

# EMT Exam Topic | EMT Reliable Exam Pattern

EMT Exam Overview	
<b>General Information</b>	
<ul style="list-style-type: none"><li>• Cognitive Exam<ul style="list-style-type: none"><li>◦ 70-120 Questions</li><li>◦ 2 Hours</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Psychomotor Exam<ul style="list-style-type: none"><li>◦ Hands-On Testing</li><li>◦ Varies by State</li></ul></li></ul>
<b>Cognitive Exam Breakdown</b>	
<ul style="list-style-type: none"><li>• Airway, Respiration, and Ventilation (18-22%)</li><li>• Cardiology and Resuscitation (20-24%)</li><li>• Trauma (14-18%)</li><li>• Obstetrics and Gynecology (27-31%)</li><li>• EMS Operations (10-14%)</li></ul>	
 TEST-GUIDE	<p>The cognitive exam is computer adaptive (CAT).</p>

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## EMT Reliable Exam Pattern & EMT New Exam Materials

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## NREMT Emergency Medical Technicians Exam Sample Questions (Q51-Q56):

### NEW QUESTION # 51

A 24-year-old patient was involved in an MVC. The EMT is completing the patient care report. Which of the following statements indicate pertinent negatives? Select the two correct options.

- A. "The patient reported abdominal tenderness."
- B. "The patient initially refused assessment."
- C. "The patient denied neck or back pain."
- D. "The patient reported no loss of consciousness."
- E. "The patient was disruptive and non-compliant with EMS."

**Answer: C,D**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Pertinent negatives are findings that are not present, but would be clinically relevant if they were. For example:

- \* "No neck or back pain" helps rule out spinal injury
- \* "No loss of consciousness" informs head trauma assessment

Statements about behavior or initial refusal (B, E) may be documented under patient behavior or refusal, but they are not pertinent negatives. Positive findings like abdominal tenderness are pertinent positives.

References:

NREMT Documentation Standards

National EMS Education Standards - Communication and Documentation

Brady Emergency Care (13th ed.) - Patient Care Reporting

## NEW QUESTION # 52

A 31-year-old patient has an open femur fracture and an unstable pelvis after falling 15 feet. They are conscious and responsive to verbal stimuli. The vital signs are BP 86/42, P 136, R 24, and SpO<sub>2</sub> 92% on room air. The patient has which of the following types of shock? Select the two correct options.

- A. Distributive
- B. Obstructive
- C. **Decompensated**
- D. **Hypovolemic**
- E. Compensated

**Answer: C,D**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

This is a classic presentation of hypovolemic shock due to traumatic blood loss (open femur fracture, pelvic instability). Indicators include:

- \* Low BP (86/42) = hypotension
- \* High pulse (P 136) = compensation
- \* Mental status decline (responsive only to voice) = indicates decompensated shock

Obstructive and distributive shock are not applicable. Compensated shock would show normal BP and alert mental status.

References:

NREMT Shock Management and Trauma Guidelines

National EMS Education Standards - Hemorrhagic and Non-Hemorrhagic Shock AAOS EMT Textbook - Chapter: Types of Shock

## NEW QUESTION # 53

An infectious disease spread by the fecal-oral route that is considered an acute infection with a currently available vaccine is

- A. **Hepatitis A**
- B. Hepatitis C
- C. Hepatitis B
- D. Hepatitis E

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Hepatitis A is transmitted primarily via the fecal-oral route, often through contaminated food or water. It leads to a acute liver infection, not a chronic condition. Unlike Hepatitis C, which has no vaccine, Hepatitis A has an effective vaccine and is preventable with proper hygiene and immunization.

Hepatitis B is spread through blood and sexual contact, not fecal-oral. Hepatitis E is also fecal-oral but is rare in the U.S. and doesn't have a widely used vaccine.

References:

CDC Hepatitis A Fact Sheet (2023)

NREMT Infectious Disease Control Guidelines

AAOS "Emergency Care and Transportation of the Sick and Injured" (11th ed.), Chapter: Infectious and Communicable Diseases

#### NEW QUESTION # 54

An 83-year-old patient is unresponsive and lying on the floor. The patient has a large bruise and laceration on the forehead. The patient's vital signs are BP 90/60, P 126, and R 0. Which of the following conditions should the EMT most suspect?

- A. Commotio cordis
- B. Spine injury
- C. Open pneumothorax
- D. Brain herniation

#### Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Given fall with head trauma and absent respirations, the most concerning cause is spinal injury, particularly a cervical spine fracture. A high cervical injury (C1-C4) can paralyze the diaphragm, leading to apnea despite a beating heart.

Brain herniation can also depress respirations but often presents with unequal pupils, posturing, and Cushing's triad (not described here). Commotio cordis is sudden cardiac arrest from blunt chest trauma (not head).

Open pneumothorax affects chest mechanics, not directly linked here.

References:

NREMT Trauma Skills - Spinal Assessment

Brady Emergency Care (13th ed.), Chapter: Spine Injuries

National EMS Education Standards - CNS Trauma and Spinal Immobilization

#### NEW QUESTION # 55

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

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

#### Answer: B

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 # 56

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