

# EMT Detailed Answers, EMT Valid Test Forum

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## EMT Exam 1 Questions and Answers

paramedic  
the \_\_\_\_\_ completes an extensive course of training, from 1,000 to more than 1,300 hours, that significantly increases knowledge and mastery of basic skills and covers a wide range of ALS skills.

emergency medical technician (EMT)  
the \_\_\_\_\_ course requires approximately 150 hours (more in some states) and provides essential knowledge and skills required to provide basic emergency care in the field.

advanced emergency medical technician (AEMT)  
the \_\_\_\_\_ course ranges between 200 and 400 hours and teaches skills such as IV therapy, the use of advanced airway adjuncts, and the knowledge and skills necessary to administer a limited number of medications.

emergency medical responder (EMR)  
\_\_\_\_\_ training provides skills necessary to initiate immediate care and focuses on providing immediate BLS and urgent care with limited equipment.

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## **NREMT Emergency Medical Technicians Exam Sample Questions (Q50-Q55):**

### **NEW QUESTION # 50**

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

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

**Answer: A,B**

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 # 51**

An 18-year-old patient is 40 weeks pregnant, and delivery is imminent. Which of the following actions should the EMT anticipate performing for the newborn? Select the three answer options that are correct.

- A. Suctioning
- B. Initiating chest compressions
- C. Providing ventilations
- **D. Drying**
- **E. Warming**
- **F. Stimulating**

**Answer: D,E,F**

Explanation:

The correct answers are A. Drying, B. Warming, and D. Stimulating.

These are the initial routine care steps for a newborn immediately after delivery and are performed on all newborns to promote breathing and prevent hypothermia.

\* Drying the newborn prevents heat loss and also provides mild stimulation to initiate breathing.

\* It is one of the first steps immediately after birth.

\* Newborns are highly susceptible to hypothermia.

\* Keeping the baby warm (blankets, skin-to-skin contact) is essential for normal physiological function.

\* Gentle stimulation (rubbing the back, flicking the soles of the feet) helps initiate spontaneous breathing.

\* C. Suctioning # Only performed if airway is obstructed or secretions are present, not routinely

\* E. Providing ventilations # Only if the newborn is not breathing adequately

\* F. Initiating chest compressions # Only if heart rate is < 60 bpm despite adequate ventilation  
Exact Extracts:

\* "Initial newborn care includes drying, warming, and stimulating the infant."

\* "Routine suctioning is not required unless the airway is obstructed."

\* "Ventilations and compressions are only indicated if the newborn is not breathing or has a low heart rate." References:

NREMT EMT Education Standards - Obstetrics and Neonatal Care

National EMS Education Standards - Childbirth and Newborn Care

NREMT Candidate Handbook - Patient Management

### NEW QUESTION # 52

An EMT is using a BVM to ventilate a 28-year-old patient with asthma. The patient is unresponsive, and their vital signs are BP 70/40, P 142, R 8, and SpO<sub>2</sub> 89% on room air. The patient is becoming increasingly difficult to ventilate. What should the EMT do next?

- A. Place the patient on CPAP
- **B. Decrease the rate of ventilations**
- C. Ventilate the patient more forcefully
- D. Apply high-flow oxygen via non-rebreather mask

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In patients with asthma experiencing respiratory failure, improper ventilation (especially excessive rates) can lead to air trapping and increased intrathoracic pressure, reducing venous return and worsening hypotension.

The correct technique is to ventilate slowly to allow full exhalation - around 1 breath every 5-6 seconds for adults.

CPAP is contraindicated in unresponsive patients who cannot maintain their own airway. A non-rebreather mask would be insufficient for an unresponsive patient, and forceful ventilation risks barotrauma.

References:

NREMT EMT Psychomotor Exam Guide: Airway, Respiration and Ventilation

American Heart Association (AHA) BLS Provider Manual (2020)

National EMS Education Standards (2011) - Airway Management Section

### NEW QUESTION # 53

When using START triage, which of the following patients would the EMT consider to be a red tag? Select the two answer options that are correct.

- **A. An adult with normal respiratory rate and a 5-second capillary refill time**
- B. An adult who is able to walk but has a 1-second capillary refill time
- C. A child who cannot walk, follows commands, and has spontaneous breathing, a normal respiratory rate, and a radial pulse
- D. An elderly patient who has no spontaneous breathing even after repositioning the airway
- **E. A child who is unconscious and has a 4-second capillary refill time**

**Answer: A,E**

Explanation:

The correct answers are A and C.

START triage categorizes patients based on respirations, perfusion, and mental status (RPM). A red tag (Immediate) is assigned to patients who have life-threatening conditions that can be rapidly treated.

START Criteria for Red Tag (Immediate):

Respirations > 30/min

Capillary refill > 2 seconds or no radial pulse

Unable to follow commands

Option A: Correct (Red Tag)

The child is unconscious (cannot follow commands) # immediate red classification Capillary refill is 4 seconds (> 2 seconds) # poor perfusion Meets two red criteria Option C: Correct (Red Tag) Normal respirations (acceptable), BUT Capillary refill is 5 seconds (> 2 seconds) # indicates poor perfusion/shock This alone qualifies for red tag Why the other options are incorrect:

B). Walking patient # Automatically categorized as green (minor) regardless of other findings D). No breathing after airway repositioning # Classified as black (deceased/expectant), not red E). Cannot walk but follows commands, normal breathing, normal pulse # Yellow (delayed) Exact Extracts:

"Patients who can walk are tagged as minor (green)."

"If capillary refill is greater than 2 seconds, tag the patient as immediate (red)."

"If the patient cannot follow simple commands, tag as immediate."

"If the patient is not breathing after airway repositioning, tag as deceased (black)."

References:

NREMT EMT Education Standards - EMS Operations (Triage)

START Triage Guidelines - RPM (Respirations, Perfusion, Mental Status)

NREMT Candidate Handbook - Mass Casualty Incidents

### NEW QUESTION # 54

Which of the following bones is most likely to cause external leg rotation when fractured?

- A. Patella
- B. Pubis
- C. L5 vertebra
- **D. Femur**

**Answer: D**

Explanation:

The correct answer is B. Femur.

Why B is correct (Femur):

A fracture of the femur, especially the proximal femur (hip region), commonly results in:

External rotation of the affected leg

Shortening of the limb

This occurs because:

Strong muscles (particularly the hip external rotators) pull on the fractured bone. The limb naturally falls into an externally rotated position. NREMT-aligned trauma guidance states:

"Femur fractures often present with shortening and external rotation of the leg."

"Muscle spasms and bone displacement alter normal limb alignment."

Why the other options are incorrect:

A). Pubis: Pelvic fractures may cause pain and instability but do not typically cause isolated external rotation of the leg.

C). Patella: Affects the knee; does not cause external rotation of the entire leg.

D). L5 vertebra: Spinal injury; may cause neurologic deficits but not limb rotation.

Exact Extracts:

"Femur fractures commonly result in limb shortening and external rotation."

"Muscle forces acting on the fractured femur alter positioning of the leg."

"Assessment includes observing deformity and abnormal limb positioning." References:

NREMT EMT Education Standards - Trauma (Musculoskeletal Injuries)

NREMT National Continued Competency Program (NCCP) - Trauma Emergencies Prehospital Emergency Care (EMT) - Musculoskeletal Trauma

### NEW QUESTION # 55

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