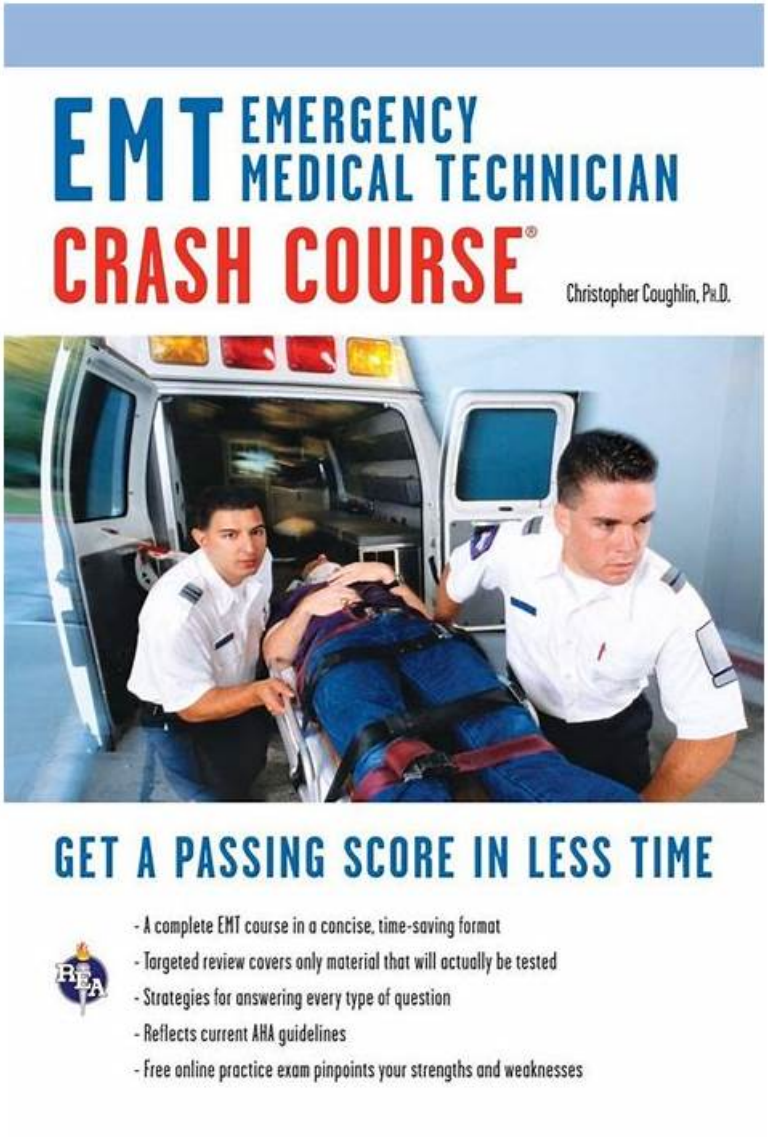
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Candidates for national emergency medical technician certification must meet the following requirements:

- Have a current CPR-BLS for "healthcare provider" or equivalent credentials.
- Successful completion of a state-approved State Medical Technician (EMT) course that meets or exceeds the National Emergency Medical Service training standards for the emergency technician.
- The successful parts of the cognitive and psychomotor exam remain valid for 24 months. For candidates whose course completion date is before November 1, 2018, the valid parts of each exam are valid for 12 months. Provided all other entry conditions are met.
- Candidate must have completed the course in the last 2 years & the course director needs to verify the success of the course on the National Registry website.
- Pass state-approved cognitive (knowledge) and psychomotor (skills) tests.

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NREMT Emergency Medical Technicians Exam Sample Questions (Q59-Q64):

NEW QUESTION # 59
A 12-year-old male suffered helmet-to-helmet contact while playing football. A bystander states, "He passed out for several seconds, then walked off the field under his own power." He is now unresponsive, and his vital signs are BP 180/110, P 90, and R 6. You should suspect

- A. Intracerebral hematoma
- B. Epidural hematoma
- C. Subarachnoid hemorrhage
- D. Subdural hemorrhage

Answer: B

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
Anepidural hematomaclassically presents with a"lucid interval"- a brief period of regained consciousness following head trauma, followed by rapid deterioration. This is due to arterial bleeding, often from themiddle meningeal artery, leading to increasing intracranial pressure.
Signs include:
* High blood pressure
* Decreasing respiratory rate
* Altered LOC or unresponsiveness
Subdural hemorrhages are slower venous bleeds, common in elderly patients. Subarachnoid hemorrhage often presents with "worst headache of life." Intracerebral bleeds are less commonly linked to lucid intervals.
References:
NREMT Trauma Module - Head Injuries
AAOS Emergency Care Textbook (11th ed.), Chapter: Head and Spine Trauma Emergency Neurological Life Support (ENLS) Guidelines - Traumatic Brain Injury

NEW QUESTION # 60
A mountain climber tells you that he came down from a hike because he was coughing up blood. You should suspect

- A. Pulmonary edema
- B. Neoplasm
- C. Spontaneous pneumothorax

- D. Pulmonary embolism

Answer: D

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
Hemoptysis (coughing up blood)in a physically active person, such as a mountain climber, strongly suggests apulmonary embolism (PE), particularly due to:
* Dehydration
* Prolonged exertion or immobility
* High altitude increasing clot risk
Symptoms may include:
* Shortness of breath
* Chest pain
* Tachypnea
* Hemoptysis
Pulmonary edemagenerally causes pink frothy sputum and is more associated with heart failure.Neoplasm (lung cancer)is possible but much less acute in onset.Spontaneous pneumothoraxcauses dyspnea and pleuritic chest pain but not typically hemoptysis.
References:
NREMT Medical Assessment - Pulmonary and Hematologic Emergencies
AAOS EMT Textbook - Chapter: Respiratory Emergencies
CDC Guidelines - High-Risk Conditions for Pulmonary Embolism

NEW QUESTION # 61
Which of the following elements proves tort negligence in a court of law?

- A. Assault and battery
- B. Abandonment
- C. False imprisonment
- D. Causation

Answer: D

NEW QUESTION # 62
A 2-month-old patient is drowsy following generalized tonic-clonic activity. The baby has no medical history and feels warm to the touch. There is a petechial rash on the baby's trunk and extremities. The vital signs are BP 76/50 mmHg, P 120/min, R 24/min, and SpO# 99% on room air. The temperature is 103.1°F (39.5°C). Is the patient more likely experiencing febrile seizure or meningitis, and why?

- A. Febrile seizure, because of the lack of medical history.
- B. Febrile seizure, because the temperature is high.
- C. Meningitis, because lethargy is associated with this type of infection.
- D. Meningitis, because the child is too young for simple febrile seizure.

Answer: D

Explanation:
Febrile seizures most commonly occur in children between 6 months and 5 years of age. NREMT pediatric education emphasizes that seizures in infants younger than 6 months are not considered simple febrile seizures and should raise immediate concern for serious central nervous system infection.
Option C is correct because this patient is only 2 months old, placing them outside the typical age range for febrile seizures. Additionally, the presence of a petechial rash, lethargy, hypotension, and fever strongly suggests meningitis or sepsis, both of which are life-threatening.
Option A is incorrect because fever alone does not confirm febrile seizure.
Option B is incorrect because lack of medical history does not exclude serious infection.
Option D is partially true but not the most accurate or distinguishing reason.
NREMT stresses early recognition of meningitis, rapid transport, and aggressive supportive care due to high mortality risk in infants.

NEW QUESTION # 63
A law enforcement officer requests that you place the clothes from a sexual assault victim in a bag for transport to the hospital. Which type of bag should you use?

- A. Paper
- B. Polypropylene
- C. Cloth
- D. Plastic

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
In cases ofsexual assault, preservingevidence integrityis critical. Clothing or other forensic evidence must be placed inpaper bags. Plastic or non-breathable materials can trap moisture, promotingmold or degradation of evidencelike DNA or bodily fluids.
This approach follows chain-of-custody protocols used by law enforcement and medical facilities for handling forensic material.
References:
NREMT EMS Operations - Evidence Preservation and Forensics
U.S. Department of Justice: "A National Protocol for Sexual Assault Medical Forensic Examinations" National EMS Education Standards - Legal and Ethical Principles

NEW QUESTION # 64
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