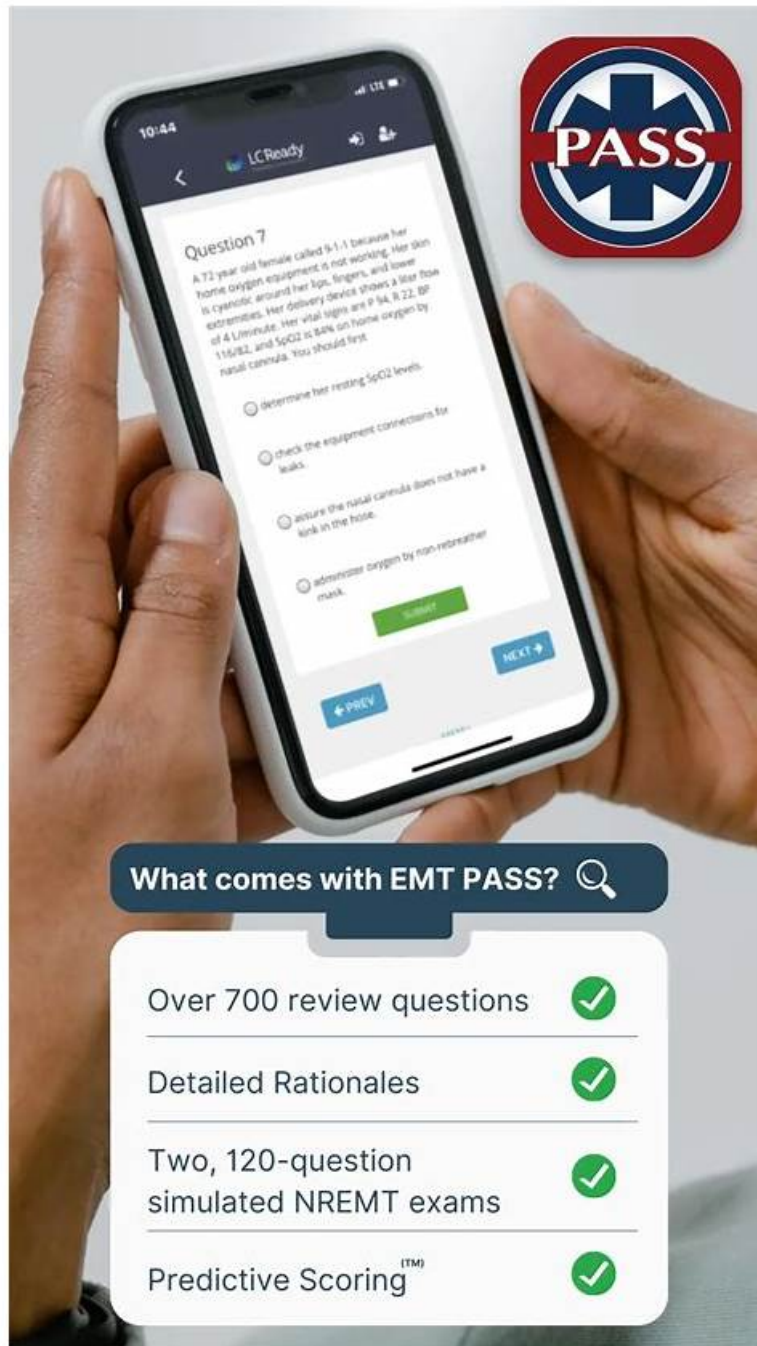


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Question 7
A 72-year-old female called 9-1-1 because her home oxygen equipment is not working. Her skin is cyanotic around her lips, fingers, and lower extremities. Her delivery device shows a liter flow of 4 L/minute. Her vital signs are P 94, R 22, BP 116/82, and SpO2 is 84% on home oxygen by nasal cannula. You should first:

- ☐ determine her resting SpO2 levels.
- ☐ check the equipment connections for leaks.
- ☐ assure the nasal cannula does not have a kink in the hose.
- ☐ administer oxygen by non-rebreather mask.

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NREMT Emergency Medical Technicians Exam Sample Questions (Q18-Q23):

NEW QUESTION # 18

A 12-year-old male suffered helmet-to-helmet contact while playing football. A bystander states, "He passed out for several seconds, then walked off the field under his own power." He is now unresponsive, and his vital signs are BP 180/110, P 90, and R 6. You should suspect

- A. Subdural hemorrhage
- **B. Epidural hematoma**
- C. Intracerebral hematoma
- D. Subarachnoid hemorrhage

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

An epidural hematoma classically presents with a "lucid interval"- a brief period of regained consciousness following head trauma, followed by rapid deterioration. This is due to arterial bleeding, often from the middle meningeal artery, leading to increasing intracranial pressure.

Signs include:

- * High blood pressure
- * Decreasing respiratory rate
- * Altered LOC or unresponsiveness

Subdural hemorrhages are slower venous bleeds, common in elderly patients. Subarachnoid hemorrhage often presents with "worst headache of life." Intracerebral bleeds are less commonly linked to lucid intervals.

References:

NREMT Trauma Module - Head Injuries

AAOS Emergency Care Textbook (11th ed.), Chapter: Head and Spine Trauma Emergency Neurological Life Support (ENLS)

Guidelines - Traumatic Brain Injury

NEW QUESTION # 19

Which of the following techniques are appropriate for examining a patient with an acute abdomen?
Select the two correct options.

- A. Visualize the abdomen before palpation
- B. Begin palpation with the most painful quadrant
- C. Press softly if the abdomen has a pulsating mass
- D. Lie the patient supine with legs flexed
- E. Palpate the abdomen prior to auscultation

Answer: A,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In patients with acute abdominal pain, you must first inspect (visualize) for distension, discoloration, or masses before touching. Palpation always begins away from the most painful area. The patient should be in a supine position with knees flexed to relax the abdominal muscles and ease the exam.

Palpating a pulsating mass could rupture an abdominal aortic aneurysm and is contraindicated.

References:

NREMT Cognitive Exam Blueprint - Medical Emergencies

Emergency Care and Transportation of the Sick and Injured (AAOS, 11th ed.) - Chapter: Abdominal and GI Emergencies EMT-B

National Standard Curriculum, Module: Medical Emergencies

NEW QUESTION # 20

What are possible complications of using continuous positive airway pressure (CPAP)? Select the two correct options.

- A. Hypotension
- B. Bronchospasms
- C. Feeling of suffocation
- D. Myocardial infarction
- E. Pulmonary edema

Answer: A,C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

CPAP works by delivering continuous positive pressure to keep alveoli open and improve oxygenation.

However, complications include:

* Hypotension: Due to reduced venous return and cardiac preload

* Feeling of suffocation: Common psychological reaction to a tight-fitting mask and forced airflow. It is used to treat, not cause, pulmonary edema. It does not induce bronchospasm or myocardial infarction.

References:

NREMT Airway & Ventilation Guidelines

National EMS Education Standards - Noninvasive Positive Pressure Ventilation AAOS EMT Textbook (11th ed.), CPAP and Respiratory Distress Management

NEW QUESTION # 21

Which of the following would potentially complicate patient care during a helicopter transport?

- A. Increase in the atmospheric humidity
- B. Maintaining 98% oxygen saturation
- C. Position of the patient's head within the aircraft
- D. Use of air splints to immobilize fractures

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The position of the patient's head within the aircraft affects access to airway management and crew maneuverability. If the head is oriented away from providers or toward a non-accessible bulkhead, this can delay critical interventions (airway suctioning, ventilations).

Use of air splints, maintaining oxygen saturation, or environmental humidity are not major complications relative to physical positioning and in-cabin access limitations.

References:

NREMT EMS Operations - Air Medical Transport

NAEMSP (National Association of EMS Physicians): Air Medical Guidelines EMS Helicopter Safety Protocols - FAA Advisory Circulars

NEW QUESTION # 22

What components are necessary to maintain adequate perfusion? Select the three correct options.

- **A. Patent airway**
- B. Low ventilation-perfusion ratio
- **C. Intact microcirculation**
- D. High alveolar pressure
- E. Hypoxic drive
- **F. Sufficient blood volume**

Answer: A,C,F

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Perfusion refers to delivery of oxygen and nutrients to tissues. It depends on three essential components:

* Patent airway: Ensures oxygen reaches lungs

* Intact microcirculation: Capillary-level exchange must function

* Sufficient blood volume: Maintains blood pressure and oxygen transport Hypoxic drive relates to COPD physiology, not perfusion. High alveolar pressure (like from CPAP) may impede venous return, and allow ventilation-perfusion ratio means poor oxygenation efficiency, which negatively affects perfusion.

References:

NREMT Cardiovascular and Shock Guidelines

National EMS Education Standards - Perfusion and Circulatory Assessment AHA ACLS Provider Manual - Systemic Perfusion Concepts

NEW QUESTION # 23

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