

EMT Accurate Test | Exam EMT Questions Fee

EMT TEST #1 (AIRWAY, RESPIRATION, AND VENTILATION) QUESTIONS WITH COMPLETE SOLUTIONS

Respiratory rate is assessed by counting - Answer-Breaths for 30 seconds and multiplying by 2

You are assessing a patient's respiration's. You notice stridor, nasal flaring, and accessory muscle use. You also notice the patient is sitting in the tripod position. You can state that the patient has _____ breathing - Answer-Labored

Cyanosis is most likely a sign of - Answer-Inadequate oxygenation

What are some structures of the respiratory system - Answer-Trachea
Alveoli
Pharynx

Of the following, which is not a sign of adequate breathing

- abdominal movement
- equal chest rise and fall
- muscular retractions in the ribs
- audible breath sounds - Answer-Muscular retractions in the ribs

You respond to a patient in respiration to distress. On arrival, you find a 67-year-old male who has a respiratory rate of 32, nasal flaring, and shallow, irregular respiration's. All of these findings are indicative of - Answer-Inadequate breathing

Which of the following is NOT a cause of inadequate breathing - Answer-Conjunctivitis

The head- tilt- chin-lift airway maneuver can be used in all of the following patients

EXCEPT for a patient who is

- choking
- has chest pain
- was struck by an automobile
- is suffering from an allergic reaction - Answer-Struck by an automobile

Should never be use on a patient suspected of having a cervical spinal injury

The exchange of oxygen and carbon dioxide takes place in the - Answer-Alveoli

You are assigned to a motor vehicle accident on the interstate. On your arrival, you find a 22-year old male who is unconscious after being ejected from the vehicle. The initial airway maneuver of choice for the patient would be the - Answer-Jaw thrust maneuver

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Test Prep EMT Exam Reference

NREMT Emergency Medical Technicians Exam Sample Questions (Q77-Q82):

NEW QUESTION # 77

In which of the following positions should a patient with an altered level of consciousness be transported?

- A. Supine with legs elevated
- **B. Left lateral recumbent**
- C. Semi-Fowler
- D. Sitting up at a 90° angle

Answer: B

Explanation:

Comprehensive and Detailed Explanation (Based on NREMT standards):

Patients with an altered level of consciousness are at increased risk of airway compromise due to loss of protective reflexes.

NREMT guidelines stress the importance of airway protection during transport.

The left lateral recumbent position (recovery position) is preferred because it allows secretions, vomitus, or blood to drain from the mouth, reducing the risk of aspiration. This position also helps maintain airway patency without requiring invasive airway devices.

Option A may be appropriate for respiratory distress but does not adequately protect the airway in patients with decreased consciousness.

Option C is unsafe because the patient cannot maintain posture or airway control.

Option D increases aspiration risk unless spinal precautions are required.

NREMT teaches that airway protection is the priority when transporting patients with altered mental status.

NEW QUESTION # 78

A 37-year-old female presents with increased work of breathing after blunt chest trauma. During transport, her SpO₂ is 92% and decreasing. You auscultate clear lung sounds. The most likely cause of her condition is

- **A. pericardial tamponade.**
- B. esophageal rupture.
- C. a tension pneumothorax.
- D. a pulmonary contusion.

Answer: A

Explanation:

Pericardial tamponade is a life-threatening condition often associated with blunt or penetrating chest trauma.

NREMT instruction highlights that tamponade occurs when blood accumulates in the pericardial sac, compressing the heart and impairing cardiac output.

Option D is correct because patients with pericardial tamponade often present with increased work of breathing, hypoxia, and clear lung sounds, as the problem is cardiac rather than pulmonary. Decreasing oxygen saturation results from reduced cardiac output and poor tissue perfusion.

Option B is incorrect because tension pneumothorax typically presents with absent or diminished lung sounds on one side.

Option C usually produces crackles or signs of lung injury rather than clear lung sounds.

Option A is rare and usually associated with severe vomiting or penetrating trauma.

Early recognition of tamponade and rapid transport are critical per NREMT trauma care priorities.

NEW QUESTION # 79

The key to effectively managing a multiple casualty incident is to

- A. Utilize the incident command structure.
- B. Defer resource decisions to the first arriving chief officer.
- C. Request additional resources as early as possible.
- D. Initiate START triage procedures immediately.

Answer: A

Explanation:

The foundation of effective multiple-casualty incident (MCI) management is the Incident Command System (ICS). NREMT teaches that ICS provides clear leadership, communication, accountability, and coordination of resources.

Option D is correct because ICS allows for scalable management, efficient delegation, and integration of multiple agencies.

Option B is important but is a component of ICS, not the core principle.

Option C is a tactical step that occurs within the command structure.

Option A misunderstands ICS, as command is established based on arrival, not rank alone.

NREMT stresses that without ICS, MCIs become chaotic and unsafe, regardless of clinical skill.

NEW QUESTION # 80

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. Capillary refill
- B. Heart rate
- C. Blood glucose level
- D. SpO₂
- E. Blood pressure
- F. Respiratory rate

Answer: A,B,F

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. SpO₂ 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 # 81

An unresponsive 79-year-old female has agonal respirations. You should

- A. Begin chest compressions
- B. Open her airway and ventilate her with a BVM
- C. Check for a pulse
- D. Open her airway and suction until clear

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Agonal respirations are not effective breathing and can mimic gasping or snorting. They often occur in cardiac arrest. However, before initiating chest compressions, the EMT must confirm pulselessness by checking a carotid pulse for no more than 10 seconds (AHA 2020 BLS Guidelines).

Only after pulse confirmation (or absence) should compressions begin. Suctioning or ventilating is premature unless a pulse is found.

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