


Free PDF Quiz Latest NREMT - EMT Brain Exam

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

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Test Prep EMT Exam Introduction

The National Register Emergency Medical Technician (EMT) cognitive test is a computer adaptive test (CAT). This means that each candidate is evaluated based on the position of the responses on a spectrum. Once a candidate gets the correct answers, the computer will automatically enter more difficult questions to continue testing the candidate's skill level. The number of items a candidate can expect from the EMT exam will be between 70 and 120. Each exam will have between 60 and 110 "live" elements that will be counted towards the final score. The exam will also include 10 pilot questions that do not affect the final score. The maximum time allowed to complete the exam is 2 hours. To pass the exam, candidates must meet a standard skill level. The standard of success is defined by the ability to provide safe and effective entry-level emergency medical care.

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

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NREMT Emergency Medical Technicians Exam Sample Questions (Q72-Q77):

NEW QUESTION # 72

Witnesses state a patient is unresponsive and not breathing after a vehicle collision. What action should the EMT perform first?

- A. Begin cardiac compressions.
- B. Perform a jaw-thrust maneuver.
- C. Complete a scene size-up.
- D. Hold the neck in a neutral in-line position.

Answer: C

NEW QUESTION # 73

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. Spine injury
- C. Open pneumothorax
- D. Commotio cordis

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 # 74

A 30-year-old patient becomes unresponsive after choking. Which of the following should the EMT perform next? Select the two answer options that are correct.

- A. Open the airway and look in the mouth.
- B. Begin chest compressions.
- C. Position the patient in recovery and administer back blows.
- D. Check for a pulse.
- E. Do not ventilate until the foreign body is removed.

Answer: B,D

Explanation:

Comprehensive and Detailed Explanation (Based on NREMT standards):

When a previously choking adult becomes unresponsive, NREMT guidelines require the EMT to immediately begin the cardiac arrest sequence.

Option A (Check for a pulse) is correct because determining pulselessness directs the next intervention.

Option B (Begin chest compressions) is correct because chest compressions are initiated if the patient is pulseless and unresponsive. Compressions may also help dislodge the foreign body.

Option C is incorrect because the airway is checked only after compressions begin and ventilations are attempted.

Option D is incorrect because ventilations are attempted after compressions, with airway checks between cycles.

Option E is inappropriate for an unresponsive adult.

NREMT emphasizes following BLS algorithms precisely for airway obstruction leading to unresponsiveness.

NEW QUESTION # 75

A choking patient becomes unresponsive. What should the EMT perform next? Select the two correct options.

- A. Check for a pulse
- B. Open mouth
- C. Begin chest compressions
- D. Position the patient in recovery and administer back blows
- E. Do not ventilate until the foreign body is removed

Answer: A,C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

If a choking patient becomes unresponsive, EMTs should:

* Check for a pulse

* Begin chest compressions if no pulse is found. Chest compressions can help dislodge the object. After compressions, the airway should be opened and inspected. Back blows are not appropriate for unconscious patients.

Ventilation is attempted after clearing the airway or if no object is seen. Do not withhold compressions waiting for object removal.

References:

AHA BLS Provider Manual (2020) - Foreign Body Airway Obstruction Algorithm
NREMT Airway Skills Sheet - Obstructed Airway
National EMS Education Standards - Respiratory and Airway Management

NEW QUESTION # 76

A patient is having an asthmatic attack. The EMT receives orders from medical control to assist with the patient's inhaler. What are the expected side effects of this medication? Select the three correct options.

- A. Nervousness
- B. Confusion
- C. Drowsiness
- D. Coughing
- E. Tachycardia
- F. Hypotension

Answer: A,D,E

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Albuterol, a common beta-2 adrenergic agonist used in inhalers, stimulates bronchial smooth muscle relaxation. However, stimulation of beta receptors can also produce systemic effects such as:

* Tachycardia (due to beta-1 cross-reactivity)

* Nervousness (from central stimulation)

* Coughing (a local airway response)

Confusion and drowsiness are not typical side effects of beta-agonists. Hypotension is rare unless severe overdose occurs.

References:

NREMT Scope of Practice Model - Medication Administration

American Heart Association BLS and ACLS Drug List

"Emergency Care and Transportation of the Sick and Injured" (AAOS, 11th ed.), Chapter on Respiratory Emergencies

NEW QUESTION # 77

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