

EMT Valid Test Tutorial, EMT Valid Test Questions

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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Additionally, students can take multiple EMT exam questions, helping them to check and improve their performance. Three formats are prepared in such a way that by using them, candidates will feel confident and crack the Emergency Medical Technicians Exam (EMT) actual exam. These three formats suit different preparation styles of EMT test takers.

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>> EMT Valid Test Tutorial <<

Exclusive EMT Exam Questions And EMT Dumps For The 2026 Exam

This way you will be able to experience the actual Emergency Medical Technicians Exam exam environment and become a more prepared and confident candidate to step into the examination center. You will know where exactly you stand before the actual NREMT EMT Certification Exam. The actual NREMT EMT exam questions will make you familiar with the inside-out view of the exam pattern and syllabus.

NREMT Emergency Medical Technicians Exam Sample Questions (Q84-Q89):

NEW QUESTION # 84

When using the SALT method for triage, which of the following interventions should the EMT perform during the individual assessment step?

- A. Insertion of airway adjuncts, bleeding control, and moving patients to the triage area
- **B. Assessing respirations, administering two rescue breaths, and assessing patient mentation**
- C. Bleeding control, opening the airway, and administering two rescue breaths for pediatric patients
- D. Completing first responder scorecards to track patients

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

SALT (Sort, Assess, Lifesaving interventions, Treatment/Transport) is a mass casualty triage method recommended by the CDC and the National Association of EMS Physicians (NAEMSP). During the "Assess" step, responders:

- * Check respirations
- * Provide lifesaving interventions such as rescue breaths if the patient is not breathing but has a pulse
- * Evaluate mentation (e.g., ability to follow commands)

Airway adjuncts and full transport do not happen at this stage. Scorecards and pediatric-specific modifications are addressed later in the protocol.

References:

NREMT EMS Operations - Mass Casualty and Triage Guidelines

CDC SALT Mass Casualty Triage Guidelines

National EMS Education Standards - Disaster Response

NEW QUESTION # 85

What are the greatest morbidity risks associated with poorly controlled patient agitation in patients exhibiting delirium? Select the two answer options that are correct.

- A. Positional asphyxia
- B. Hypovolemic shock
- C. Seizure activity
- D. Hemorrhagic stroke
- E. Sudden cardiac arrest

Answer: A,E

Explanation:

The correct answers are B. Positional asphyxia and E. Sudden cardiac arrest.

This question refers to patients with severe agitation or delirium, often described in EMS as excited delirium syndrome or severe behavioral emergencies.

Why B is correct (Positional asphyxia):

Agitated patients who are restrained improperly (especially in prone positions) are at high risk of:

- * Restricted chest wall movement
- * Impaired ventilation
- * Hypoxia

NREMT-aligned guidance emphasizes:

- * "Improper restraint positioning can lead to positional asphyxia."
- * This is a major cause of morbidity and death in agitated or restrained patients.

Why E is correct (Sudden cardiac arrest):

Severely agitated or delirious patients are at risk of:

- * Extreme catecholamine surge
- * Metabolic acidosis
- * Cardiac dysrhythmias

These can rapidly lead to sudden cardiac arrest.

NREMT materials highlight:

- * "Patients with severe agitation are at risk for sudden cardiac arrest."
- * "Excited delirium may result in sudden death if not properly managed." Why the other options are incorrect:
- * A. Seizure activity: Not a primary or common morbidity risk directly associated with agitation.
- * C. Hypovolemic shock: Not typically related to agitation unless trauma or bleeding is present.
- * D. Hemorrhagic stroke: Not a typical complication of agitation/delirium in EMS context.

Exact Extracts:

- * "Improper restraint can result in positional asphyxia."
- * "Excited delirium is associated with sudden cardiac arrest."
- * "Agitated patients require careful monitoring due to risk of sudden death." References:

NREMT EMT Education Standards - Medical Emergencies (Behavioral and Psychiatric Disorders) NREMT National Continued Competency Program (NCCP) - Behavioral Emergencies Prehospital Emergency Care (EMT) - Behavioral Crisis Management

NEW QUESTION # 86

Your partner has performed an improper treatment. He wrote a statement that you directed him to perform this treatment. His written statement is an example of

- A. Malice
- **B. Libel**
- C. Battery
- D. Slander

Answer: B

Explanation:

NREMT legal education differentiates between slander and libel, both forms of defamation.

Option D (Libel) is correct because libel involves false written statements that harm a person's reputation.

In this scenario, the partner's written claim falsely attributes improper treatment to you.

Option A (Slander) refers to spoken false statements.

Option B (Malice) describes intent, not a legal category of defamation.

Option C (Battery) is unlawful physical contact with a patient.

Understanding legal terminology helps EMTs protect themselves professionally and legally.

NEW QUESTION # 87

The ability to think and reason is located in which region of the brain?

- **A. Cerebrum**
- B. Brain stem
- C. Pons
- D. Cerebellum

Answer: A

Explanation:

The cerebrum is the largest and most developed part of the human brain and is responsible for higher cognitive functions. According to NREMT anatomy and physiology education, the cerebrum controls thinking, reasoning, memory, judgment, voluntary movement, and sensory interpretation.

Option B is correct because conscious thought, problem-solving, and decision-making all originate in the cerebrum.

Option A (Pons) helps regulate breathing and sleep cycles.

Option C (Brain stem) controls vital functions such as heart rate, breathing, and blood pressure.

Option D (Cerebellum) coordinates balance, posture, and fine motor movement.

Understanding brain function helps EMTs correlate neurological findings with possible injuries or medical conditions.

NEW QUESTION # 88

Following insertion of an oropharyngeal airway in an unresponsive 1-year-old male, he develops cyanosis and bradycardia. You should

- **A. remove the airway and ventilate him.**
- B. start CPR if his heart rate falls below 100.
- C. continue ventilation with the airway in place.
- D. increase the ventilation rate to 40-60.

Answer: A

Explanation:

The correct answer is A. Remove the airway and ventilate him.

In pediatric patients, improper placement or incorrect sizing of an oropharyngeal airway (OPA) can cause:

Airway obstruction instead of opening

Worsening hypoxia

Leading to cyanosis and bradycardia

The patient's cyanosis (low oxygen) and bradycardia (late hypoxia sign) indicate that the airway intervention has failed or worsened the situation.

Immediate action is to:

Remove the OPA

Provide effective ventilations with BVM

B). Continue ventilation with the airway in place # Incorrect because the airway is likely malpositioned or obstructing airflow C). Increase ventilation rate to 40-60 # Excessive and inappropriate; does not correct obstruction D). Start CPR if HR < 100 # In pediatrics, CPR begins if HR < 60 with poor perfusion, not < 100

"If an airway adjunct worsens ventilation, it should be removed immediately."

"Bradycardia in infants is a sign of hypoxia."

"Ensure adequate ventilation before initiating compressions."

References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

National EMS Education Standards - Pediatric Airway Management

NREMT Candidate Handbook - Airway Management and Resuscitation

NEW QUESTION # 89

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


















Most of these tools are covered in depth throughout the rest of the book, EMT so to save on confusion at this point, I will detail the collection in the following and point you to the chapters that contain more details.

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