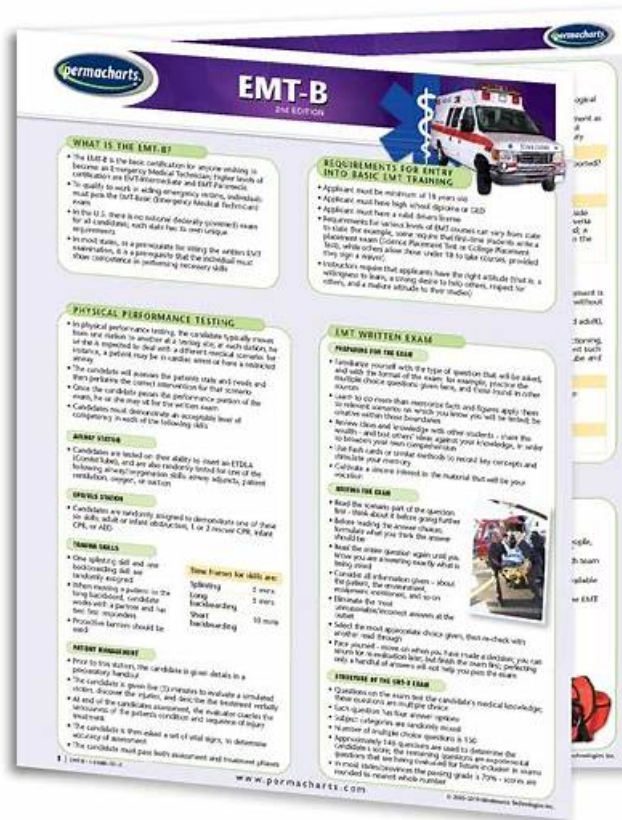


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Smart Candidates who want to build a solid foundation in all exam topics and related technologies usually combine video lectures with study models to reap the benefits of both but there is one crucial preparation tool as often overlooked by most candidates the practice exams.

NREMT Emergency Medical Technicians Exam Sample Questions (Q56-Q61):

NEW QUESTION # 56

Following an EMS call, any requests concerning protected health information should be directed to the

- A. Shift supervisor
- **B. Privacy officer**
- C. Receiving hospital
- D. Quality assurance officer

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Under HIPAA (Health Insurance Portability and Accountability Act), only designated personnel are authorized to handle inquiries regarding a patient's Protected Health Information (PHI). The Privacy Officer is responsible for enforcing compliance with privacy regulations and addressing PHI access requests.

Shift supervisors or hospitals do not have the legal authority to release PHI unless specifically designated.

References:

NREMT Guidelines on EMS Operations

U.S. Department of Health and Human Services: HIPAA Privacy Rule

National EMS Education Standards - Ethics, Documentation, and Privacy

NEW QUESTION # 57

A mountain climber tells you that he came down from a hike because he was coughing up blood. You should suspect

- A. Spontaneous pneumothorax

- B. Pulmonary edema
- C. Neoplasm
- **D. Pulmonary embolism**

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Hemoptysis (coughing up blood) in a physically active person, such as a mountain climber, strongly suggests a pulmonary embolism (PE), particularly due to:

- * Dehydration
- * Prolonged exertion or immobility
- * High altitude increasing clot risk

Symptoms may include:

- * Shortness of breath
- * Chest pain
- * Tachypnea
- * Hemoptysis

Pulmonary edema generally causes pink frothy sputum and is more associated with heart failure. Neoplasm (lung cancer) is possible but much less acute in onset. Spontaneous pneumothorax causes dyspnea and pleuritic chest pain but not typically hemoptysis.

References:

NREMT Medical Assessment - Pulmonary and Hematologic Emergencies

AAOS EMT Textbook - Chapter: Respiratory Emergencies

CDC Guidelines - High-Risk Conditions for Pulmonary Embolism

NEW QUESTION # 58

An 84-year-old patient has a sudden onset of weakness to one side of the body. The patient has a history of hypertension and high cholesterol. The vital signs are BP 176/94 mmHg, P 108/min, R 18/min, and SpO₂ 97% on room air. For which of the following additional symptoms should the EMT assess? Select the three correct options.

- A. Syncopal episodes
- **B. Arm drift**
- **C. Slurred speech**
- **D. Facial droop**
- E. Miosis
- F. Tremors

Answer: B,C,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The symptoms described are classic for a stroke (CVA). Additional hallmark findings include:

- * Arm drift (motor weakness or hemiparesis)
- * Facial droop (Cranial nerve VII involvement)
- * Slurred speech (dysarthria or aphasia)

These form the basis of prehospital stroke assessment tools like FAST:

- * Face drooping
- * Arm weakness
- * Speech difficulty
- * Time to call 911

Miosis (pupil constriction) and tremors are not associated with stroke in EMS context. Syncope is an isolated event and not a reliable CVA symptom.

References:

NREMT Medical Neurological Emergencies

AHA Stroke Recognition Guidelines

EMS National Stroke Protocols - Cincinnati Stroke Scale, FAST

NEW QUESTION # 59

An EMT is using a BVM to ventilate a 28-year-old patient with asthma. The patient is unresponsive, and their vital signs are BP

70/40, P 142, R 8, and SpO2 89% on room air. The patient is becoming increasingly difficult to ventilate. What should the EMT do next?

- **A. Decrease the rate of ventilations**
- B. Apply high-flow oxygen via non-rebreather mask
- C. Place the patient on CPAP
- D. Ventilate the patient more forcefully

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In patients with asthma experiencing respiratory failure, improper ventilation (especially excessive rates) can lead to air trapping and increased intrathoracic pressure, reducing venous return and worsening hypotension.

The correct technique is to ventilate slowly to allow full exhalation - around 1 breath every 5-6 seconds for adults.

CPAP is contraindicated in unresponsive patients who cannot maintain their own airway. A non-rebreather mask would be insufficient for an unresponsive patient, and forceful ventilation risks barotrauma.

References:

NREMT EMT Psychomotor Exam Guide: Airway, Respiration & Ventilation

American Heart Association (AHA) BLS Provider Manual (2020)

National EMS Education Standards (2011) - Airway Management Section

NEW QUESTION # 60

A 10-year-old patient is in hypovolemic shock. Which of the following signs would be early indicators of shock for this patient? Select the three correct options.

- **A. Heart rate**
- B. Blood glucose level
- C. Blood pressure
- D. SpO₂
- **E. Respiratory rate**
- **F. Capillary refill**

Answer: A,E,F

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Children compensate for shock through increased heart rate, respiratory rate, and vasoconstriction, which delays blood pressure drop. Therefore:

* Tachycardia is often the first sign

* Prolonged capillary refill (>2 seconds) is an early indicator

* Tachypnea supports perfusion

Blood pressure is a late sign in pediatric shock. SpO₂ is helpful but does not specifically indicate shock. Blood glucose may be abnormal in other metabolic conditions but is not an early marker of volume loss.

References:

NREMT Pediatric Assessment Flowchart




PALS Guidelines - Recognition of Shock in Children

AAOS Emergency Care and Transportation (11th ed.), Chapter: Pediatric Shock

NEW QUESTION # 61

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