

EMT Latest Study Notes, Exam EMT Simulator

Exam EMT Study Guide Chapter 1

1). Which of the following refers to a program process for evaluating and improving the effectiveness of an EMS system?

- A)total quality system.
- B) Quality improvement.
- C) process improvement plan (PIP).
- D) System effectiveness management. - correct answer B). Quality Improvement

2). In 1966 the National Highway Safety Act charged which of the following agencies with the development of emergency medical service standards?

- A) U.S. Department of the Interior.
- B) U.S. Department of Homeland Security.
- C) U.S. Department of Transportation.
- D) U.S. Department of Health Services. - correct answer C). U.S. Department of Transportation

3). Which of the following agencies is responsible for establishing EMS system assessment programs?

- A) National transportation safety Board.
- B) National Highway traffic safety administration.
- C) department of health and human services.
- D) United states health services agency. - correct answer B). National highway traffic safety administration

4) which of the following is the most common gateway for hospital services for patients who need emergency medical assistance?

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NREMT Emergency Medical Technicians Exam Sample Questions (Q49-Q54):

NEW QUESTION # 49

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

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

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Hemoptysis (coughing up blood) in a physically active person, such as a mountain climber, strongly suggests a pulmonary 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 edema generally causes pink frothy sputum and is more associated with heart failure. Neoplasm (lung cancer) is possible but much less acute in onset. Spontaneous pneumothorax causes 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 # 50

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

NEW QUESTION # 51

A patient has facial drooping, left side paralysis, and slurred speech. The vital signs are BP 160/100, P 100, R 20, and SpO₂ 96% on room air. Which of the following interventions is appropriate for this patient?

- A. Administer oxygen at 12 LPM
- B. Protect the left arm during transport
- C. Avoid asking the patient questions due to dysphasia
- D. Place the patient in a supine position

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The patient's symptoms are consistent with a stroke (CVA). Proper prehospital care focuses on maintaining airway, breathing, circulation, and protecting the affected limbs. Positioning the patient with head elevated (not supine) reduces intracranial pressure and aspiration risk.

Protecting the paralyzed side (e.g., left arm) from injury during transport is critical. EMS should still communicate with the patient - even if speech is impaired - and perform a stroke assessment using tools like Cincinnati Prehospital Stroke Scale (CPSS) or FAST.

References:

NREMT Medical Emergencies: Neurological Conditions

AHA Stroke Guidelines - Prehospital Management

National EMS Education Standards - Stroke Assessment Protocols

NEW QUESTION # 52

What components are necessary to maintain adequate perfusion? Select the three correct options.

- A. Sufficient blood volume
- B. Intact microcirculation
- C. Low ventilation-perfusion ratio
- D. Patent airway
- E. Hypoxic drive
- F. High alveolar pressure

Answer: A,B,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Perfusion refers to delivery of oxygen and nutrients to tissues. It depends on three essential components:

* Patent airway: Ensures oxygen reaches lungs

* Intact microcirculation: Capillary-level exchange must function

* Sufficient blood volume: Maintains blood pressure and oxygen transport. Hypoxic drive relates to COPD physiology, not perfusion. High alveolar pressure (like from CPAP) may impede venous return, and allow ventilation-perfusion ratio means poor oxygenation efficiency, which negatively affects perfusion.

References:

NREMT Cardiovascular and Shock Guidelines

National EMS Education Standards - Perfusion and Circulatory Assessment AHA ACLS Provider Manual - Systemic Perfusion Concepts

NEW QUESTION # 53

Which of the following signs and symptoms indicate dehydration in an infant? Select the three correct options.

- A. Flushed, dry skin
- B. Hypoglycemia
- C. Sunken fontanelles
- D. Hypertension

- E. Delayed capillary refill
- F. Poor skin turgor

Answer: C,E,F

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Dehydration signs in infants include:

- * Poor skin turgor (elasticity)
- * Sunken fontanelles (indicative of fluid loss)
- * Delayed capillary refill (>2 seconds)

Flushed skin is more common in fever or heat illness, not dehydration. Hypotension, not hypertension, is associated with dehydration in late stages.

References:

NREMT Pediatric Assessment and Fluid Emergencies

PALS Provider Manual - Dehydration in Infants

AAOS Emergency Care (11th ed.) - Pediatric Emergency Chapter

NEW QUESTION # 54

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