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NREMT Practice Questions

3. For the medication contained in a metered-dose inhaler to provide relief of asthma symptoms, it must come in contact with the...

- a. oral mucosa.
- b. trachea and main bronchi.
- c. bronchioles.
- d. alveoli.

4. A 54 year old female complained of difficulty breathing before becoming unresponsive. You attempted to place an oropharyngeal airway, but she started gagging. In which position should you position her?

- a. Prone
- b. Supine
- c. Semi-Fowler's
- d. Laterally recumbent

5. An unresponsive 36 year old female patient was found in the hallway of an office complex, moaning slightly. Her breathing is adequate, and she appears to have lost bladder control. After administering oxygen, you observe her mental status improving. You should suspect her presentation was most likely caused by...

- a. stroke.
- b. seizure.
- c. hypoglycemia.
- d. myocardial infarction.

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NREMT Emergency Medical Technicians Exam Sample Questions (Q99-Q104):

NEW QUESTION # 99

What sign is the best indication that an 8-year-old is in hypovolemic shock?

- A. Tachypnea
- B. BP of 90/60

- C. Pale skin
- D. Cyanotic skin

Answer: A

Explanation:

In pediatric patients, NREMT emphasizes that hypotension is a late and ominous sign of shock. Children compensate well and may maintain blood pressure until shock is severe.

Option C (Tachypnea) is the earliest and most reliable indicator of hypovolemic shock in children. Increased respiratory rate reflects metabolic acidosis and compensatory mechanisms for poor perfusion.

Option A may be present but is less specific.

Option B is a very late finding.

Option D indicates decompensated shock and impending cardiovascular collapse.

NREMT stresses early recognition of shock through subtle signs such as tachypnea and tachycardia.

NEW QUESTION # 100

A 55-year-old patient has ROSC and is trying to push the BVM away. Which of the following actions should the EMT take next?

- A. Switch to supplemental oxygen and remove the AED.
- **B. Switch to supplemental oxygen and check for a pulse.**
- C. Restrain the patient and remove the AED.
- D. Restrain the patient and continue ventilation.

Answer: B

Explanation:

Return of spontaneous circulation (ROSC) indicates that the patient has regained a perfusing rhythm. If the patient is pushing away the BVM, this suggests improving mental status and spontaneous respirations.

Option D is correct because NREMT post-resuscitation care requires EMTs to reassess airway, breathing, and circulation, including confirming a pulse, and transition from assisted ventilations to supplemental oxygen if the patient is breathing adequately.

Options A and B are inappropriate because restraining a post-ROSC patient is rarely indicated and may worsen agitation.

Option C omits reassessment of circulation, which is critical after ROSC.

NREMT stresses frequent reassessment and supportive care following successful resuscitation.

NEW QUESTION # 101

When using START triage, which of the following patients would the EMT consider to be a red tag? Select the two answer options that are correct.

- A. An adult who is able to walk but has a 1-second capillary refill time
- **B. A child who is unconscious and has a 4-second capillary refill time**
- C. An elderly patient who has no spontaneous breathing even after repositioning the airway
- **D. An adult with normal respiratory rate and a 5-second capillary refill time**
- E. A child who cannot walk, follows commands, and has spontaneous breathing, a normal respiratory rate, and a radial pulse

Answer: B,D

Explanation:

The correct answers are A and C.

START triage categorizes patients based on respirations, perfusion, and mental status (RPM). A red tag (Immediate) is assigned to patients who have life-threatening conditions that can be rapidly treated.

START Criteria for Red Tag (Immediate):

* Respirations > 30/min

* Capillary refill > 2 seconds or no radial pulse

* Unable to follow commands

Option A: Correct (Red Tag)

* The child is unconscious (cannot follow commands) # immediate red classification

* Capillary refill is 4 seconds (> 2 seconds) # poor perfusion

* Meets two red criteria

Option C: Correct (Red Tag)

- * Normal respirations (acceptable), BUT
 - * Capillary refill is 5 seconds (> 2 seconds) # indicates poor perfusion/shock
 - * This alone qualifies for red tag
- Why the other options are incorrect:
- * B. Walking patient # Automatically categorized as green (minor) regardless of other findings
 - * D. No breathing after airway repositioning # Classified as black (deceased/expectant), not red
 - * E. Cannot walk but follows commands, normal breathing, normal pulse # Yellow (delayed) Exact Extracts:
 - * "Patients who can walk are tagged as minor (green)."
 - * "If capillary refill is greater than 2 seconds, tag the patient as immediate (red)."
 - * "If the patient cannot follow simple commands, tag as immediate."
 - * "If the patient is not breathing after airway repositioning, tag as deceased (black)." References:
- NREMT EMT Education Standards - EMS Operations (Triage)
 START Triage Guidelines - RPM (Respirations, Perfusion, Mental Status)
 NREMT Candidate Handbook - Mass Casualty Incidents

NEW QUESTION # 102

A 38-year-old patient is unconscious with slow, shallow, and gasping breaths. The patient is not moving. What should the EMT perform first?

- A. Perform a secondary assessment
- **B. Assess the airway**
- C. Auscultate breath sounds
- D. Check a carotid pulse

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In any unresponsive patient, the first step is to assess and open the airway to determine patency and identify obstruction or inadequate breathing.

Gasping respirations (agonal) are not effective; they require BVM ventilator support. The airway must be open before checking for a pulse or performing auscultation. A secondary assessment is performed only after primary survey and stabilization.

References:

AHA BLS Provider Manual (2020) - Unresponsive Patient Algorithm

NREMT Airway Skills - Primary Assessment

National EMS Education Standards - Airway, Breathing, Circulation (ABC) Sequence

NEW QUESTION # 103

A 23-year-old patient with asthma is short of breath with cool, clammy skin. The patient is breathing 28 times per minute with accessory muscle use. Which of the following interventions is most appropriate?

- A. Applying continuous positive airway pressure
- **B. Providing high-flow oxygen via non-rebreather mask**
- C. Inserting an oropharyngeal airway
- D. Administering oxygen via nasal cannula

Answer: B

Explanation:

The correct answer is C. Providing high-flow oxygen via non-rebreather mask.

This patient is showing clear signs of moderate to severe respiratory distress, including:

* Tachypnea (respiratory rate of 28)

* Accessory muscle use

* Cool, clammy skin (indicating increased work of breathing and possible hypoxia) According to NREMT airway and ventilation guidelines, patients in respiratory distress who are still breathing adequately should receive high-concentration oxygen, typically via a non-rebreather mask at 10-15 L/min.

Why C is correct:

NREMT educational standards emphasize that in patients with adequate breathing but signs of distress, the appropriate intervention is:

* "Administer high-flow oxygen to patients with signs of hypoxia or respiratory distress." A non-rebreather mask delivers the highest oxygen concentration without assisting ventilations, making it ideal for this scenario.

Why the other options are incorrect:

* A. Nasal cannula: Provides low-flow oxygen and is insufficient for moderate to severe respiratory distress.

* B. Oropharyngeal airway: Indicated only for unresponsive patients without a gag reflex, which is not the case here.

* D. CPAP: Typically indicated for pulmonary edema or COPD exacerbations with signs of respiratory failure; asthma is a relative contraindication in many EMT-level protocols and is not first-line in this presentation.

Exact Extracts:

* "Administer oxygen via nonrebreather mask to patients with adequate breathing and signs of respiratory distress."

* "Patients with increased work of breathing and tachypnea require high-concentration oxygen."

* "Oropharyngeal airways are indicated for unresponsive patients without a gag reflex." References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

NREMT National Continued Competency Program (NCCP) Airway Management Content Prehospital Emergency Care (EMT) - Respiratory Emergencies Guidelines

NEW QUESTION # 104

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