

Excellect EMT Pass Rate | New EMT Test Questions

Ultimate EMT Exam Prep Guide: Test Bank for Prehospital Emergency Care, [Questions With Correct Verified answers] , 100% verified, A+ GRADED , 2025 Edition, Success Guaranteed

Emergency moves vs Urgent moves vs Non-urgent moves - ANSWER Emergency moves: used when scene is dangerous (armpit-forearm drag, shirt drag, blanket drag)

Urgent moves: used when patient has possible life-threatening injuries or illness & rapid extrication (motor vehicle accidents)

Non-urgent moves: used when no hazards or life-threatening conditions (direct ground lift, extremity lift, direct carry method, draw sheet method)

Which of the following is widely considered to mark the beginning of the modern EMS system?

- A. A paper titled Accidental Death and Disability: The Neglected Disease of Modern Society
- B. The current National EMS Education Standards
- C. The creation of the AHA
- D. A paper called the EMS Agenda for the Future - ANSWER A. A paper titled Accidental Death and Disability: The Neglected Disease of Modern Society

EMS care today is based on...

- A. what has been done in the past
- B. whatever physicians recommend
- C. evidence-based medicine
- D. the original National Standard Curriculum - ANSWER C. evidence-based medicine

Which of the following describes the EMT level of training?

- A. provides basic, immediate care including bleeding control, CPR, AED, and emergency childbirth

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New EMT Test Questions - EMT Updated CBT

To keep the EMT practice questions in NREMT PDF format up to date, we regularly update them to according to changes in the real EMT exam content. This dedication to keep Emergency Medical Technicians Exam (EMT) exam questions relevant to the EMT actual test domain ensures that customers always get the most up-to-date NREMT EMT questions from UpdateDumps.

NREMT Emergency Medical Technicians Exam Sample Questions (Q196-

Q201):

NEW QUESTION # 196

A 70-year-old patient has a sudden onset of difficulty breathing with throat and chest tightness after working outside. The EMT auscultates bilateral wheezes. The vital signs are BP 60/44, P 128, R 28, and SpO₂ 90% on room air. Which of the following treatments should the EMT administer?

- A. Patient's metered-dose inhaler
- **B. Epinephrine auto-injector**
- C. Sublingual nitroglycerin
- D. Positive pressure ventilations

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The symptoms and vital signs (wheezing, hypotension, high pulse rate, respiratory distress) are strongly indicative of anaphylaxis, which is a life-threatening allergic reaction. Bilateral wheezing and hypotension further confirm systemic involvement. The first-line treatment is intramuscular epinephrine, which:

- * Reverses bronchospasm (via beta-2 adrenergic effects)
- * Raises blood pressure (via alpha-1 vasoconstriction)
- * Improves airway tone and reduces mucosal edema

A metered-dose inhaler may help in mild bronchospasm but is insufficient during anaphylactic shock.

Positive pressure ventilations are a secondary measure if respiratory failure occurs. Nitroglycerin is contraindicated due to low BP.

References:

NREMT Medical/Obstetrics/Gynecology Guidelines - Allergic Reactions

AHA ACLS Provider Manual (2020), Section on Anaphylaxis

National EMS Education Standards - Immune System Emergencies

NEW QUESTION # 197

A 1-year-old patient has meningitis. Which of the following signs and symptoms should the EMT expect to find? Select the three answer options that are correct.

- **A. Fever**
- **B. Bulging fontanelles**
- C. Pale skin
- D. Inability to stay still
- **E. Lethargy**
- F. Drooling

Answer: A,B,E

Explanation:

The correct answers are A. Fever, D. Lethargy, and E. Bulging fontanelles.

Meningitis is an infection of the meninges (coverings of the brain and spinal cord) and presents differently in infants compared to adults.

Common signs of meningitis in infants include:

- * Fever (A)
- * Lethargy or decreased level of consciousness (D)
- * Bulging fontanelles (E) # due to increased intracranial pressure
- * Irritability
- * Poor feeding
- * Seizures

NREMT-aligned references state:

* "Infants with meningitis may present with fever and lethargy."

* "A bulging fontanelle is a key sign of increased intracranial pressure in infants." Why the other options are incorrect:

* B. Drooling # More associated with epiglottitis or airway obstruction, not meningitis

* C. Pale skin # Nonspecific finding, not characteristic of meningitis

* F. Inability to stay still # More commonly associated with pain, anxiety, or stimulant conditions, not a classic meningitis sign Exact

Extracts (NREMT-aligned EMT educational references):

* "Signs of meningitis in infants include fever, lethargy, and bulging fontanelles."

* "Increased intracranial pressure may cause bulging of the fontanelle."

* "Altered mental status is common in CNS infections."

Clinical Priority Summary:

In infants, meningitis typically presents with fever, decreased responsiveness, and bulging fontanelles, making A, D, and E the correct answers.

References:

NREMT EMT Education Standards - Medical Emergencies (Neurological / Infectious) NREMT National Continued Competency Program (NCCP) AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION # 198

A 3-year-old patient has a nontraumatic nosebleed. Which of the following actions should the EMT perform?

Select the two answer options that are correct.

- **A. Pinch the nostrils closed.**
- B. Instruct them to blow their nose.
- C. Have them tilt their head back.
- D. Place rolled gauze into the nares.
- **E. Lean the patient forward.**

Answer: A,E

Explanation:

The correct answers are A and E because standard EMT care for epistaxis (nosebleed) includes having the patient lean forward and applying direct pressure by pinching the nostrils .

Leaning forward prevents blood from draining into the airway or stomach, reducing the risk of aspiration or vomiting. Pinching the nostrils provides direct pressure to control bleeding , which is the primary intervention emphasized in NREMT-aligned bleeding control guidelines.

Send the next question.

NEW QUESTION # 199

A 67-year-old patient is short of breath and sitting in a tripod position. The patient has bilateral wheezing, is coughing up green sputum, and is breathing through pursed lips. The vital signs are BP 122/90 mmHg, P 108

/min, R 28/min, and SpO₂ 93% on home oxygen. Which of the following conditions best explains this patient

's presentation?

- **A. Chronic obstructive pulmonary disease**
- B. Congestive heart failure
- C. Pulmonary embolus
- D. Pneumonia

Answer: A

Explanation:

The correct answer is D. Chronic obstructive pulmonary disease (COPD).

Key findings in this scenario:

Tripod position # classic for COPD patients trying to improve ventilation Pursed-lip breathing # hallmark COPD compensation

technique Bilateral wheezing # indicates lower airway obstruction Productive cough with sputum # common in chronic bronchitis

(COPD subtype) Use of home oxygen # suggests chronic respiratory disease Why COPD is correct:

COPD (including chronic bronchitis and emphysema) commonly presents with:

Wheezing

Productive cough

Pursed-lip breathing

Tripod positioning

Chronic oxygen use

NREMT-aligned references state:

"COPD patients often present with wheezing, productive cough, and use of accessory muscles."

"Pursed-lip breathing and tripod position are characteristic findings." Why the other options are incorrect:

A). Pneumonia Typically presents with fever, localized crackles, not pursed-lip breathing or tripod positioning B). Pulmonary

embolus Usually presents with sudden dyspnea, clear lungs, and no productive cough C). Congestive heart failure Presents with crackles, pulmonary edema, and possibly pink frothy sputum, not wheezing with green sputum Exact Extracts (NREMT-aligned EMT educational references):

"COPD patients may sit in a tripod position and use pursed-lip breathing."

"Wheezing and productive cough are common findings."

"Many patients require home oxygen therapy."

Clinical Priority Summary:

The combination of tripod position, wheezing, productive cough, pursed-lip breathing, and home oxygen use clearly indicates COPD, making D the correct answer.

References:

NREMT EMT Education Standards - Medical Emergencies (Respiratory)

NREMT National Continued Competency Program (NCCP)

AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION # 200

Defusing sessions should do which of the following in order to be successful? Select the two correct options.

- A. Have mental health experts present during the session
- B. Force all providers to provide feedback
- C. Take place 72 hours or more following an incident
- **D. Be held immediately following an incident**
- **E. Allow the open sharing of information**

Answer: D,E

Explanation:

Defusing is an informal, short-term intervention after a critical incident. It should:

* Occur within hours of the event (ideally the same shift)

* Encourage voluntary open discussion in a confidential setting

It is not a full debrief or counseling session and doesn't require mental health professionals present. Forcing participation or waiting too long (e.g., 72+ hours) can reduce its effectiveness.

References:

NREMT EMS Operations - Critical Incident Stress Management (CISM)

International Critical Incident Stress Foundation (ICISF) Guidelines

National EMS Education Standards - Mental Health and Stress Response

NEW QUESTION # 201

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