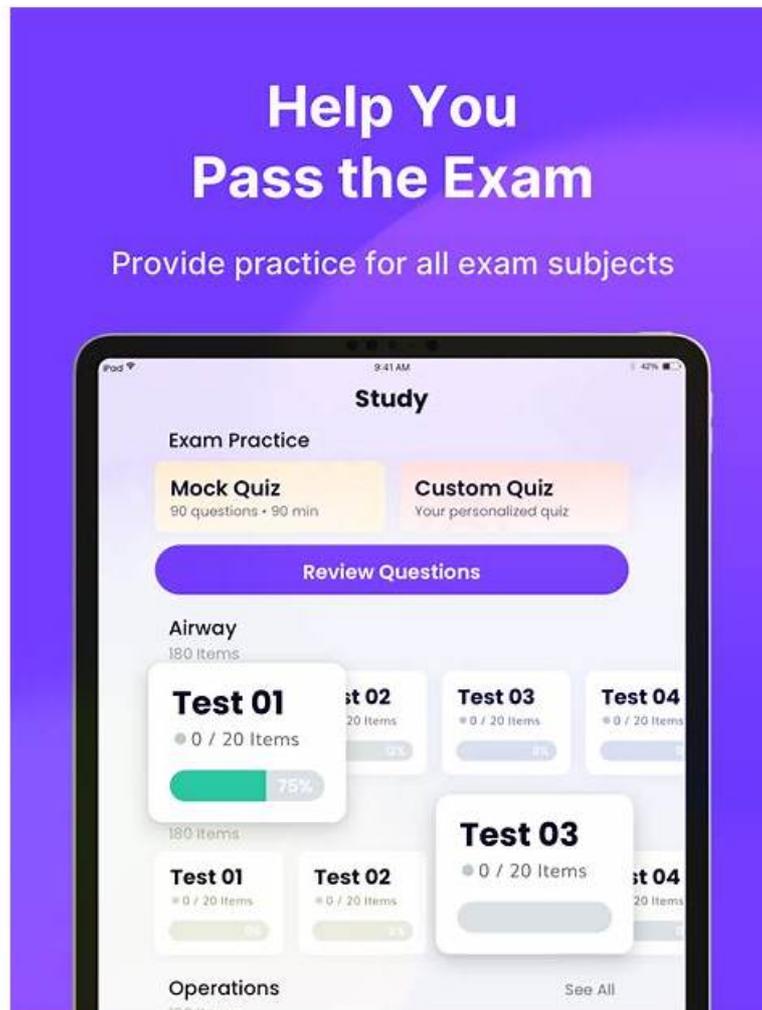


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NREMT Emergency Medical Technicians Exam Sample Questions (Q47-Q52):

NEW QUESTION # 47

What are possible complications of using continuous positive airway pressure (CPAP)? Select the two correct options.

- **A. Feeling of suffocation**
- B. Myocardial infarction
- C. Pulmonary edema
- D. Bronchospasms
- **E. Hypotension**

Answer: A,E

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

CPAP works by delivering continuous positive pressure to keep alveoli open and improve oxygenation.

However, complications include:

* Hypotension: Due to reduced venous return and cardiac preload

* Feeling of suffocation: Common psychological reaction to a tight-fitting mask and forced airflow. It is used to treat, not cause, pulmonary edema. It does not induce bronchospasm or myocardial infarction.

References:

NREMT Airway & Ventilation Guidelines

National EMS Education Standards - Noninvasive Positive Pressure Ventilation AAOS EMT Textbook (11th ed.), CPAP and Respiratory Distress Management

NEW QUESTION # 48

Which of the following techniques are appropriate for examining a patient with an acute abdomen?

Select the two correct options.

- A. Palpate the abdomen prior to auscultation
- B. Press softly if the abdomen has a pulsating mass
- C. Begin palpation with the most painful quadrant
- **D. Lie the patient supine with legs flexed**
- **E. Visualize the abdomen before palpation**

Answer: D,E

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In patients with acute abdominal pain, you must first inspect (visualize) for distension, discoloration, or masses before touching.

Palpation always begins away from the most painful area. The patient should be in a supine position with knees flexed to relax the abdominal muscles and ease the exam.

Palpating a pulsating mass could rupture an abdominal aortic aneurysm and is contraindicated.

References:

NREMT Cognitive Exam Blueprint - Medical Emergencies

Emergency Care and Transportation of the Sick and Injured (AAOS, 11th ed.) - Chapter: Abdominal and GI Emergencies EMT-B National Standard Curriculum, Module: Medical Emergencies

NEW QUESTION # 49

What characteristics of the pediatric airway are different from the adult airway?

- A. Proportionately larger tongue and proportionately smaller occiput

- B. Proportionately smaller tongue and proportionately larger occiput
- **C. Proportionately larger tongue and proportionately larger occiput**
- D. Proportionately smaller tongue and proportionately smaller occiput

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Compared to adults, pediatric patients have:

* A proportionately larger tongue, which increases the risk of airway obstruction

* A larger occiput, which causes natural neck flexion when lying supine, potentially occluding the airway. This anatomical difference is why EMS providers often use a shoulder roll instead of a head tilt to maintain a neutral airway in infants and toddlers.

References:

NREMT Pediatric Airway Management Standards

AHA PALS Manual - Pediatric Anatomy and Airway Considerations

National EMS Education Standards - Pediatric Assessment and Airway Anatomy

NEW QUESTION # 50

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. Heart rate**
- C. SpO₂
- **D. Respiratory rate**
- E. Blood glucose level
- F. Blood pressure

Answer: A,B,D

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 # 51

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 SpO₂ 89% on room air. Which of the following actions should the EMT do next?

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

Answer: D

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:

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