

EMT Exam Experience - Exam EMT Vce

EMT Exam Overview	
General Information	
<ul style="list-style-type: none">• Cognitive Exam<ul style="list-style-type: none">◦ 70-120 Questions◦ 2 Hours	<ul style="list-style-type: none">• Psychomotor Exam<ul style="list-style-type: none">◦ Hands-On Testing◦ Varies by State
Cognitive Exam Breakdown	
<ul style="list-style-type: none">• Airway, Respiration, and Ventilation (18-22%)• Cardiology and Resuscitation (20-24%)• Trauma (14-18%)• Obstetrics and Gynecology (27-31%)• EMS Operations (10-14%)	
 TEST-GUIDE	<p>The cognitive exam is computer adaptive (CAT).</p>

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There are advantages of Getting the Test Prep EMT Exam Certification

- Emergency medical technicians who work for the fire department or the police generally enjoy the same benefits as the fire department or the police.
- Benefits generally include medical, dental, and vision insurance, as well as vacation, sick leave, and retirement plans.

>> EMT Exam Experience <<

EMT Exam Questions - Instant Access

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NREMT Emergency Medical Technicians Exam Sample Questions (Q56-Q61):

NEW QUESTION # 56

A 9-year-old patient who was injured in an MCI is brought to the treatment area with a delayed triage tag. Which of the following signs or symptoms would the EMT expect to find? Select the three correct options.

- A. Palpable pulses being present
- B. Ability to ambulate
- C. Mottled skin
- D. Breathing only after opening the airway
- E. Follows simple commands
- F. Respiratory rate of 16

Answer: A,B,E

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In pediatric START or JumpSTART triage, a "delayed" status is appropriate if the child is breathing adequately, has palpable pulses, and follows commands. The respiratory rate of 16 is normal for a 9-year-old, and being able to walk also supports the "delayed" tag.

"Mottled skin" and "breathing only after airway opening" would more likely lead to "immediate" or even "expectant" categories depending on associated symptoms.

References:

JumpSTART Pediatric MCI Triage Algorithm

National EMS Education Standards - Triage

PALS Provider Manual (American Heart Association)

NEW QUESTION # 57

The most common finding in a patient who is experiencing a sickle cell crisis is

- A. Cardiac arrhythmia
- B. Hypoxia
- **C. Pain**
- D. Hypertension

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Sickle cell crisis (vaso-occlusive crisis) occurs when abnormally shaped red blood cells obstruct blood flow, leading to:

* Severe localized or generalized pain (most common symptom)

* Often in the back, chest, abdomen, or long bones

Hypoxia may be a contributing factor, but pain is the most reported reason for EMS activation. Cardiac arrhythmias and hypertension are not primary symptoms of sickle cell crisis.

References:

NREMT Medical Guidelines - Hematologic Disorders

AAOS Emergency Care and Transportation (11th ed.) - Chapter on Hematologic Emergencies National Heart, Lung, and Blood Institute - Sickle Cell Disease Management

NEW QUESTION # 58

A 67-year-old patient is sitting in the tripod position. What general impression should the EMT most strongly suspect from this patient's position?

- A. The patient has abdominal pain
- B. The patient is in cardiac arrest
- **C. The patient has trouble breathing**
- D. The patient is having a seizure

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The tripod position - sitting upright, leaning forward, supporting the upper body with arms on knees - is a classic sign of respiratory distress. This position:

* Maximizes diaphragmatic movement

* Engages accessory muscles of respiration

* Improves air exchange in patients with obstructive airway diseases (e.g., COPD, asthma) It is rarely used by patients with abdominal pain or seizures and is not associated with cardiac arrest (where unconsciousness is expected).

References:

NREMT Medical Assessment Flowchart - General Impression

AAOS EMT Textbook (11th ed.), Chapter: Respiratory Emergencies

AHA BLS: Identifying Signs of Respiratory Distress

NEW QUESTION # 59

Which of the following components can be determined by assessing the mechanism of injury? Select the two correct options.

- A. Extent of injury
- B. Need for additional resources
- C. Chances of survival
- D. Destination facility
- E. Patient's medical history

Answer: A,B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Mechanism of Injury (MOI) assessment is a cornerstone of trauma care. It helps providers determine:

* Extent of injury: High-speed collisions, falls from height, or penetrating trauma suggest internal injuries even if external signs are limited.

* Need for additional resources: MOI may indicate the necessity of ALS backup, air transport, or technical rescue.

MOI cannot determine a patient's medical history or guarantee survival predictions. The destination facility depends on multiple factors including triage protocols, vital signs, and local trauma system regulations.

References:

NREMT Trauma Assessment Skills Sheet

National EMS Education Standards - Trauma Module

AAOS Emergency Care and Transportation (11th ed.), Chapter: Mechanism of Injury and Trauma Assessment

NEW QUESTION # 60

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

Answer: C

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 # 61

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