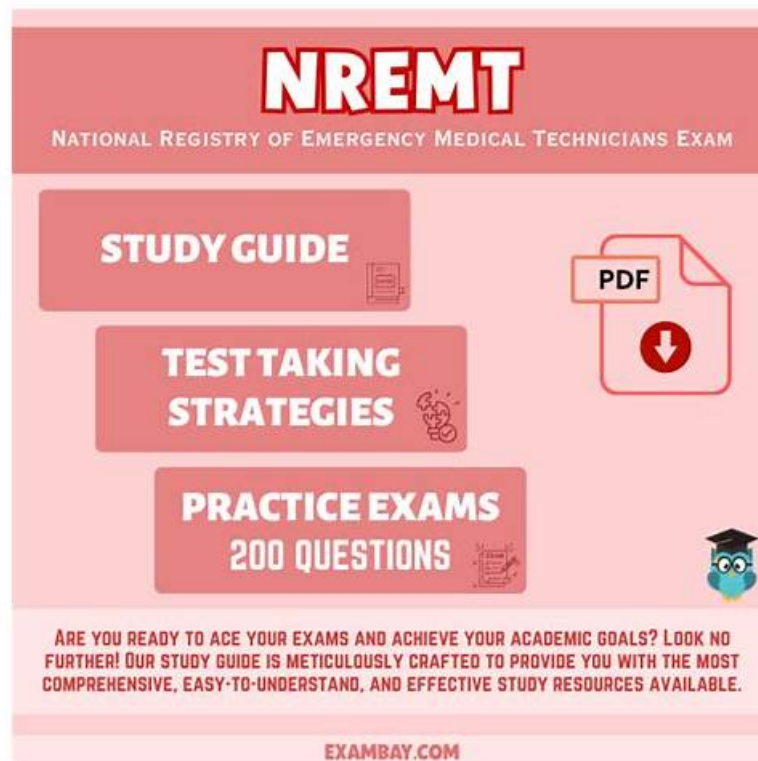


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NREMT Emergency Medical Technicians Exam Sample Questions (Q15-Q20):

NEW QUESTION # 15

A 24-year-old patient was involved in an MVC. The EMT is completing the patient care report. Which of the following statements indicate pertinent negatives? Select the two correct options.

- A. "The patient was disruptive and non-compliant with EMS."
- B. "The patient reported no loss of consciousness."
- C. "The patient initially refused assessment."
- D. "The patient denied neck or back pain."
- E. "The patient reported abdominal tenderness."

Answer: B,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Pertinent negatives are findings that are not present, but would be clinically relevant if they were. For example:

* "No neck or back pain" helps rule out spinal injury

* "No loss of consciousness" informs head trauma assessment

Statements about behavior or initial refusal (B, E) may be documented under patient behavior or refusal, but they are not pertinent negatives. Positive findings like abdominal tenderness are pertinent positives.

References:

NREMT Documentation Standards

National EMS Education Standards - Communication and Documentation

Brady Emergency Care (13th ed.) - Patient Care Reporting

NEW QUESTION # 16

Which of the following actions are appropriate management for two-rescuer pediatric basic life support? Select the three correct options.

- A. Start CPR if the pulse rate is 72
- B. Perform compressions at a ratio of 15:2
- C. Use the two-thumb-encircling-hands technique for infants
- D. Compress the chest one-half the diameter of the chest
- E. Perform rescue breathing at a rate of 20 per minute
- F. Compress at a rate of 180 per minute

Answer: B,C,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

For pediatric BLS with two rescuers, current AHA Guidelines (2020) recommend:

* Two-thumb encircling hands technique: Most effective for infants; provides consistent depth and control.

* Compression ratio of 15:2: Enhances ventilation without compromising perfusion.

* Compression depth: 1/3 of chest or approximately one-half the chest's depth.

CPR begins if pulse <60 bpm with signs of poor perfusion, not at 72 bpm. Rate of 80/min is excessive; ideal rate is 100-120/min.

References:

AHA BLS Provider Manual (2020) - Pediatric BLS Section

NREMT Cardiology & Resuscitation Module

Pediatric Advanced Life Support (PALS) Guidelines

NEW QUESTION # 17

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 SpO₂ 92% on room air. The patient has which of the following types of shock? Select the two correct options.

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

Answer: B,E

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 # 18

While responding to an emergency, a car is tailgating the ambulance. Which of the following actions should the EMT take?

- A. Slow down
- **B. Tap the brakes**
- C. Speed up
- D. Pull over

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In situations where a vehicle is tailgating an emergency unit, tapping the brakes briefly is a standard defensive driving maneuver to alert the driver behind to increase distance. It is less risky than slowing dramatically or pulling over, which could endanger crew or delay response.

Speeding up could reduce your reaction window or increase accident risk. EMS operators must follow safe driving practices per NFPA 1002 and DOT Emergency Vehicle Operation Guidelines.

References:

NREMT Operations Section - Driving and Scene Safety

NFPA 1002: Standard for Fire Apparatus Driver/Operator Professional Qualifications

U.S. DOT: Emergency Vehicle Operator Course (EVOC)

NEW QUESTION # 19

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.

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

Explanation:

National EMS Education Standards - Cardiovascular Emergencies and ECG Recognition

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