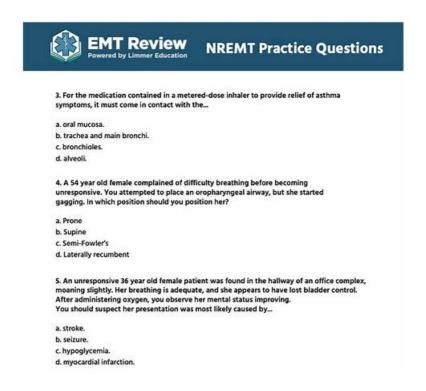
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NREMT Emergency Medical Technicians Exam Sample Questions (Q27-Q32):

NEW QUESTION #27

Which of the following elements proves tort negligence in a court of law?

A. Abandonment

- B. Causation
- C. False imprisonment
- D. Assault and battery

Answer: B

NEW QUESTION #28

Which of the following sections are designated by command at an MCI? Select the three correct options.

- A. Logistics
- B. Aviation
- C. Planning
- D. Catering
- E. Finance
- F. Staging

Answer: A,C,E

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

InIncident Command System (ICS) for Mass Casualty Incidents (MCI), the four major sections are:

- * Planning: Collects data and develops response strategies
- * Logistics: Supplies and personnel
- * Finance/Administration: Cost tracking, contracts, compensation

Stagingis atactical location, not a management section. Catering and aviationare not command-level ICS designations unless part of specific tasks under logistics or operations.

References:

NIMS ICS Framework - FEMA (ICS-100/700)

NREMT EMS Operations - MCI Command Structure

National EMS Education Standards - Incident Management

NEW QUESTION #29

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 pressure
- D. Respiratory rate
- E. SpO#
- F. Blood glucose level

Answer: A,B,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Children compensate for shock through increasedheart rate, respiratory rate, and vasoconstriction, which delays blood pressure drop. Therefore:

- * Tachycardiais often thefirst sign
- * Prolonged capillary refill(>2 seconds) is an early indicator
- * Tachypneasupports perfusion

Blood pressure is a late signin pediatric shock. SpO# 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 #30

What characteristics of the pediatric airway are different from the adult airway?

- A. Proportionately smaller tongue and proportionately larger occiput
- B. Proportionately smaller tongue and proportionately smaller occiput
- C. Proportionately larger tongue and proportionately larger occiput
- D. Proportionately larger tongue and proportionately smaller occiput

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Compared to adults, pediatric patients have:

- * Aproportionately larger tongue, which increases the risk of airway obstruction
- * Alarger occiput, which causes natural neck flexion when lying supine, potentially occluding the airway This anatomical difference is why EMS providers often use ashoulder rollinstead of a head tilt to maintain a neutral airwayin infants and toddlers.

References:

NREMT Pediatric Airway Management Standards

AHA PALS Manual - Pediatric Anatomy and Airway Considerations

National EMS Education Standards - Pediatric Assessment and Airway Anatomy

NEW QUESTION #31

A 27-year-old patient reports trouble breathing after being struck by a car. Which of the following findings are indicative of a possible chest wall injury? Select the three answer options that are correct.

- A. Subcutaneous emphysema
- B. Occipital depression
- C. Jugular vein distention
- D. Clavicle deformity
- E. Epigastric distension
- F. Unequal rise and fall

Answer: A,D,F

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Clavicle deformity suggests potential rib or thoracic trauma. Unequal chest rise may indicate a flail segment, pneumothorax, or hemothorax. Subcutaneous emphysema, the presence of air under the skin, is a classic finding in pneumothorax or tracheobronchial injury.

Occipital depression is not chest related; epigastric distension is a GI symptom; and jugular vein distention would suggest tension pneumothorax or cardiac tamponade, which are more advanced complications.

References:

NREMT Trauma Assessment Guidelines

National EMS Education Standards - Chest Injuries

AAOS Emergency Care and Transportation (11th ed.), Chapter: Chest and Abdominal Trauma

NEW QUESTION #32

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