.

C). Request Advanced Life Support # ALS does not address immediate scene safety threats.

D). Request law enforcement # This is appropriate, but only after ensuring your own safety by leaving the scene first.

Exact Extracts:

"Scene safety is the first priority in patient care."

"If a scene becomes unsafe, the EMT should retreat to a safe location."

"Do not attempt to restrain a violent patient unless the scene is secure and adequate help is available." References:

NREMT EMT Education Standards - EMS Operations (Scene Safety)

National EMS Education Standards - Workforce Safety and Wellness

NREMT Candidate Handbook - Patient Assessment and Safety

NEW QUESTION: 114

A law enforcement officer requests that you place the clothes from a sexual assault victim in a bag for transport to the hospital. Which type of bag should you use?

A. Paper

B. Cloth

C. Polypropylene

D. Plastic

Answer: A ([LEAVE A REPLY](#))

In cases of sexual assault, preserving evidence integrity is critical. Clothing or other forensic evidence must be placed in paper bags. Plastic or non-breathable materials can trap moisture, promoting mold or degradation of evidence like DNA or bodily fluids.

This approach follows chain-of-custody protocols used by law enforcement and medical facilities for handling forensic material.

References:

NREMT EMS Operations - Evidence Preservation and Forensics

U).S. Department of Justice: "A National Protocol for Sexual Assault Medical Forensic Examinations" National EMS Education Standards - Legal and Ethical Principles

NEW QUESTION: 115

Which of the following is spread through the fecal-oral route?

A. Hepatitis A

B. Hepatitis B

C. Hepatitis C

D. Hepatitis D

Answer: A ([LEAVE A REPLY](#))

Comprehensive and Detailed Explanation (Based on NREMT standards):

Hepatitis A is a viral liver infection transmitted primarily through the fecal-oral route, often due to contaminated food, water, or poor hand hygiene. NREMT education highlights hepatitis transmission routes as part of infection control and standard precautions.

Option A is correct because hepatitis A spreads when microscopic amounts of fecal matter are ingested, commonly in environments with inadequate sanitation.

Options B, C, and D are incorrect because these forms of hepatitis are transmitted primarily through blood and body fluids, such as needlestick injuries, sexual contact, or shared needles.

Understanding transmission routes allows EMTs to apply proper protective measures and reduce occupational exposure risks, a core component of NREMT infection-control training.

NEW QUESTION: 116

A 25-year-old patient had ingested an unknown quantity of a household cleaner one hour earlier. The patient has swelling around the mouth and stridor. Which of the following actions should the EMT prioritize? Select the two answer options that are correct.

- A.** Prevent hypoxemia.
- B.** Identify the chemical.
- C.** Maintain airway patency.
- D.** Irrigate the affected area.
- E.** Administer activated charcoal.

Answer: A,C (LEAVE A REPLY)

The correct answers are A. Prevent hypoxemia and C. Maintain airway patency.

This patient is showing signs of airway compromise:

Swelling around the mouth

Stridor # indicates upper airway obstruction

These findings strongly suggest a caustic ingestion with airway edema, which can rapidly progress to complete airway obstruction.

Priority: Airway and Breathing (ABCs)

According to NREMT principles, the highest priority is airway management and oxygenation.

1. Maintain airway patency (C):

Swelling and stridor indicate a narrowing airway

Immediate action is required to keep the airway open

Prepare for suctioning, positioning, and possible advanced airway support

2. Prevent hypoxemia (A):

Due to airway compromise, the patient is at high risk for inadequate oxygenation Administer high-flow oxygen and monitor closely NREMT-aligned guidance states:

"Airway compromise takes priority in caustic ingestions."

"Stridor indicates impending airway obstruction."

"Ensure airway patency and adequate oxygenation first."

Why the other options are incorrect:

B). Identify the chemicalImportant, but not the immediate priority over airway management D). Irrigate the affected areaMay be appropriate for external exposures, but airway takes priority here E). Administer activated charcoalContraindicated in caustic ingestions and in patients with airway compromise or vomiting risk Exact Extracts (NREMT-aligned EMT educational references):

"Airway management is the priority in patients with signs of airway compromise."

"Stridor is a sign of upper airway obstruction."

"Do not administer activated charcoal in caustic ingestions."

Clinical Priority Summary:

Because this patient shows airway swelling and stridor, the EMT must immediately focus on airway patency and oxygenation, making A and C the correct answers.

References:

NREMT EMT Education Standards - Medical Emergencies (Toxicology)

NREMT National Continued Competency Program (NCCP)

AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION: 117

A 45-year-old patient has chest pain, shortness of breath, and skin that is cool and diaphoretic. The patient states they have a feeling of impending doom. Which of the following conditions should the EMT most strongly suspect?

- A.** Aortic aneurysm
- B.** Chronic bronchitis
- C.** Myocardial infarction
- D.** Congestive heart failure

Answer: C (LEAVE A REPLY)

The correct answer is C. Myocardial infarction.

This question describes classic signs and symptoms of acute coronary syndrome (ACS), specifically a myocardial infarction (heart attack). Key findings include:

Chest pain

Shortness of breath (dyspnea)

Cool, pale, diaphoretic skin

Feeling of impending doom

These are hallmark features emphasized in EMT education for recognizing cardiac emergencies.

According to standard NREMT-aligned EMT educational content, patients experiencing myocardial infarction often present with:

"Chest discomfort or pain... may be described as pressure, squeezing, or heaviness"

"Dyspnea (shortness of breath)"

"Diaphoresis (cool, clammy skin)"

"A feeling of impending doom"

These findings occur due to decreased cardiac output and sympathetic nervous system activation, which leads to sweating, anxiety, and vasoconstriction (cool skin).

Why the other options are incorrect:

A). Aortic aneurysm: Typically presents with sudden tearing pain (often in the back), not the classic ACS presentation with diaphoresis and impending doom.

B). Chronic bronchitis: A long-term respiratory condition characterized by cough and mucus production, not acute chest pain with diaphoresis.

D). Congestive heart failure: Usually presents with fluid overload symptoms such as edema, crackles, and dyspnea, but not typically acute crushing chest pain with diaphoresis and impending doom.

Exact Extracts (NREMT-aligned EMT educational references):

"Chest pain or discomfort... pressure, squeezing, or heaviness"

"Shortness of breath (dyspnea)"

"Skin may be pale, cool, and diaphoretic"

"Patient may have a feeling of impending doom"

These combined findings strongly indicate acute myocardial infarction, making C the most appropriate answer.

References:

NREMT EMT Education Standards - Cardiology & Resuscitation

NREMT National Continued Competency Program (NCCP) - Cardiac Emergencies Standard EMT Textbook (AAOS Emergency Care and Transportation of the Sick and Injured, aligned with NREMT)

NEW QUESTION: 118

An 80-year-old female who has diabetes complains of generalized weakness, nausea, vomiting, and fatigue that began 1 hour ago. She has equal hand grasp and her face is symmetrical. Her blood glucose level is 130 mg/dL. What is the most likely cause of her symptoms?

- A.** Cerebral ischemia
- B.** Myocardial infarction
- C.** Dehydration
- D.** Influenza

Answer: B (LEAVE A REPLY)

The correct answer is B. Myocardial infarction.

Key findings in this scenario:

Elderly patient (80 years old)

History of diabetes

Sudden onset (1 hour)

Nausea, vomiting, fatigue, weakness

Normal blood glucose (130 mg/dL)

No focal neurological deficits (equal grips, symmetrical face)

Why Myocardial Infarction is correct:

Elderly and diabetic patients often present with atypical symptoms of myocardial infarction, such as:

Generalized weakness

Nausea and vomiting

Fatigue

Absence of chest pain ("silent MI")

NREMT-aligned references state:

"Elderly and diabetic patients may present with atypical signs of myocardial infarction."

"Symptoms may include weakness, nausea, vomiting, and fatigue without chest pain." Why the other options are incorrect:

A). Cerebral ischemia (stroke)# Typically presents with neurological deficits (facial droop, unequal grip), which are absent C). Dehydration# Usually more gradual onset, not sudden within 1 hour D). Influenza#

Typically includes fever, body aches, respiratory symptoms, not isolated acute onset Exact Extracts (NREMT-aligned EMT educational references):

"Atypical presentations of MI are common in elderly and diabetic patients."

"Symptoms may include nausea, vomiting, fatigue, and weakness."

"Do not rely solely on chest pain to identify MI."

Clinical Priority Summary:

In elderly diabetic patients, sudden onset of weakness, nausea, and fatigue strongly suggests an atypical myocardial infarction, making B the correct answer.

References:

NREMT EMT Education Standards - Medical Emergencies (Cardiac)

NREMT National Continued Competency Program (NCCP)

AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION: 119

The EMT is first on scene at a motor vehicle collision. How should the EMT park the ambulance?

A. In a nearby parking lot

B. Off the roadway as far as possible

C. Close to the vehicles involved in the collision

D. In a blocking position providing scene protection

Answer: (SHOW ANSWER)

The correct answer is D because when the ambulance is first on scene at a roadway incident, it should be positioned to protect the scene, patient, and crew from oncoming traffic . National roadway incident safety guidance states that the initial-arriving emergency vehicle should be placed in a blocking position to oncoming traffic, and responder safety resources specifically note that if the ambulance is first on scene, use it as the initial block . This matches NREMT scene size-up and safety principles, where provider safety and scene protection come before patient contact. (U.S. Fire Administration)

NEW QUESTION: 120

Which of the following actions are steps for inserting a nasopharyngeal airway? Select the two answer options that are correct.

- A. Measure from the corner of the mouth to the tip of the ear.
- B. Follow the base of the tongue during insertion.
- C. Insert the bevel away from the septum.
- D. Place the device in the larger nostril.
- E. Lubricate the distal tip.

Answer: D,E (LEAVE A REPLY)

The correct answers are D. Place the device in the larger nostril and E. Lubricate the distal tip.

Proper insertion of a nasopharyngeal airway (NPA) follows specific steps outlined in NREMT-aligned airway management guidelines.

Correct Steps:

1. Choose the larger nostril (D):

The NPA should be inserted into the nostril with better airflow (larger nostril) to reduce resistance and trauma.

This improves ease of insertion and patient comfort.

2. Lubricate the distal tip (E):

The airway must be lubricated with a water-soluble lubricant before insertion.

This minimizes friction and reduces the risk of nasal mucosal injury or bleeding.

NREMT-aligned references state:

"Insert the NPA into the larger nostril when possible."

"Lubricate the airway prior to insertion."

Why the other options are incorrect:

A). Measure from the corner of the mouth to the tip of the ear # Incorrect This measurement is used for an oropharyngeal airway (OPA), not an NPA.

NPA is measured from nose to earlobe.

B). Follow the base of the tongue during insertion # Incorrect

This applies to OPA insertion, not NPA.

NPA is inserted along the floor of the nasal passage.

C). Insert the bevel away from the septum # Incorrect

The bevel should face toward the septum (medially), not away.

Exact Extracts (NREMT-aligned EMT educational references):

"Measure NPA from the nostril to the earlobe."

"Lubricate the airway before insertion."

"Insert into the larger nostril if possible."

"Advance gently along the nasal floor."

Clinical Priority Summary:

Correct NPA insertion requires proper nostril selection and lubrication, making D and E the correct answers.

References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

NREMT National Continued Competency Program (NCCP)

AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION: 121

Which of the following actions are appropriate management for two-rescuer pediatric basic life support?

Select the three correct options.

- A. Start CPR if the pulse rate is 72
- B. Perform rescue breathing at a rate of 20 per minute
- C. Compress at a rate of 180 per minute
- D. Use the two-thumb-encircling-hands technique for infants
- E. Perform compressions at a ratio of 15:2
- F. Compress the chest one-half the diameter of the chest

Answer: D,E,F (LEAVE A REPLY)

For pediatric BLS with two rescuers, current AHA Guidelines (2020) recommend:

Two-thumb encircling hands technique: Most effective for infants; provides consistent depth and control.

Compression ratio of 15:2: Enhances ventilation without compromising perfusion.

Compression depth: 1/3 of chest or approximately one-half the chest ' s depth.

CPR begins if pulse < 60 bpm with signs of poor perfusion, not at 72 bpm. Rate of 180/min is excessive; ideal rate is 100-120/min.

References:

AHA BLS Provider Manual (2020) - Pediatric BLS Section

NREMT Cardiology and Resuscitation Module

Pediatric Advanced Life Support (PALS) Guidelines

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NEW QUESTION: 122

A 56-year-old female with diabetes reports dizziness, shortness of breath, and weakness that began an hour ago. The EMT should suspect

- A. vertigo.
- B. an allergic reaction.
- C. anemia.
- D. a myocardial infarction.

Answer: (SHOW ANSWER)

This is the kind of patient where EMTs should think beyond the absence of chest pain. In women, a myocardial infarction can present with less classic symptoms such as shortness of breath, dizziness /lightheadedness, and unusual weakness or fatigue . The American Heart Association specifically notes that women may have heart attack symptoms including shortness of breath and unusual tiredness and weakness , and the American Diabetes Association also lists shortness of breath and dizziness or lightheadedness among symptoms of heart disease that people with diabetes should recognize. (www.heart.org)

So from an NREMT-style assessment standpoint, a 56-year-old woman with diabetes and a sudden onset of these symptoms should be treated with a high index of suspicion for acute myocardial infarction until proven otherwise. (www.heart.org)

NEW QUESTION: 123

Which of the following adverse conditions typically occurs during hemodialysis treatment?

- A. Tinnitus
- B. Gallstones
- C. Hypertension
- D. Muscle cramps

Answer: (SHOW ANSWER)

The correct answer is D. Muscle cramps.

Hemodialysis is a process that removes waste products and excess fluid from the blood in patients with kidney failure. During this process, rapid shifts in fluid and electrolytes can lead to several complications.

One of the most common adverse effects during hemodialysis is muscle cramps, which are primarily caused by:

Rapid fluid removal (hypovolemia)

Electrolyte imbalances

Changes in osmolarity

Why D is correct:

NREMT-based medical guidelines highlight that:

"Patients undergoing dialysis commonly experience complications such as hypotension and muscle cramping." Muscle cramps are frequently reported during or immediately after dialysis due to fluid shifts.

Why the other options are incorrect:

A). Tinnitus: Not associated with dialysis treatment.

B). Gallstones: A chronic condition unrelated to dialysis sessions.

C). Hypertension: While kidney patients may have hypertension, dialysis more commonly causes hypotension, not hypertension, during treatment.

Exact Extracts:

"Complications of dialysis include hypotension and muscle cramps."

"Rapid fluid shifts during dialysis can result in painful muscle cramping."

"Dialysis patients may experience electrolyte imbalances leading to neuromuscular symptoms." References:

NREMT EMT Education Standards - Medical Emergencies (Renal and Urologic Conditions) NREMT National Continued Competency Program (NCCP) - Medical Content Prehospital Emergency Care (EMT) - Renal Emergencies

NEW QUESTION: 124

An 84-year-old patient becomes dyspneic, feels faint, and develops blurred vision when going from sitting to standing. When at rest, the patient's symptoms resolve. The vital signs are BP 188/90, P 78, R 20, and SpO₂

93% on room air. Which of the following causes is the patient's most likely presentation?

- A. Atherosclerosis
- B. Cardiac arrhythmia
- C. Transient ischemic attack
- D. Dissecting aortic aneurysm

Answer: A (LEAVE A REPLY)

The correct answer is A. Atherosclerosis.

This patient is experiencing positional (orthostatic) symptoms, including:

Dizziness / feeling faint

Blurred vision

Symptoms that occur when standing and resolve at rest

In elderly patients, this pattern strongly suggests reduced cerebral perfusion upon standing, often due to vascular insufficiency from atherosclerosis.

Key reasoning:

Atherosclerosis causes narrowing and stiffening of arteries.

This limits the body's ability to quickly adjust blood flow during position changes.

As a result, transient cerebral hypoperfusion occurs when standing, causing the described symptoms.

Why A is correct:

It best explains age-related vascular insufficiency and positional symptoms.

The patient's elevated blood pressure also supports chronic vascular disease.

Why the other options are incorrect:

B). Cardiac arrhythmia: Typically causes sudden, unpredictable symptoms, not consistently position-related.

C). Transient ischemic attack (TIA): Causes focal neurological deficits, not just positional dizziness that resolves with rest.

D). Dissecting aortic aneurysm: Presents with severe, tearing chest or back pain, not positional lightheadedness.

Exact Extract (EMT-aligned educational content):

Elderly patients commonly experience dizziness or syncope due to decreased cerebral perfusion.

Atherosclerosis reduces vascular elasticity and blood flow, impairing the body's ability to compensate for position changes.

Symptoms such as lightheadedness and blurred vision upon standing indicate transient cerebral hypoperfusion.

References:

NREMT National EMS Education Standards - Cardiovascular Emergencies

EMT Training Curriculum - Syncope and Cerebral Perfusion

National EMS Scope of Practice Model - Patient Assessment and Perfusion Disorders

NEW QUESTION: 125

While performing an initial scene size-up at a motor vehicle collision, what should the EMT determine?

Select the three answer options that are correct.

A. Mechanisms of injury

B. If entrapment occurred

C. Severity of the patients

D. Total number of patients

E. Which patients have died

F. Site for loading injured patients

Answer: A,B,D (LEAVE A REPLY)

The correct answers are A. Mechanisms of injury, B. If entrapment occurred, and D. Total number of patients.

During the scene size-up, the EMT performs an initial overview to ensure safety and gather critical information before patient contact. NREMT guidelines emphasize specific elements that must be identified early.

Key components of scene size-up include:

1. Mechanism of Injury (MOI) (A):

Helps predict potential injuries based on how the incident occurred

Essential for determining severity and treatment priorities

2. Entrapment (B):

Determines whether patients are physically trapped

Helps anticipate need for extrication resources and delays in care

3. Number of Patients (D):

Critical for determining if additional resources are needed

Helps identify potential mass-casualty incidents (MCI)

NREMT-aligned references state:

"Scene size-up includes determining the mechanism of injury."

"Identify the number of patients and need for additional resources."

"Determine if extrication or special rescue is required."

Why the other options are incorrect:

C). Severity of the patients This is determined during the primary assessment, not initial scene size-up E). Which patients have died Not part of initial size-up priorities F). Site for loading injured patients This is part of incident management/transport decisions, not initial size-up Exact Extracts (NREMT-aligned EMT educational references):

"Determine the mechanism of injury or nature of illness."

"Determine the number of patients."

"Assess the need for additional resources and extrication."

Clinical Priority Summary:

Scene size-up focuses on environmental awareness and resource needs, specifically MOI, patient count, and entrapment, making A, B, and D correct.

References:

NREMT EMT Education Standards - EMS Operations (Scene Size-Up)

NREMT National Continued Competency Program (NCCP)

AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

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