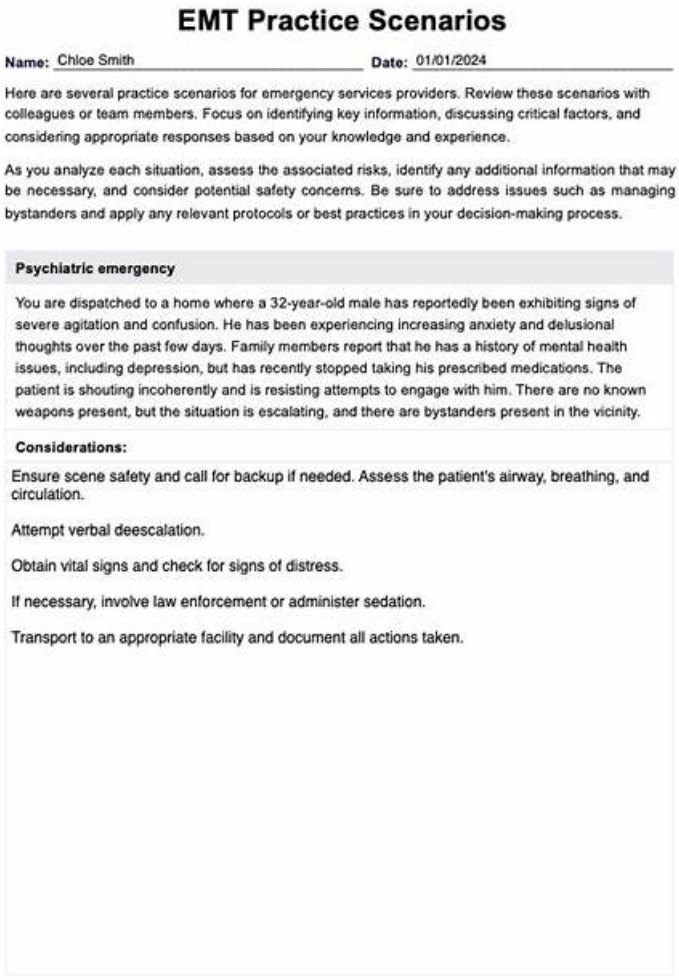
Practice EMT Exams Free | Pass4sure EMT Pass Guide



EMT Practice Scenarios

Name: Chloe Smith **Date:** 01/01/2024

Here are several practice scenarios for emergency services providers. Review these scenarios with colleagues or team members. Focus on identifying key information, discussing critical factors, and considering appropriate responses based on your knowledge and experience.

As you analyze each situation, assess the associated risks, identify any additional information that may be necessary, and consider potential safety concerns. Be sure to address issues such as managing bystanders and apply any relevant protocols or best practices in your decision-making process.

Psychiatric emergency

You are dispatched to a home where a 32-year-old male has reportedly been exhibiting signs of severe agitation and confusion. He has been experiencing increasing anxiety and delusional thoughts over the past few days. Family members report that he has a history of mental health issues, including depression, but has recently stopped taking his prescribed medications. The patient is shouting incoherently and is resisting attempts to engage with him. There are no known weapons present, but the situation is escalating, and there are bystanders present in the vicinity.

Considerations:

Ensure scene safety and call for backup if needed. Assess the patient's airway, breathing, and circulation.

Attempt verbal deescalation.

Obtain vital signs and check for signs of distress.

If necessary, involve law enforcement or administer sedation.

Transport to an appropriate facility and document all actions taken.

What's more, part of that ExamTorrent EMT dumps now are free: https://drive.google.com/open?id=1WcfhScgZyJjH-4kCS0o4Dmnfxc_wOaCk

To help you learn with the newest content for the EMT preparation materials, our experts check the updates status every day, and their diligent work as well as professional attitude bring high quality for our EMT practice engine. You may doubtful if you are newbie for our EMTtraining engine, free demos are provided for your reference. And every button is specially designed and once you click it, it will work fast. It is easy and confident to use our EMT study guide.

Following is the Test Prep EMT Exam Format

Format: Multiple choices, multiple answers

- Number of Questions: 70-120
- Passing score: 70%
- Length of Examination: 120 minutes
- Language: English

>> Practice EMT Exams Free <<

Golden Opportunity to Get a 50% Discount on NREMT EMT PDF Questions

with 365 days Free Updates

You have ExamTorrent NREMT EMT certification exam training materials, the same as having a bright future. ExamTorrent NREMT EMT exam certification training is not only the cornerstone to success, and can help you to play a greater capacity in the IT industry. The training materials covering a wide range, not only to improve your knowledge of the culture, the more you can improve the operation level. If you are still waiting, still hesitating, or you are very depressed how through NREMT EMT Certification Exam. Do not worry, the ExamTorrent NREMT EMT exam certification training materials will help you solve these problems.

Test Prep EMT Exam Introduction

The National Register Emergency Medical Technician (EMT) cognitive test is a computer adaptive test (CAT).This means that each candidate is evaluated based on the position of the responses on a spectrum. Once a candidate gets the correct answers, the computer will automatically enter more difficult questions to continue testing the candidate's skill level. The number of items a candidate can expect from the EMT exam will be between 70 and 120. Each exam will have between 60 and 110 "live" elements that will be counted towards the final score. The exam will also include 10 pilot questions that do not affect the final score. The maximum time allowed to complete the exam is 2 hours. To pass the exam, candidates must meet a standard skill level. The standard of success is defined by the ability to provide safe and effective entry-level emergency medical care.

NREMT Emergency Medical Technicians Exam Sample Questions (Q170-Q175):

NEW QUESTION # 170
What are the proper procedures for performing CPR on a 9-month-old patient? Select the three answer options that are correct.

- A. Compression rate is over 120 times per minute.
- B. Check the brachial artery for a pulse.
- C. Use the two-thumb-encircling-hands technique for two rescuers.
- D. Use a compression depth of at least two inches.
- E. Ventilate one breath every 3 seconds with advanced airway in place.
- F. The compression area is just above the nipple line.

Answer: B,C,D

Explanation:
The correct answers are A. Check the brachial artery for a pulse, C. Use a compression depth of at least two inches, and E. Use the two-thumb-encircling-hands technique for two rescuers.
1. Check the brachial artery (A):
For infants (less than 1 year old), the correct pulse check site is the brachial artery, not the carotid.
"For infants, assess the brachial pulse."
2. Compression depth (C):
Infant chest compressions should be about 1/3 the depth of the chest, which is approximately 1.5-2 inches.
"Compress the chest at least one-third its depth (about 1.5-2 inches in infants)."
3. Two-thumb-encircling-hands technique (E):
When two rescuers are present, this is the preferred method because it:
Produces better compressions
Improves perfusion
"Use the two-thumb encircling technique for two-rescuer infant CPR."
Why the other options are incorrect:
B). Compression rate is over 120/min # IncorrectCorrect rate is 100-120/min, not over 120 D). Compression area just above nipple line # IncorrectCorrect location is just below the nipple line on the sternum F). Ventilate one breath every 3 seconds # IncorrectWith advanced airway: 1 breath every 2-3 seconds (20-30
/min), not fixed at 3 seconds
Exact Extracts (NREMT/AHA-aligned references):
"Check the brachial pulse in infants."
"Compression depth should be at least one-third the chest diameter."
"Use the two-thumb encircling technique for two rescuers."
"Compression rate is 100-120 per minute."
Clinical Priority Summary:
Proper infant CPR includes brachial pulse assessment, correct compression depth, and appropriate technique, making A, C, and E correct.

References:
NREMT EMT Education Standards - Cardiology & Resuscitation
American Heart Association (AHA) Guidelines for CPR and ECC
NREMT National Continued Competency Program (NCCP)

NEW QUESTION # 171
What characteristics of the pediatric airway are different from the adult airway?

- A. Proportionately larger tongue and proportionately larger occiput
- B. Proportionately smaller tongue and proportionately larger occiput
- C. Proportionately smaller tongue and proportionately smaller occiput
- D. Proportionately larger tongue and proportionately smaller occiput

Answer: A

Explanation:
Comprehensive and Detailed Explanation From Exact Extract:
Compared to adults, pediatric patients have:
* Aproportionately larger tongue, which increases the risk of airway obstruction
* Alarger occiput, which causes natural neck flexion when lying supine, potentially occluding the airway This anatomical difference is why EMS providers often use ashoulder rollinstead of a head tilt to maintain a neutral airwayin infants and toddlers.
References:
NREMT Pediatric Airway Management Standards
AHA PALS Manual - Pediatric Anatomy and Airway Considerations
National EMS Education Standards - Pediatric Assessment and Airway Anatomy

NEW QUESTION # 172
A 67-year-old patient has a sudden onset of weakness and dizziness after feeling a tearing pain in their chest.
The patient has a history of diabetes, myocardial infarction, and hypertension. Lung sounds are clear. The skin is pale and cool to the touch. The vital signs are BP 88/52, P 128, and R 24. Which of the following types of shock should the EMT most strongly suspect?

- A. Septic
- B. Hypovolemic
- C. Psychogenic
- D. Cardiogenic

Answer: B

Explanation:
The correct answer is B. Hypovolemic shock.
Key findings in this scenario:
Sudden "tearing" chest pain # classic sign of aortic dissection or rupture Hypotension (BP 88/52) Tachycardia (P 128) Pale, cool, clammy skin Clear lung sounds Why this indicates hypovolemic shock:
A tearing chest pain strongly suggests a vascular catastrophe (e.g., aortic dissection/rupture), which can lead to internal bleeding.
This results in:
Loss of circulating blood volume
Decreased perfusion
Signs of hypovolemic shock
NREMT-aligned guidance states:
"Hypovolemic shock results from significant fluid or blood loss."
"Patients present with hypotension, tachycardia, and cool, pale skin."
Why NOT cardiogenic shock (C):
Although the patient has a cardiac history:
Cardiogenic shock typically presents with:
Pulmonary edema (crackles)
Signs of heart pump failure
This patient has clear lung sounds, which argues against cardiogenic shock Why the other options are incorrect:
A). PsychogenicCauses temporary fainting, not sustained hypotension with shock signs D). SepticUsually presents with warm skin

(early) and signs of infection, not tearing chest pain Exact Extracts (NREMT-aligned EMT educational references):
"Hypovolemic shock is caused by blood or fluid loss."
"Signs include hypotension, tachycardia, and cool, pale skin."
"Internal bleeding can result in hypovolemic shock."
Clinical Priority Summary:
The tearing chest pain with hypotension and signs of poor perfusion strongly suggests internal hemorrhage, leading to hypovolemic shock, making B the correct answer.
References:
NREMT EMT Education Standards - Cardiology & Resuscitation
NREMT National Continued Competency Program (NCCP)
AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION # 173
What are the greatest morbidity risks associated with poorly controlled patient agitation in patients exhibiting delirium? Select the two answer options that are correct.

- A. Positional asphyxia
- B. Hypovolemic shock
- C. Hemorrhagic stroke
- D. Sudden cardiac arrest
- E. Seizure activity

Answer: A,D

Explanation:
The correct answers are B. Positional asphyxia and E. Sudden cardiac arrest.
This question refers to patients with severe agitation or delirium, often described in EMS as excited delirium syndrome or severe behavioral emergencies.
Why B is correct (Positional asphyxia):
Agitated patients who are restrained improperly (especially in prone positions) are at high risk of:
* Restricted chest wall movement
* Impaired ventilation
* Hypoxia
NREMT-aligned guidance emphasizes:
* "Improper restraint positioning can lead to positional asphyxia."
* This is a major cause of morbidity and death in agitated or restrained patients.
Why E is correct (Sudden cardiac arrest):
Severely agitated or delirious patients are at risk of:
* Extreme catecholamine surge
* Metabolic acidosis
* Cardiac dysrhythmias
These can rapidly lead to sudden cardiac arrest.
NREMT materials highlight:
* "Patients with severe agitation are at risk for sudden cardiac arrest."
* "Excited delirium may result in sudden death if not properly managed." Why the other options are incorrect:
* A. Seizure activity: Not a primary or common morbidity risk directly associated with agitation.
* C. Hypovolemic shock: Not typically related to agitation unless trauma or bleeding is present.
* D. Hemorrhagic stroke: Not a typical complication of agitation/delirium in EMS context.
Exact Extracts:
* "Improper restraint can result in positional asphyxia."
* "Excited delirium is associated with sudden cardiac arrest."
* "Agitated patients require careful monitoring due to risk of sudden death." References:
NREMT EMT Education Standards - Medical Emergencies (Behavioral and Psychiatric Disorders) NREMT National Continued Competency Program (NCCP) - Behavioral Emergencies Prehospital Emergency Care (EMT) - Behavioral Crisis Management

NEW QUESTION # 174
An EMS unit is dispatched to a mass casualty incident along with police and fire resources. Which command structure, singular or unified, should the crew expect to find in use?

- A. Singular, because the fire department has the ultimate authority.
- B. Singular, because there is still only one incident commander.
- C. Unified, because the EMS unit will join the command team upon arrival.
- D. Unified, because there are multiple agencies represented.

Answer: D

Explanation:
When an incident involves multiple agencies with shared responsibility, NREMT teaches that a Unified Command structure is used. This allows police, fire, EMS, and other agencies to work together under a common set of objectives while maintaining their individual authority.
Option C is correct because the defining feature of unified command is multi-agency involvement, not rank or arrival order.
Option A is incorrect because no single agency automatically has authority.
Option B misunderstands unified command, which still functions with coordinated leadership.
Option D is incorrect because EMS does not automatically become part of command.
NREMT emphasizes unified command to improve coordination, communication, and safety during MCIs.

NEW QUESTION # 175
.....