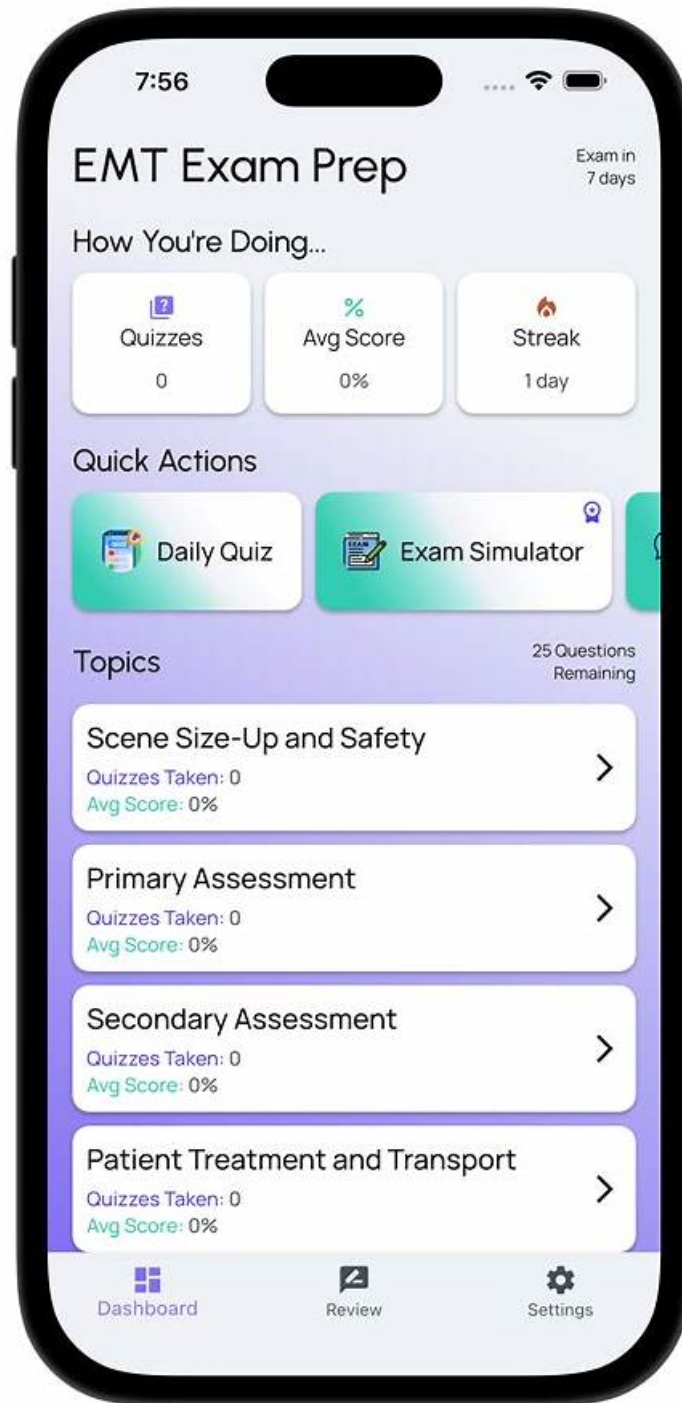


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The National Registry of Emergency Medical Technicians, or NREMT, is a nonprofit organization that helps maintain the skills, knowledge, and abilities of Emergency Medical Technicians (EMTs) in the United States. Although you probably know the important role EMUs play in our society, you may not be familiar with the proof required to become an emergency medical technician. NREMT manages a wide range of professional emergency medical tests, including First Aid, First Aid (EMR), First Aid Technicians (EMT), Advanced First Aid Technicians (AEMT), EMT -Intermediate / 99 (EMT- I / 99) and paramedics. Although the exams vary by type of emergency responder, they cover all the general knowledge and skills necessary to provide emergency medical services. In this guide, we'll cover everything you need to know about the EMT exam, including study tips, test content, scoring, the best NREMT practice exam, and much more.

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We all have same experiences that some excellent people around us further their study and never stop their pace even though they have done great job in their surrounding environment. So it is of great importance to make yourself competitive as much as possible. Facing the EMT exam this time, your rooted stressful mind of the exam can be eliminated after getting help from our EMT practice materials. Among voluminous practice materials in this market, we highly recommend our EMT Study Tool for your reference. Their vantages are incomparable and can spare you from strained condition. On the contrary, they serve like stimulants and catalysts which can speed up you efficiency and improve your correction rate of the EMT real questions during your review progress.

NREMT Emergency Medical Technicians Exam Sample Questions (Q37-Q42):

NEW QUESTION # 37

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. Arm drift
- B. Facial droop
- C. Tremors
- D. Slurred speech
- E. Syncopal episodes
- F. Miosis

Answer: A,B,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

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 # 38

A 24-year-old male was injured in an explosion at a large factory. He is breathing shallowly at a rate of 40 and his capillary refill is 3 seconds. What color should you assign him for triage?

- A. Yellow
- **B. Red**
- C. Green
- D. Black

Answer: B

Explanation:

Using the START triage system, patients are categorized based on Respirations, Perfusion, and Mental Status (RPM).

A respiratory rate greater than 30 breaths per minute immediately qualifies the patient as RED (Immediate). Additionally, delayed capillary refill (>2 seconds) further supports this classification.

Option A is correct.

Option B applies to stable patients who can wait.

Option C is for deceased or nonsalvageable patients.

Option D is for minor injuries.

NREMT teaches that patients with compromised airway or perfusion are the highest priority.

NEW QUESTION # 39

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

- A. Bubbling
- B. Rhonchi
- **C. Crowing**
- D. Wheezing

Answer: C

Explanation:

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 # 40

A 27-year-old patient is under arrest and in handcuffs after an altercation with police. The patient has a swollen left wrist that is tender to the touch. There is no deformity to the wrist, and distal pulses are present.

The EMT is considering the following transport options:

* Option 1: Transport the patient in the ambulance, handcuffed, with the key-holding officer following the ambulance in a police car.

* Option 2: Transport the patient in the ambulance, but exchange the handcuffs for locking leather restraints to which the EMT has a key.

Which of these options should the EMT choose, if either?

- A. Either option
- **B. Option 2 only**
- C. Neither option

- D. Option 1 only

Answer: B

Explanation:

NREMT guidelines emphasize that EMTs must be able to rapidly release any restraints applied to a patient in the event of airway compromise, vomiting, cardiac arrest, or sudden deterioration.

Option B is correct because exchanging handcuffs for EMS-controlled restraints ensures patient safety while maintaining custody. The EMT having the key allows immediate access if emergency care is required.

Option A is unsafe because the EMT does not have control over the restraints, potentially delaying lifesaving interventions.

Option C is incorrect because patient safety standards must always be met.

Option D is incorrect because transport is necessary for evaluation and care.

NREMT stresses that custody never supersedes patient safety, and EMS must maintain control of patient restraints during transport.

NEW QUESTION # 41

A 15-year-old patient is unresponsive following an assault. The patient has a stab wound on the chest, which is gurgling. The vital signs are BP 76/48 mmHg, P 146/min, R 26/min, and SpO₂ 90% on room air.

Which of the following types of shock is the most likely cause of the patient's presentation?

- A. Hypovolemic
- B. Distributive
- **C. Obstructive**
- D. Cardiogenic

Answer: C

Explanation:

Comprehensive and Detailed Explanation (Based on NREMT standards):

This patient has signs of penetrating chest trauma, severe hypotension, tachycardia, and respiratory distress.

A gurgling chest wound suggests an open pneumothorax, which can progress to tension pneumothorax.

Option C (Obstructive shock) is correct because air trapped in the chest can compress the heart and great vessels, preventing adequate cardiac output.

Option A is less likely because although blood loss may be present, the chest injury suggests impaired circulation due to pressure.

Option B involves pump failure, not trauma-related compression.

Option D involves abnormal vessel dilation, not mechanical obstruction.

NREMT emphasizes rapid recognition of obstructive shock and immediate intervention with occlusive dressings and rapid transport.

NEW QUESTION # 42

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