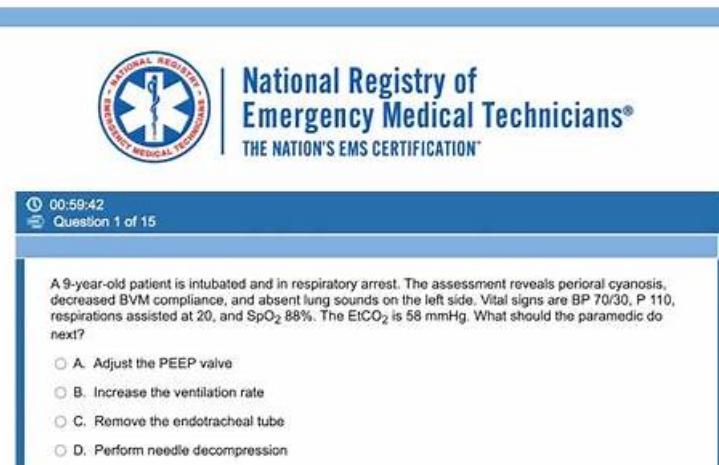


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A 9-year-old patient is intubated and in respiratory arrest. The assessment reveals perioral cyanosis, decreased BVM compliance, and absent lung sounds on the left side. Vital signs are BP 70/30, P 110, respirations assisted at 20, and SpO₂ 88%. The EtCO₂ is 58 mmHg. What should the paramedic do next?

- A. Adjust the PEEP valve
- B. Increase the ventilation rate
- C. Remove the endotracheal tube
- D. Perform needle decompression

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NREMT Emergency Medical Technicians Exam Sample Questions (Q61-Q66):

NEW QUESTION # 61

A 3-year-old female choked while eating a hot dog and then became unresponsive. You should first

- A. Begin chest compressions
- B. Deliver two rescue breaths
- C. Perform a head tilt-chin lift maneuver
- D. Check her carotid pulse

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

According to Pediatric Basic Life Support (PBLS) guidelines by the American Heart Association (AHA), when a child becomes unresponsive due to foreign body airway obstruction (FBAO), the immediate next step is to begin chest compressions. This is done before checking the airway or giving breaths because the airway is presumed obstructed. The compressions may dislodge the object.

After 30 compressions, open the airway and check for visible objects. If none are seen, attempt rescue breaths.

This protocol reflects the high risk of complete airway blockage in children with sudden collapse following a choking episode.

References:

AHA PALS and BLS Provider Manual (2020), Pediatric FBAO Algorithm

NREMT Cognitive Exam Blueprint - Pediatric Airway Obstruction

National EMS Education Standards (2011) - Pediatric Emergencies

NEW QUESTION # 62

A 12-year-old male suffered helmet-to-helmet contact while playing football. A bystander states, "He passed out for several seconds, then walked off the field under his own power." He is now unresponsive, and his vital signs are BP 180/110, P 90, and R 6. You should suspect

- A. Intracerebral hematoma
- B. Subdural hemorrhage
- C. Epidural hematoma
- D. Subarachnoid hemorrhage

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

An epidural hematoma classically presents with a "lucid interval" - a brief period of regained consciousness following head trauma, followed by rapid deterioration. This is due to arterial bleeding, often from the middle meningeal artery, leading to increasing intracranial pressure.

Signs include:

- * High blood pressure
- * Decreasing respiratory rate
- * Altered LOC or unresponsiveness

Subdural hemorrhages are slower venous bleeds, common in elderly patients. Subarachnoid hemorrhage often presents with "worst headache of life." Intracerebral bleeds are less commonly linked to lucid intervals.

References:

NREMT Trauma Module - Head Injuries

AAOS Emergency Care Textbook (11th ed.), Chapter: Head and Spine Trauma Emergency Neurological Life Support (ENLS) Guidelines - Traumatic Brain Injury

NEW QUESTION # 63

A 58-year-old patient reports chest pain and difficulty breathing after missing their last three hemodialysis treatments. Which of the following signs and symptoms should the EMT suspect to find?

- A. Fever
- B. Hypotension
- C. Crackles
- D. Bradycardia

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Missing dialysis leads to fluid overload, causing:

* Pulmonary edema, evident by crackles on auscultation

* Dyspnea and chest discomfort

Bradycardia is less likely; patients more often present with tachycardia due to volume stress. Fever would suggest infection (not stated here), and hypotension can occur later, but hypertension is more common in early fluid overload.

References:

NREMT Medical Emergencies - Renal and Dialysis Patients

National Kidney Foundation Guidelines - Missed Dialysis and Pulmonary Symptoms AAOS EMT Textbook - Urologic and Fluid Volume Imbalance

NEW QUESTION # 64

A 42-year-old male states, "I can't breathe" after being shot in his upper thigh. Bystanders have applied direct pressure to his thigh and the bleeding is controlled. You should first

- A. Administer oxygen
- B. Apply a tourniquet
- C. Replace the bystander's dressing with sterile gauze
- D. Assess for other life-threatening injuries

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The patient's complaint of difficulty breathing is an airway/breathing issue and takes precedence over a controlled extremity bleed. The first action is to administer oxygen and evaluate respiratory effort.

Though reassessing the wound is important, oxygenation is the priority when airway compromise or respiratory distress is present.

Tourniquets are for uncontrolled bleeding, which is not the case here.

References:

NREMT Trauma Assessment Guidelines

National EMS Education Standards - Primary Assessment Priorities

Brady Emergency Care (13th ed.) - Chapter: Patient Assessment

NEW QUESTION # 65

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

Answer: C

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 # 66

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