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**EMT Patient Assessment**

<b>Scene size-up</b>
Scene safety: <input checked="" type="radio"/> Safe <input type="radio"/> Unsafe
Details: N/A
Mechanism of injury or nature of illness: Fall from standing height
Requested additional resources: <input type="radio"/> Yes <input checked="" type="radio"/> No
C-spine stabilization: <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Primary assessment</b>
General impression:
Level of consciousness: <input checked="" type="radio"/> Alert <input type="radio"/> Verbal <input type="radio"/> Pain <input type="radio"/> Unresponsive
Chief complaint: Right ankle pain
<b>Airway</b>
Open? <input checked="" type="radio"/> Yes <input type="radio"/> No
Intervention required? <input type="radio"/> Yes <input checked="" type="radio"/> No
Details for required intervention: No
<b>Breathing</b>
Rate: 19 /min
Quality: Clear and equal breath sounds
Intervention required? <input type="radio"/> Yes <input checked="" type="radio"/> No
Details for required intervention: N/A

P.S. Free 2026 NREMT EMT dumps are available on Google Drive shared by PrepAwayPDF: <https://drive.google.com/open?id=1EJJrLHzEmM36YCzdG1h9VoqY6GSwZDtn>

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

### NEW QUESTION # 56

A drowsy 72-year-old female complains of difficulty breathing. Her respiratory rate is 50, and her SpO# is 89% on room air. You should suspect

- A. Respiratory failure
- B. Respiratory alkalosis
- C. Respiratory distress
- D. Respiratory arrest

**Answer: A**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The patient's excessively high respiratory rate (RR 50), hypoxia (SpO# 89%), and decreased mental status (drowsiness) indicate respiratory failure, which is the inability to maintain oxygenation or ventilation.

\* Respiratory distress: Increased effort but adequate compensation

\* Respiratory arrest: Complete absence of breathing

\* Respiratory alkalosis: Possible early finding, but not a condition diagnosis. This patient is tiring and losing the ability to ventilate effectively - a hallmark of failure.

References:

NREMT Airway and Ventilation Guidelines

AHA BLS Manual - Recognition of Respiratory Failure

AAOS EMT Textbook - Chapter: Airway Emergencies

### NEW QUESTION # 57

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

**Answer: C,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 # 58

A 38-year-old patient is unconscious with slow, shallow, and gasping breaths. The patient is not moving. What should the EMT perform first?

- A. Auscultate breath sounds
- B. Perform a secondary assessment
- **C. Assess the airway**
- D. Check a carotid pulse

**Answer: C**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In any unresponsive patient, the first step is to assess and open the airway to determine patency and identify obstruction or inadequate breathing.

Gasping respirations (agonal) are not effective; they require BVM ventilation support. The airway must be open before checking for a pulse or performing auscultation. A secondary assessment is performed only after primary survey and stabilization.

References:

AHA BLS Provider Manual (2020) - Unresponsive Patient Algorithm

NREMT Airway Skills - Primary Assessment

National EMS Education Standards - Airway, Breathing, Circulation (ABC) Sequence

#### NEW QUESTION # 59

You have consulted with on-line medical direction to terminate resuscitation of a 74-year-old female.

How should you inform her family of this decision?

- A. "She is at peace."
- **B. "She has passed."**
- C. "She has died."
- D. "She didn't make it."

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

EMS professionals are expected to use empathetic yet clear language when communicating a death. The phrase "She has passed" is both respectful and commonly accepted as an appropriate way to convey death compassionately without being overly clinical or harsh. "Died" may sound too blunt in an emotional moment, while "didn't make it" and "at peace" can feel vague or dismissive. Clear, empathetic communication is critical for patient dignity and family support during death notifications.

References:

National EMS Education Standards - Ethics, Communication, and Patient Advocacy NAEMT Guidelines for Death Notification in the Field Brady Emergency Care (13th ed.), Chapter: Special Situations and Emotional Support

#### NEW QUESTION # 60

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

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

**Answer: B,D,F**

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 # 61

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