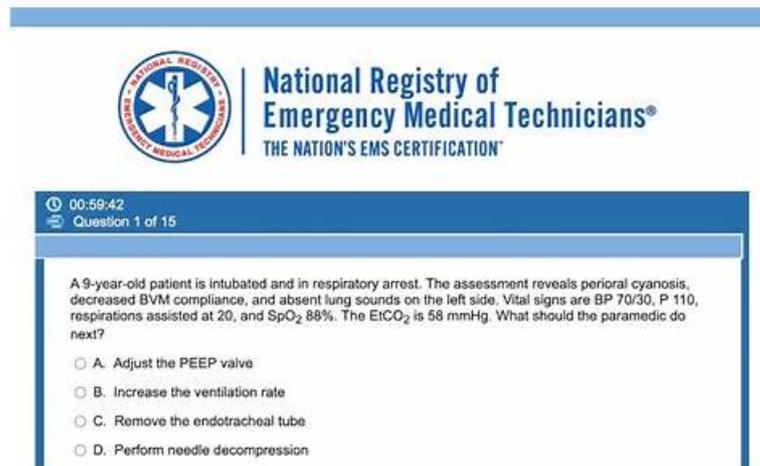


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NREMT Emergency Medical Technicians Exam Sample Questions (Q38-Q43):

NEW QUESTION # 38

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 reported no loss of consciousness."
- C. "The patient initially refused assessment."
- D. "The patient reported abdominal tenderness."
- E. "The patient was disruptive and non-compliant with EMS."

Answer: A,B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

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 # 39

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. Unified, because the EMS unit will join the command team upon arrival.
- C. Singular, because there is still only one incident commander.
- **D. Unified, because there are multiple agencies represented.**

Answer: D

Explanation:

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 # 40

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

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 # 41

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

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

Answer: A

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

AAOS EMT Textbook - Chapter: Respiratory Emergencies

CDC Guidelines - High-Risk Conditions for Pulmonary Embolism

NEW QUESTION # 42

Witnesses state a patient is unresponsive and not breathing after a vehicle collision. What action should the EMT perform first?

- A. Begin cardiac compressions.
- B. Complete a scene size-up.
- C. Hold the neck in a neutral in-line position.
- D. Perform a jaw-thrust maneuver.

Answer: B

Explanation:

Even in high-acuity situations, NREMT standards require EMTs to perform a scene size-up before patient contact. Scene size-up includes ensuring scene safety, determining the mechanism of injury, identifying hazards, and assessing the need for additional resources. Entering a scene without confirming safety places the EMT at risk and can result in additional victims.

Although the patient is unresponsive and apneic, EMTs must first confirm the scene is safe to enter. Only after scene safety is established should patient care begin.

Option B is incorrect because CPR cannot be initiated until the EMT has safely accessed the patient.

Option C is incorrect because airway maneuvers are performed after scene safety and patient access are confirmed.

Option D is incorrect because spinal stabilization occurs after initial access and assessment.

NREMT emphasizes: rescuer safety always comes first, even in life-threatening emergencies.

NEW QUESTION # 43

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