

# Practice NREMT EMT Exams Free - New EMT Exam Objectives



3. For the medication contained in a metered-dose inhaler to provide relief of asthma symptoms, it must come in contact with the...

- a. oral mucosa.
- b. trachea and main bronchi.
- c. bronchioles.
- d. alveoli.

4. A 54 year old female complained of difficulty breathing before becoming unresponsive. You attempted to place an oropharyngeal airway, but she started gagging. In which position should you position her?

- a. Prone
- b. Supine
- c. Semi-Fowler's
- d. Laterally recumbent

5. An unresponsive 36 year old female patient was found in the hallway of an office complex, moaning slightly. Her breathing is adequate, and she appears to have lost bladder control. After administering oxygen, you observe her mental status improving. You should suspect her presentation was most likely caused by...

- a. stroke.
- b. seizure.
- c. hypoglycemia.
- d. myocardial infarction.

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department or the police.

## **NREMT Emergency Medical Technicians Exam Sample Questions (Q114-Q119):**

### **NEW QUESTION # 114**

What characteristics of the pediatric airway are different from the adult airway?

- A. Proportionately smaller tongue and proportionately larger occiput
- B. Proportionately smaller tongue and proportionately smaller occiput
- **C. Proportionately larger tongue and proportionately larger occiput**
- D. Proportionately larger tongue and proportionately smaller occiput

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Compared to adults, pediatric patients have:

\* A proportionately larger tongue, which increases the risk of airway obstruction

\* A larger occiput, which causes natural neck flexion when lying supine, potentially occluding the airway. This anatomical difference is why EMS providers often use a shoulder roll instead of a head tilt to maintain a neutral airway in infants and toddlers.

References:

NREMT Pediatric Airway Management Standards

AHA PALS Manual - Pediatric Anatomy and Airway Considerations

National EMS Education Standards - Pediatric Assessment and Airway Anatomy

### **NEW QUESTION # 115**

A 34-year-old patient has a possible midshaft fracture to their right femur. The EMT is considering what the best time to assess distal neurological function would be:

\* Time 1: Before the splint has been applied

\* Time 2: After the splint has been applied

At which of these times, if either, should the EMT assess distal neurological function?

- **A. Both times**
- B. Time 1 only
- C. Time 2 only
- D. Neither time

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation (Based on NREMT standards):

NREMT trauma care guidelines clearly state that distal circulation, sensation, and motor function (CSM) must be assessed both before and after splinting any musculoskeletal injury.

Option C is correct because the pre-splint assessment establishes a baseline, while the post-splint assessment confirms that the splint has not compromised blood flow or nerve function.

Option A is incomplete and unsafe.

Option B misses baseline data.

Option D violates standard trauma care practices.

Proper documentation of distal neurological status is critical for patient safety and medico-legal protection.

### **NEW QUESTION # 116**

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

- **A. Tap the brakes**
- B. Slow down
- C. Speed up
- D. Pull over

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

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 # 117

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

- **A. carefully withdraw the needle and place it in the sharps container.**
- B. do or say nothing regarding the needle.
- C. remove the needle, re-cap it, and dispose of it in an approved container.
- D. confront the paramedic in front of the patient.

**Answer: A**

Explanation:

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 # 118

A mountain climber tells you that he came down from a hike because he was coughing up blood. You should suspect

- A. Neoplasm
- **B. Pulmonary embolism**
- C. Pulmonary edema
- D. Spontaneous pneumothorax

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Hemoptysis (coughing up blood) in a physically active person, such as a mountain climber, strongly suggests a pulmonary embolism (PE), particularly due to:

\* Dehydration

\* Prolonged exertion or immobility

\* High altitude increasing clot risk

Symptoms may include:

