

EMT Reliable Test Answers - EMT New Study Materials

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)

Metrix TEST PREPARATION

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There are Candidates must know the topics before they start of preparation.

Our **Test Prep EMT Exam Dumps** will include the following topics:

- Cardiology and Resuscitation 19%
- Airway, Respiration, and Ventilation 20%
- Trauma 21%
- EMS Operations 12%
- Medical / Obstetrics / Gynecology 28%

NREMT Emergency Medical Technicians Exam Sample Questions (Q94-Q99):

NEW QUESTION # 94

During a mass casualty incident, a patient has an open tibia and fibula deformity. Using START triage, in which of the following priorities should the EMT place the patient?

- A. Immediate
- B. Minimal
- C. Delayed
- D. Emergent

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The START (Simple Triage and Rapid Treatment) system classifies patients based on ability to walk, respirations, perfusion, and mental status. A patient with an open fracture who can breathe adequately, has a pulse, and follows commands is categorized as "Delayed".

Immediate (Red) is reserved for those who cannot walk and have life-threatening conditions, such as compromised airway or severe bleeding.

References:

U.S. Department of Health START Triage Protocol

FEMA MCI Guidelines

Brady Emergency Care (13th ed.) - Chapter on MCI and Incident Management

NEW QUESTION # 95

What patient conditions have an indication for the use of a CPAP device? Select the three answer options that are correct.

- A. Acute bronchospasms
- B. Pulmonary edema from burns
- C. Pulmonary edema
- D. Spontaneous pneumothorax
- E. Chronic bronchitis
- F. Acute myocardial infarction

Answer: A,C,E

Explanation:

Comprehensive and Detailed Explanation (Based on NREMT standards):

Continuous Positive Airway Pressure (CPAP) is used in patients with moderate to severe respiratory distress who are conscious and able to maintain their airway. NREMT guidelines identify specific respiratory conditions where CPAP improves oxygenation and ventilation.

Option A (Chronic bronchitis) is correct because CPAP helps overcome airway collapse and improves gas exchange in COPD patients.

Option B (Pulmonary edema) is correct because CPAP reduces preload and afterload while forcing fluid out of alveoli, improving oxygenation.

Option C (Acute bronchospasms) is correct because CPAP helps splint open airways and reduce work of breathing.

Option D is incorrect because CPAP is not used for isolated myocardial infarction without respiratory failure.

Option E is contraindicated because positive pressure can worsen a pneumothorax.

Option F is contraindicated due to airway burns and potential inhalation injury.

NREMT stresses proper patient selection to prevent CPAP-related complications.

NEW QUESTION # 96

A 19-year-old patient has received multiple stab wounds. The patient is unresponsive. The vital signs are BP 82/60, P 116, R 28, and SpO₂ 86%. Which substance would the EMT expect to increase in the patient's body?

- A. Lactic acid

- B. Sodium bicarbonate
- C. Water
- D. Carbon dioxide

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The patient is in hypoperfusion (shock) from blood loss. In shock states, tissues are deprived of oxygen, leading to anaerobic metabolism, which produces lactic acid as a byproduct. This causes metabolic acidosis, which is a critical sign of systemic oxygen debt.

Carbon dioxide rises with respiratory failure, but lactic acid is a more specific indicator of cellular hypoxia.

References:

NREMT Medical Emergencies: Shock

Brady Emergency Care, Chapter: Shock and Resuscitation

Advanced EMT Curriculum - Pathophysiology of Shock

NEW QUESTION # 97

A 21-year-old patient has loss of movement and sensation in the legs. The patient is under a car, which fell on them. Bystanders have lifted the vehicle off the patient. Which method, clothes drag or long backboard, should the EMT use to move the patient, and why?

- A. Clothes drag, because it will move the patient out of danger faster.
- B. Clothes drag, because it will move their spine the least.
- C. Long backboard, because it will move the patient out of danger faster.
- D. Long backboard, because it will prevent injury to their spine.

Answer: A

Explanation:

NREMT guidelines clearly state that life-threatening danger overrides spinal motion restriction. This patient shows signs of a spinal cord injury (loss of movement and sensation), but they were previously trapped under a vehicle-an inherently unstable and dangerous environment.

Option A is correct because the clothes drag is an emergency move designed to remove a patient from immediate danger as quickly as possible. In emergency situations, speed and rescuer safety take priority over spinal immobilization.

Option B is incorrect because clothes drags do not minimize spinal movement.

Option C is incorrect because preparing and using a long backboard delays removal.

Option D is incorrect because spinal protection is secondary to immediate life threats.

NREMT emphasizes: "You cannot help the patient if you become injured."

NEW QUESTION # 98

A 30-year-old patient has a gunshot wound to the chest and is unconscious. The skin is pale and cool, and capillary refill is 2 seconds. Lung sounds are absent on the right side. The vital signs are BP 100/50, P 140, R 18 and shallow, and SpO₂ 88% on room air.

Which of the following signs or symptoms are the strongest indicators of hypovolemic shock? Select the three answer options that are correct.

- A. Lung sounds
- B. Heart rate
- C. Mental status

Answer: A,B,C

Explanation:

Hypovolemic shock results from acute blood loss, commonly seen with penetrating trauma such as gunshot wounds. NREMT identifies several key indicators that reflect reduced circulating volume and inadequate tissue perfusion.

Option A (Heart rate) is a strong indicator. Tachycardia (P 140) reflects the body's attempt to compensate for reduced blood volume and maintain cardiac output.

Option B (Lung sounds) are significant in this case because absent sounds suggest associated chest trauma that may contribute to

blood loss and impaired oxygenation, worsening shock.

Option C (Mental status) is a critical indicator. Unconsciousness reflects inadequate cerebral perfusion, a late and serious sign of shock.

Additional supportive findings include pale, cool skin and borderline hypotension. NREMT emphasizes early recognition of shock and rapid control of bleeding, oxygenation, and transport to definitive care.

NEW QUESTION # 99

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