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Emergency Medical Technician (EMT) Exam Outline

Content Categories	Percentage of Examination	Adult/Pediatric Contents
1. Airway Respiration and Ventilation	18%-22%	85%/15%
2. Cardiology and Resuscitation	22%-26%	85%/15%
3. Trauma	13%-17%	85%/15%
4. Medical; Obstetrics and Gynecology	25%-29%	85%/15%
5. EMS Operations	10%-14%	N/A

Time limit: 120 minutes

Total questions: 70-120

Question Format: Multiple-choice

Exam Delivery: Computer-adaptive (CAT)

Mometrix TEST PREPARATION

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NREMT Emergency Medical Technicians Exam Sample Questions (Q71-Q76):

NEW QUESTION # 71

A 15-year-old patient is unresponsive following an assault. The patient has a stab wound on the chest, which is gurgling. The vital signs are BP 76/48 mmHg, P 146/min, R 26/min, and SpO₂ 90% on room air.

Which of the following types of shock is the most likely cause of the patient's presentation?

- A. Obstructive
- B. Cardiogenic
- C. Distributive

- D. Hypovolemic

Answer: A

Explanation:

Comprehensive and Detailed Explanation (Based on NREMT standards):

This patient has signs of penetrating chest trauma, severe hypotension, tachycardia, and respiratory distress.

A gurgling chest wound suggests an open pneumothorax, which can progress to tension pneumothorax.

Option C (Obstructive shock) is correct because air trapped in the chest can compress the heart and great vessels, preventing adequate cardiac output.

Option A is less likely because although blood loss may be present, the chest injury suggests impaired circulation due to pressure.

Option B involves pump failure, not trauma-related compression.

Option D involves abnormal vessel dilation, not mechanical obstruction.

NREMT emphasizes rapid recognition of obstructive shock and immediate intervention with occlusive dressings and rapid transport.

NEW QUESTION # 72

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

Answer: A,C,E

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 # 73

Reassessment of a patient begins with repeating the

- A. Vital signs
- B. Scene size-up
- C. Primary survey
- D. Secondary assessment

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The reassessment phase in the EMT patient assessment model starts with repeating the primary survey (also called the primary assessment), which includes:

* Airway

* Breathing

* Circulation

* Disability (mental status)

* Exposure/environment

The purpose is to identify any changes or deterioration in the patient's life-threatening conditions, especially in dynamic or unstable patients. Only after this do EMTs check vitals and reevaluate secondary complaints.

References:

NREMT Assessment Guidelines - Patient Reassessment

Brady Emergency Care (13th ed.), Chapter: Assessment in EMS

National EMS Education Standards - Patient Assessment

NEW QUESTION # 74

A 60-year-old patient has severe pain in the right hip after falling down four stairs. They have deformity and shortening of the right leg. The vital signs are BP 164/88, P 90, R 18, and SpO₂ 96% on room air. What actions should the EMT take for this patient? Select the two answer options that are correct.

- A. Use a pelvic binder.
- B. Apply mild traction to the right leg.
- C. Apply oxygen via a non-rebreather mask.
- D. Place on the cot and elevate the legs.
- E. Splint with blankets and pillows.

Answer: B,E

Explanation:

Comprehensive and Detailed Explanation (Based on NREMT standards):

The patient's signs—hip pain, deformity, and leg shortening—are consistent with a proximal femur or hip fracture. NREMT trauma care emphasizes immobilization, pain reduction, and prevention of further injury.

Option C (Apply mild traction) is appropriate to reduce muscle spasm and pain when a femur fracture is suspected and no contraindications are present.

Option D (Splint with blankets and pillows) is correct because soft splinting stabilizes the injury and limits movement during transport.

Option A is not required because oxygen saturation is adequate.

Option B is contraindicated because leg elevation may worsen pain or bleeding.

Option E is reserved for unstable pelvic fractures, not isolated hip fractures.

NREMT emphasizes gentle handling, immobilization, and rapid transport for suspected hip fractures.

NEW QUESTION # 75

A 24-year-old male was injured in an explosion at a large factory. He is breathing shallowly at a rate of 40 and his capillary refill is 3 seconds. What color should you assign him for triage?

- A. Green
- B. Black
- C. Yellow
- D. Red

Answer: D

Explanation:

Using the START triage system, patients are categorized based on Respirations, Perfusion, and Mental Status (RPM).

A respiratory rate greater than 30 breaths per minute immediately qualifies the patient as RED (Immediate). Additionally, delayed capillary refill (>2 seconds) further supports this classification.

Option A is correct.

Option B applies to stable patients who can wait.

Option C is for deceased or nonsalvageable patients.

Option D is for minor injuries.

NREMT teaches that patients with compromised airway or perfusion are the highest priority.

NEW QUESTION # 76

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