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NREMT Emergency Medical Technicians Exam Sample Questions (Q127-Q132):

NEW QUESTION # 127

A 70-year-old patient has lower back pain radiating to the left side of their chest that started one day ago. The pain has become progressively worse and is not relieved by changes in position. The patient has no prescribed medications. Palpation of the abdomen reveals a pulsating mass. The vital signs are BP 104/66, P 64, R 16, and SpO# 89% on room air. Which of the following interventions are appropriate for this patient? Select two.

- A. Attaching AED pads
- **B. Position of comfort**
- C. Aspirin administration
- D. Sublingual nitroglycerin
- **E. Supplemental oxygen**

Answer: B,E

Explanation:

This patient's presentation—older age, severe back pain radiating to the chest, hypotension, and a pulsating abdominal mass—is highly suggestive of an abdominal aortic aneurysm (AAA). NREMT teaching stresses early recognition of life-threatening medical conditions and avoiding interventions that could worsen the patient's condition.

Option A (Position of comfort) is correct because patients with suspected AAA should be kept calm and positioned in a way that minimizes pain and stress, which can reduce sympathetic stimulation and the risk of aneurysm rupture.

Option D (Supplemental oxygen) is correct because the patient's SpO# is 89%, indicating hypoxia. NREMT guidelines recommend administering oxygen to maintain adequate oxygenation in critically ill or potentially unstable patients.

Option B is incorrect because AED pads are not indicated unless the patient is in cardiac arrest or has a high risk of imminent arrest. There is no evidence of dysrhythmia or arrest at this time.

Option C is incorrect because aspirin is indicated for suspected acute coronary syndromes, not AAA. Aspirin could worsen internal bleeding if the aneurysm ruptures.

Option E is incorrect because nitroglycerin can cause vasodilation and hypotension, potentially precipitating aneurysm rupture.

In summary, NREMT emphasizes supportive care, oxygenation, and rapid transport for suspected AAA while avoiding medications that increase bleeding risk or lower blood pressure.

NEW QUESTION # 128

A 58-year-old patient reports chest pain and difficulty breathing after missing their last three hemodialysis treatments. Which of the following signs and symptoms should the EMT suspect to find?

- A. Hypotension
- B. Fever
- C. Bradycardia
- **D. Crackles**

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Missing dialysis leads to fluid overload, causing:

* Pulmonary edema, evident by crackles on auscultation

* Dyspnea and chest discomfort

Bradycardia is less likely; patients more often present with tachycardia due to volume stress. Fever would suggest infection (not stated here), and hypotension can occur later, but hypertension is more common in early fluid overload.

References:

NREMT Medical Emergencies - Renal and Dialysis Patients

National Kidney Foundation Guidelines - Missed Dialysis and Pulmonary Symptoms
AAOS EMT Textbook - Urologic and Fluid Volume Imbalance

NEW QUESTION # 129

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 SpO₂ 89% on room air. The patient is becoming increasingly difficult to ventilate. What should the EMT do next?

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

Answer: A

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 & Ventilation

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

National EMS Education Standards (2011) - Airway Management Section

NEW QUESTION # 130

A 30-year-old patient is injured in a motor vehicle collision. The patient cannot move their diaphragm, and they are apneic. In which of the following locations should the EMT suspect the spinal injury occurred?

- **A. C4**
- B. T1
- C. T3
- D. L4

Answer: A

Explanation:

The diaphragm is innervated by the phrenic nerve, which originates from spinal nerve roots C3-C5.

NREMT teaching highlights the phrase: "C3, 4, and 5 keep the diaphragm alive." Option A (C4) is correct because an injury at or above this level can paralyze the diaphragm, resulting in apnea and immediate respiratory failure.

Option B (T1) and C (T3) affect intercostal muscles but not the diaphragm.

Option D (L4) affects lower extremity function only.

NREMT emphasizes that high cervical spine injuries are immediately life-threatening due to loss of ventilatory control.

NEW QUESTION # 131

A 60-year-old patient has severe pain in the right hip after falling down four stairs. They have deformity and shortening of the right leg. The vital signs are BP 164/88, P 90, R 18, and SpO₂ 96% on room air. What actions should the EMT take for this patient? Select the two answer options that are correct.

- A. Use a pelvic binder.
- **B. Apply mild traction to the right leg.**
- **C. Splint with blankets and pillows.**
- D. Place on the cot and elevate the legs.
- E. Apply oxygen via a non-rebreather mask.

Answer: B,C

Explanation:

Comprehensive and Detailed Explanation (Based on NREMT standards):

The patient's signs-hip pain, deformity, and leg shortening-are consistent with a proximal femur or hip fracture. NREMT trauma care

emphasizes immobilization, pain reduction, and prevention of further injury.

Option C (Apply mild traction) is appropriate to reduce muscle spasm and pain when a femur fracture is suspected and no contraindications are present.

Option D (Splint with blankets and pillows) is correct because soft splinting stabilizes the injury and limits movement during transport.

Option A is not required because oxygen saturation is adequate.

Option B is contraindicated because leg elevation may worsen pain or bleeding.

Option E is reserved for unstable pelvic fractures, not isolated hip fractures.

NREMT emphasizes gentle handling, immobilization, and rapid transport for suspected hip fractures.

NEW QUESTION # 132

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