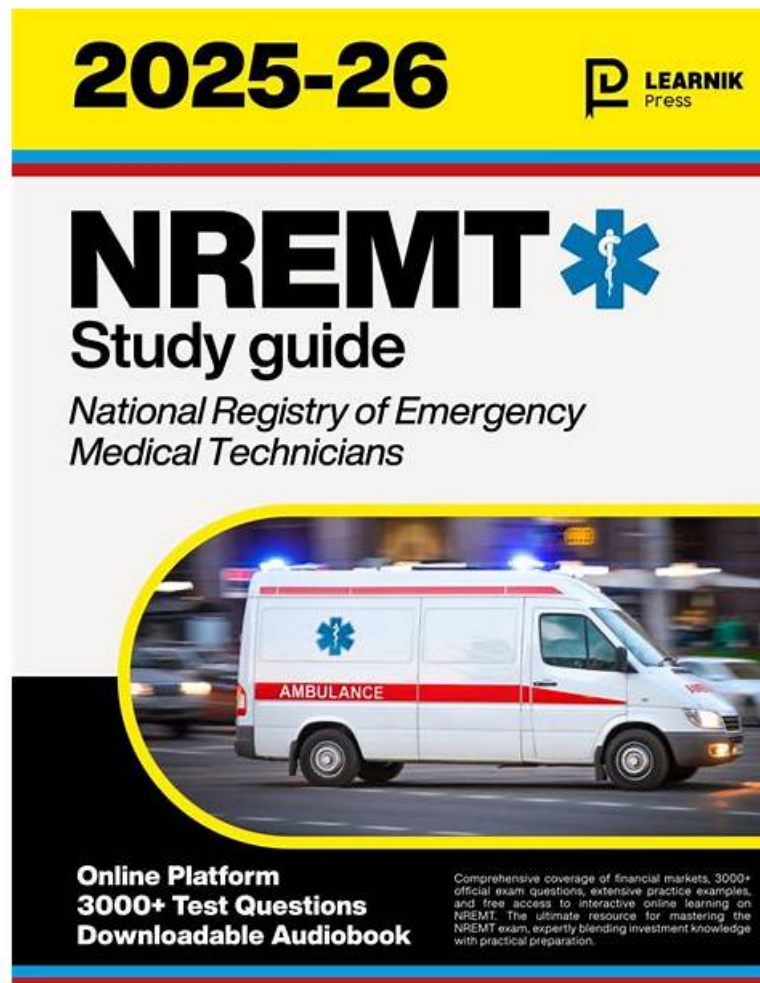


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## NREMT Emergency Medical Technicians Exam Sample Questions (Q23-Q28):

### NEW QUESTION # 23

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

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

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Compared to adults, pediatric patients have:

- \* A proportionately larger tongue, which increases the risk of airway obstruction
- \* A larger occiput, which causes natural neck flexion when lying supine, potentially occluding the airway This anatomical difference is why EMS providers often use a shoulder roll instead of a head tilt to maintain a neutral airway in 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 # 24

What are the components of the START triage system?

- **A. Respirations, perfusion, mental status**
- B. Immediate, delayed, expectant
- C. Airway, breathing, circulation
- D. General impression, airway, bleeding

**Answer: A**

Explanation:

START (Simple Triage and Rapid Treatment) is a triage method taught by the National Registry of Emergency Medical Technicians for use in mass-casualty incidents. START allows rescuers to quickly prioritize patients based on the severity of their conditions using objective criteria that can be assessed in under 60 seconds.

The correct components of the START system are Respirations, Perfusion, and Mental Status (RPM), making Option D correct.

EMTs first assess whether the patient is breathing and evaluate respiratory rate. Next, perfusion is assessed by checking radial pulse or capillary refill. Finally, mental status is evaluated by determining whether the patient can follow simple commands.

Option A describes elements of a general patient assessment, not START triage.

Option B refers to the primary assessment sequence, not mass-casualty triage.

Option C lists triage categories rather than assessment components.

NREMT emphasizes START triage as a rapid, standardized approach to manage large numbers of patients efficiently while maximizing survivability.

### NEW QUESTION # 25

A 6-year-old female rode her bicycle into a parked car. She is in moderate respiratory distress and you palpate subcutaneous emphysema. Of the following, what is the most important management for her?

- A. Transporting her rapidly
- B. Stabilizing her chest
- **C. Assisting her ventilations with a BVM**

- D. Securing her to a long backboard

**Answer: C**

Explanation:

Subcutaneous emphysema following blunt chest trauma strongly suggests air leaking from the lung into surrounding tissues, often associated with pneumothorax. NREMT trauma priorities stress that airway and breathing take precedence over all other interventions.

Option D is correct because the child is already in moderate respiratory distress, indicating inadequate ventilation. Assisting ventilations with a BVM ensures oxygen delivery and adequate tidal volume while preparing for rapid transport.

Option A is important but does not address the immediate life threat.

Option B may help with pain or flail segments but does not correct ventilation.

Option C is no longer routinely indicated and does not address breathing.

NREMT emphasizes correcting life-threatening airway and breathing problems before movement or transport.

### NEW QUESTION # 26

You are called to a small hotel where it is reported by the manager that several persons, in separate rooms, are unresponsive. Your first actions should be to

- A. rescue the victims.
- B. announce there is poisonous gas in the building.
- C. establish command.
- D. determine the size of the incident.

**Answer: D**

Explanation:

This scenario suggests a potential multiple-casualty incident with a possible environmental hazard, such as carbon monoxide or another toxic gas. NREMT places strong emphasis on scene size-up as the first and most critical step in EMS operations.

Option B is correct because determining the size and scope of the incident allows the EMT to assess scene safety, identify hazards, estimate the number of patients, and determine the need for additional resources.

Entering the scene without this assessment could result in responder injury or death.

Option A is incorrect because establishing command typically follows an initial size-up. Command cannot be effectively established without understanding the nature of the incident.

Option C is incorrect because announcing the presence of poisonous gas without confirmation may cause panic and is not an appropriate first action.

Option D is incorrect because attempting rescue before confirming scene safety violates NREMT's core principle that rescuer safety comes first.

NREMT standards clearly state that EMTs must never enter a potentially hazardous scene until it has been properly assessed and deemed safe or appropriate resources are requested.

### NEW QUESTION # 27

A 74-year-old patient has epigastric pain without relief from three doses of prescribed nitroglycerin. The patient is anxious, nauseated, and diaphoretic. The vital signs are BP 180/90 mmHg, P 62/min, R 20/min and shallow, and SpO<sub>2</sub> 92% on room air. What actions should the EMT prioritize for this patient? Select the two answer options that are correct.

- A. Acquire and transmit a 12-lead ECG.
- B. Administer additional nitroglycerin.
- C. Give aspirin.
- D. Apply oxygen.
- E. Place in a position of comfort.

**Answer: C,D**

Explanation:

This patient's presentation is highly suspicious for acute coronary syndrome (ACS). NREMT education emphasizes that epigastric pain, especially in elderly patients, may represent myocardial ischemia. The lack of relief after three doses of nitroglycerin further increases concern for an evolving myocardial infarction.

Option A (Give aspirin) is correct because aspirin inhibits platelet aggregation and is a cornerstone of early ACS management.

NREMT emphasizes early aspirin administration, oxygenation, continuous monitoring, and rapid transport for suspected ACS.

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