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Following are the requirements of Test Prep EMT Exam

Candidates for national emergency medical technician certification must meet the following requirements:

- Have a current CPR-BLS for “healthcare provider” or equivalent credentials.
- The successful parts of the cognitive and psychomotor exam remain valid for 24 months. For candidates whose course completion date is before November 1, 2018, the valid parts of each exam are valid for 12 months. Provided all other entry conditions are met.
- Candidate must have completed the course in the last 2 years & the course director needs to verify the success of the course on the National Registry website.
- Successful completion of a state-approved State Medical Technician (EMT) course that meets or exceeds the National Emergency Medical Service training standards for the emergency technician.
- Pass state-approved cognitive (knowledge) and psychomotor (skills) tests.

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NREMT Emergency Medical Technicians Exam Sample Questions (Q42-Q47):

NEW QUESTION # 42

An 86-year-old patient is found unresponsive in the snow. The patient was reported missing the night before from an assisted living facility. How long should the EMT assess the patient's pulse?

- A. 15 seconds
- B. 60 seconds
- C. 30 seconds
- D. 10 seconds

Answer: B

Explanation:

The correct answer is D. 60 seconds.

This question is testing the special consideration of hypothermia in cardiac arrest assessment. In a patient found unresponsive in the snow, there is a high likelihood of severe hypothermia, which significantly slows metabolism and heart rate.

In hypothermic patients, pulses may be very slow and difficult to detect, so the EMT must take extra time to accurately determine whether a pulse is present before initiating CPR.

Standard pulse checks in normothermic patients are limited to no more than 10 seconds, but hypothermic patients are an exception. Why 60 seconds is correct:

NREMT-aligned EMS guidelines emphasize that in severe hypothermia, the provider should assess the pulse for up to 60 seconds

before concluding that the patient is pulseless. This is because hypothermia can produce extremely slow heart rates (bradycardia), and premature CPR could be inappropriate if a pulse is actually present.

Why the other options are incorrect:

* A. 10 seconds: This is correct for standard cardiac arrest assessment in normothermic patients, but not for hypothermia.

* B. 15 seconds and C. 30 seconds: These are not recommended durations in NREMT or AHA guidelines for pulse checks.

Exact Extracts:

* "In a hypothermic patient, check the pulse for 30-60 seconds before determining pulselessness."

* "Severely hypothermic patients may have very slow heart rates that are difficult to detect."

* "Do not assume cardiac arrest until a careful and prolonged pulse assessment has been performed." References:

NREMT EMT Education Standards - Cardiology & Resuscitation

AHA (American Heart Association) BLS Guidelines for Special Circumstances (Hypothermia) EMS Clinical Guidelines - Hypothermia Management

NEW QUESTION # 43

Which of the following bones is most likely to cause external leg rotation when fractured?

- A. L5 vertebra
- B. Patella
- C. Femur
- D. Pubis

Answer: C

Explanation:

The correct answer is B. Femur.

Why B is correct (Femur):

A fracture of the femur, especially the proximal femur (hip region), commonly results in:

External rotation of the affected leg

Shortening of the limb

This occurs because:

Strong muscles (particularly the hip external rotators) pull on the fractured bone. The limb naturally falls into an externally rotated position. NREMT-aligned trauma guidance states:

"Femur fractures often present with shortening and external rotation of the leg."

"Muscle spasms and bone displacement alter normal limb alignment."

Why the other options are incorrect:

A). Pubis: Pelvic fractures may cause pain and instability but do not typically cause isolated external rotation of the leg.

C). Patella: Affects the knee; does not cause external rotation of the entire leg.

D). L5 vertebra: Spinal injury; may cause neurologic deficits but not limb rotation.

Exact Extracts:

"Femur fractures commonly result in limb shortening and external rotation."

"Muscle forces acting on the fractured femur alter positioning of the leg."

"Assessment includes observing deformity and abnormal limb positioning." References:

NREMT EMT Education Standards - Trauma (Musculoskeletal Injuries)

NREMT National Continued Competency Program (NCCP) - Trauma Emergencies Prehospital Emergency Care (EMT) - Musculoskeletal Trauma

NEW QUESTION # 44

A patient in cardiac arrest is currently being resuscitated. How should the EMT communicate with family members at the scene?

- A. Allow them to watch the resuscitation.
- B. Offer to call the funeral home for them during resuscitation.
- C. Order the family to leave the residence.
- D. Do not allow them to disrupt resuscitation by expressing emotion.

Answer: A

Explanation:

In EMS, family members should be treated with compassion, honesty, and respect during a resuscitation.

Current American Heart Association guidance notes that family presence during CPR can improve psychological outcomes and

reduce complicated grief, as long as it does not interfere with resuscitation efforts. It also emphasizes communicating with the family, explaining what is happening, and providing support during the event. (cpr.heart.org) So the best answer is A : allow them to watch the resuscitation, provided they are not disrupting care or creating a safety problem. In NREMT-style operations questions, that reflects appropriate professional communication and family-centered care. (NAEMSP)

NEW QUESTION # 45

Which of the following are nerve agents? Select the two answer options that are correct.

- A. Metoprolol
- B. Atropine
- C. Naloxone
- **D. Sarin**
- **E. Tabun**

Answer: D,E

Explanation:

Comprehensive and Detailed Explanation (Based on NREMT standards):

Nerve agents are highly toxic organophosphate chemicals that inhibit acetylcholinesterase, leading to excess acetylcholine accumulation and life-threatening cholinergic effects. NREMT hazardous materials education highlights recognition of these agents due to their rapid lethality.

Option C (Tabun) and D (Sarin) are correct. Both are internationally recognized nerve agents historically used in chemical warfare and terrorist attacks.

Option A (Naloxone) is an opioid antagonist, not a nerve agent.

Option B (Metoprolol) is a beta-blocker medication.

Option E (Atropine) is not a nerve agent; it is an antidote used to treat nerve agent poisoning.

NREMT emphasizes scene safety, recognition of toxidromes, and early antidote administration for nerve agent exposure.

NEW QUESTION # 46

A 23-year-old female has a tear in her perineum following delivery. This is best treated by:

- A. packing her vagina with gauze.
- B. elevating her pelvis.
- **C. applying direct pressure.**
- D. having her keep her legs flexed.

Answer: C

Explanation:

The correct answer is D. applying direct pressure.

A perineal tear after childbirth is a form of external soft-tissue bleeding. The primary prehospital treatment for any external bleeding, including obstetric perineal tears, is direct pressure with sterile dressings.

According to NREMT EMT-level obstetrics care guidelines, bleeding control in the postpartum patient should follow standard hemorrhage control principles, with emphasis on direct pressure as the first-line intervention.

Why D is correct:

* Direct pressure is the most effective and immediate method to control bleeding from a perineal tear.

* It helps reduce blood loss and prevents further complications such as shock.

Why the other options are incorrect:

* A. Packing her vagina with gauze # This is not appropriate in the prehospital setting and may cause further injury or infection.

* B. Elevating her pelvis # Not a recognized or effective method for controlling perineal bleeding.

* C. Having her keep her legs flexed # This does not control bleeding and has no role in treatment.

Exact Extracts:

* "Control external bleeding with direct pressure using sterile dressings."

* "Postpartum bleeding should be managed with standard hemorrhage control techniques."

* "Direct pressure is the first step in controlling soft-tissue hemorrhage." References:

NREMT EMT Education Standards - Obstetrics and Gynecology

National EMS Education Standards - Childbirth and Postpartum Care

NREMT Candidate Handbook - Patient Management (Bleeding Control)

NEW QUESTION # 47

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