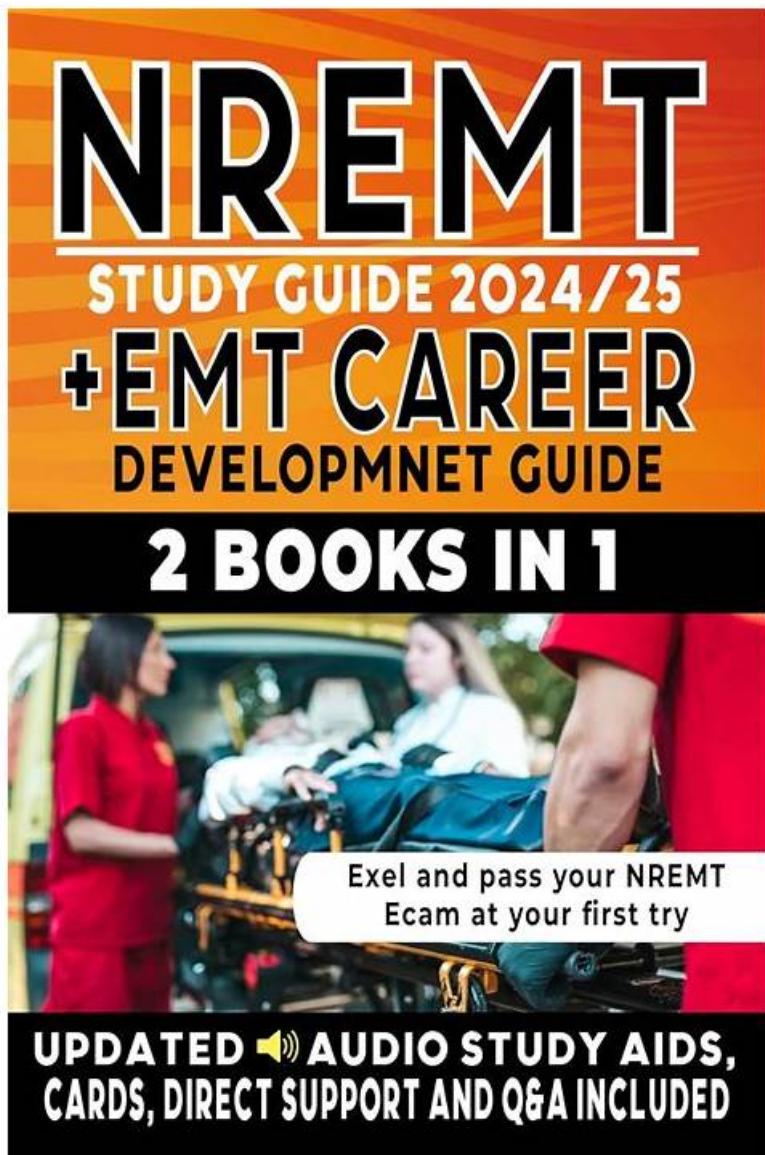


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- Candidate must have completed the course in the last 2 years & the course director needs to verify the success of the course on the National Registry website.
- Pass state-approved cognitive (knowledge) and psychomotor (skills) tests.
- The successful parts of the cognitive and psychomotor exam remain valid for 24 months. For candidates whose course completion date is before November 1, 2018, the valid parts of each exam are valid for 12 months. Provided all other entry conditions are met.
- Successful completion of a state-approved State Medical Technician (EMT) course that meets or exceeds the National Emergency Medical Service training standards for the emergency technician.
- Have a current CPR-BLS for “healthcare provider” or equivalent credentials.

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The Average Salary of a Test Prep EMT Expert in

- England - 27504 POUND
- United States - 34320 USD
- Europe - 31358 EURO
- India - 2606432 INR

NREMT Emergency Medical Technicians Exam Sample Questions (Q17-Q22):

NEW QUESTION # 17

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. Plastic
- C. Polypropylene
- D. Cloth

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

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 # 18

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. Heart rate
- B. Blood glucose level
- C. Capillary refill
- D. Respiratory rate
- E. SpO#
- F. Blood pressure

Answer: A,C,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

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 # 19

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

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

Answer: D

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:

- * Shortness of breath
- * Chest pain
- * Tachypnea
- * Hemoptysis

Pulmonary edema generally causes pink frothy sputum and is more associated with heart failure. Neoplasm (lung cancer) is possible but much less acute in onset. Spontaneous pneumothorax causes dyspnea and pleuritic chest pain but not typically hemoptysis.

References:

NREMT Medical Assessment - Pulmonary and Hematologic Emergencies

NEW QUESTION # 20

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. Oxygen saturation
- B. Crackles in both lungs
- C. Pulse rate
- D. Blood pressure
- E. Respiratory rate
- F. Nausea and vomiting

Answer: D,E,F

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

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 # 21

An EMT is using a BVM to ventilate a 28-year-old patient with asthma. The patient is unresponsive, and their vital signs are BP 70/40, P 142, R 8, and SpO₂ 89% on room air. The patient is becoming increasingly difficult to ventilate. What should the EMT do next?

- A. Place the patient on CPAP
- B. Ventilate the patient more forcefully
- C. Apply high-flow oxygen via non-rebreather mask
- D. Decrease the rate of ventilations

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In patients with asthma experiencing respiratory failure, improper ventilation (especially excessive rates) can lead to air trapping and increased intrathoracic pressure, reducing venous return and worsening hypotension.

The correct technique is to ventilate slowly to allow full exhalation - around 1 breath every 5-6 seconds for adults.

CPAP is contraindicated in unresponsive patients who cannot maintain their own airway. A non-rebreather mask would be insufficient for an unresponsive patient, and forceful ventilation risks barotrauma.

References:

NREMT EMT Psychomotor Exam Guide: Airway, Respiration & Ventilation

American Heart Association (AHA) BLS Provider Manual (2020)

National EMS Education Standards (2011) - Airway Management Section

NEW QUESTION # 22

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