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Emergency Medical Technician (EMT) Exam Outline		
Content Categories	Percentage of Examination	Adult/Pediatric Contents
1. Airway Respiration and Ventilation	18%-22%	85%/15%
2. Cardiology and Resuscitation	22%-26%	85%/15%
3. Trauma	13%-17%	85%/15%
4. Medical; Obstetrics and Gynecology	25%-29%	85%/15%
5. EMS Operations	10%-14%	N/A

Time limit: 120 minutes

Total questions: 70-120

Question Format: Multiple-choice

Exam Delivery: Computer-adaptive (CAT)

Mometrix Test Preparation

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NREMT Emergency Medical Technicians Exam Sample Questions (Q62-Q67):

NEW QUESTION # 62

A 31-year-old patient has an open femur fracture and an unstable pelvis after falling 15 feet. They are conscious and responsive to verbal stimuli. The vital signs are BP 86/42, P 136, R 24, and SpO# 92% on room air. The patient has which of the following types of shock? Select the two correct options.

- A. Obstructive
- B. Distributive

- C. Decompensated
- D. Compensated
- E. Hypovolemic

Answer: C,E

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

This is a classic presentation of hypovolemic shock due to traumatic blood loss (open femur fracture, pelvic instability). Indicators include:

- * Low BP (86/42) = hypotension
- * High pulse (P 136) = compensation
- * Mental status decline (responsive only to voice) = indicates decompensated shock. Obstructive and distributive shock are not applicable. Compensated shock would show normal BP and alert mental status.

References:

NREMT Shock Management and Trauma Guidelines

National EMS Education Standards - Hemorrhagic and Non-Hemorrhagic Shock AAOS EMT Textbook - Chapter: Types of Shock

NEW QUESTION # 63

A program whose efforts are to limit the effects of an injury or illness that you cannot completely prevent is called

- A. Secondary prevention
- B. Proactive prevention
- C. Primary prevention
- D. Reactive prevention

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Secondary prevention focuses on early detection and intervention to reduce the severity or impact of an illness or injury that has already occurred or is inevitable. Examples in EMS include:

- * AED deployment in public
- * Stroke recognition training
- * Early CPR

Primary prevention aims to stop the injury from occurring at all (e.g., vaccination, seatbelts). "Reactive" and "proactive" are not recognized formal categories in EMS public health strategy.

References:

NREMT Public Health and EMS Prevention Models

CDC Injury Prevention Framework

EMS Agenda for the Future - Preventive and Community-Based EMS Care

NEW QUESTION # 64

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. Battery
- B. Breach of ethics
- C. Negligence
- D. Breach of duty

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Negligence occurs when an EMT:

- * Has a duty to act

* Breaches that duty(e.g., by withholding basic care like warmth)

* Causes harm or risk of harm

* Establishes causation

The EMT's failure to treat the patient with respect and dignity - even if the patient improved - still constitutes negligence, especially if tied to a discriminatory or dismissive attitude.

References:

NREMT Ethics & Legal Guidelines - Duty and Negligence

National EMS Education Standards - Professional Conduct

Brady Emergency Care (13th ed.), Chapter: Legal and Ethical Responsibilities

NEW QUESTION # 65

A 9-year-old patient who was injured in an MCI is brought to the treatment area with a delayed triage tag. Which of the following signs or symptoms would the EMT expect to find? Select the three correct options.

- A. Mottled skin
- B. Ability to ambulate
- C. Follows simple commands
- D. Breathing only after opening the airway
- E. Respiratory rate of 16
- F. Palpable pulses being present

Answer: B,C,F

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In pediatric START or JumpSTART triage, a "delayed" status is appropriate if the child is breathing adequately, has palpable pulses, and follows commands. The respiratory rate of 16 is normal for a 9-year-old, and being able to walk also supports the "delayed" tag.

"Mottled skin" and "breathing only after airway opening" would more likely lead to "immediate" or even "expectant" categories depending on associated symptoms.

References:

JumpSTART Pediatric MCI Triage Algorithm

National EMS Education Standards - Triage

PALS Provider Manual (American Heart Association)

NEW QUESTION # 66

A drowsy 72-year-old female complains of difficulty breathing. Her respiratory rate is 50, and her SpO# is 89% on room air. You should suspect

- A. Respiratory failure
- B. Respiratory alkalosis
- C. Respiratory distress
- D. Respiratory arrest

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The patient's excessively high respiratory rate (RR 50), hypoxia (SpO# 89%), and decreased mental status (drowsiness) indicate respiratory failure, which is the inability to maintain oxygenation or ventilation.

* Respiratory distress: Increased effort but adequate compensation

* Respiratory arrest: Complete absence of breathing

* Respiratory alkalosis: Possible early finding, but not a condition diagnosis. This patient is tiring and losing the ability to ventilate effectively - a hallmark of failure.

References:

NREMT Airway and Ventilation Guidelines

AHA BLS Manual - Recognition of Respiratory Failure

AAOS EMT Textbook - Chapter: Airway Emergencies

NEW QUESTION # 67

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