

# Latest EMT Exam Discount - EMT Training Materials

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1. Topic 1, Airways and Breathing

What is the maximum flow rate for a Nasal Cannula?

A. 2 lpm  
B. 8 lpm  
C. 12 lpm  
D. 6 lpm

**Answer: D**  
**Explanation:**  
A nasal cannula used to administer O2 at flow rates from 2 - 6 LPM, delivering an O2 concentration so 28 - 44%

2. What is the following device?

A device designed to facilitate the blind intubation of a patient. It consists of a cuffed double-lumen tube with one blind end. Inflation of the cuff allows the device to function as an endotracheal tube and closes off the esophagus, allowing ventilation and preventing reflux of gastric contents.

A. Nasal Gastric Tube  
B. Dual Lumen Airway  
C. Endotracheal Tube  
D. Non Rebreather

**Answer: B**  
**Explanation:**  
This device is also known as a Combi-Tube

3. In order to provide Oxygen Therapy at "100%" what should the flow rate be?

A. 12-15 LPM  
B. 100 LPM  
C. 20-24 LPM  
D. 2-6 LPM

**Answer: A**  
**Explanation:**  
12-15 LPM administered via a NBR or Non Rebreather mask is considered "100% O2"

4. What airway opening maneuver should be used on a man that has fallen off a ladder and is suffering from respiratory distress?

A. Head Tilt - Chin Lift  
B. Intubation  
C. Bite Block  
D. Jaw Thrust

**Answer: D**  
**Explanation:**  
The "Jaw Thrust" maneuver should be used to open the airway of any patient who has suffered a traumatic injury

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## There are advantages of Getting the Test Prep EMT Exam Certification

- Emergency medical technicians who work for the fire department or the police generally enjoy the same benefits as the fire department or the police.
- Benefits generally include medical, dental, and vision insurance, as well as vacation, sick leave, and retirement plans.

## Following is the Test Prep EMT Exam Format

Format: Multiple choices, multiple answers

- Length of Examination: 120 minutes
- Passing score: 70%
- Number of Questions: 70-120

- Language: English

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### NREMT Emergency Medical Technicians Exam Sample Questions (Q58-Q63):

#### NEW QUESTION # 58

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. Capillary refill
- B. SpO<sub>2</sub>
- C. Blood glucose level
- D. Heart rate
- E. Respiratory rate
- F. Blood pressure

**Answer: A,D,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. SpO<sub>2</sub> 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 # 59

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

**Answer: B,C**

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 # 60

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 SpO<sub>2</sub> 97% on room air. For which of the following additional symptoms should the EMT assess? Select the three correct options.

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

**Answer: A,D,F**

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 # 61

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

**Answer: D**

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 # 62

A 65-year-old patient with a history of angina reports chest pain and shortness of breath after playing golf. The patient stated the pain began one hour ago and has not stopped with rest. The vital signs are BP 86/64, P 112, R 22, and SpO<sub>2</sub> 89% on room air. Which of the following actions should the EMT do next?

- **A. Obtain a 12-lead ECG**
- B. Provide nebulized albuterol
- C. Give nitroglycerin
- D. Administer CPAP

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

This is a high-risk cardiac event due to unstable angina or possible myocardial infarction. The EMT should:

- \* Administer oxygen if SpO<sub>2</sub> is <94%
- \* Avoid nitroglycerin if systolic BP is <90 mmHg
- \* Obtain a 12-lead ECG to identify ST-elevation MI (STEMI) and transmit it if trained and authorized CPAP is indicated for pulmonary edema, and albuterol is for bronchospasm, neither of which applies here.

References:

AHA ACLS and BLS Guidelines - ACS Management

NREMT Cardiology Guidelines - Chest Pain/MI

National EMS Education Standards - Cardiovascular Emergencies and ECG Recognition

### NEW QUESTION # 63

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