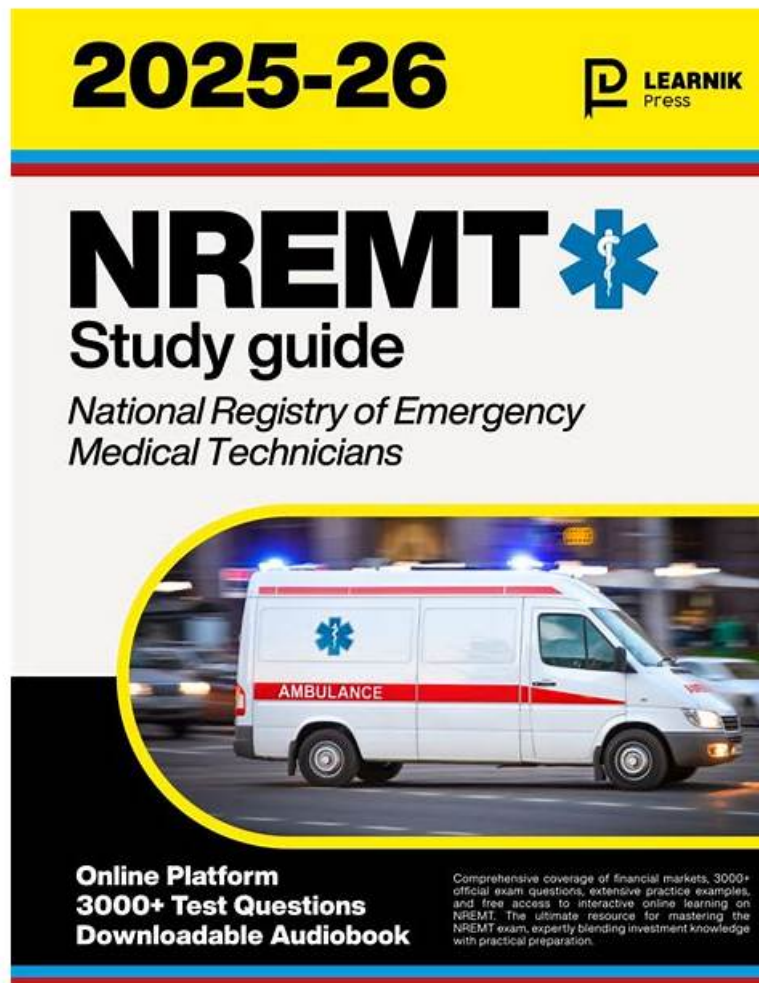


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NREMT Emergency Medical Technicians Exam Sample Questions (Q48-Q53):

NEW QUESTION # 48

Which of the following is the most reliable indicator of effective respiration in a patient?

- A. Respiratory rate
- B. Skin color
- C. Mental status
- D. Pulse oximetry reading

Answer: C

Explanation:

Mental status reflects perfusion and oxygen delivery to the brain, which is highly sensitive to hypoxia and hypercapnia. Even if respiratory rate and SpO₂ are normal, altered mental status suggests ineffective gas exchange or hypoperfusion.

Pulse oximetry may be falsely normal in CO poisoning or poor perfusion. Skin color is subjective and not as sensitive or specific as neurological status.

References:

NREMT Assessment Standards - Airway & Neurological Assessment

AHA BLS Manual - Recognition of Effective Ventilation

Brady Emergency Care (13th ed.) - Patient Assessment and Respiratory Emergencies

NEW QUESTION # 49

What should you anticipate when you go in for a deposition?

- A. No formal exhibits or documents will be allowed.
- B. Your testimony will be informal and not admissible in court.
- C. An administrative law judge will hear the testimony.
- D. Attorneys for all sides will be present.

Answer: D

Explanation:

A deposition is a formal legal proceeding in which sworn testimony is taken prior to trial. NREMT education on EMS operations, documentation, and legal responsibilities emphasizes that EMTs may be required to participate in depositions as part of civil or criminal cases involving patient care.

Option C is correct because attorneys for all involved parties are typically present during a deposition. These may include attorneys representing the plaintiff, defendant, EMS agency, or insurance providers. The EMT provides sworn testimony under oath, and the deposition may later be used in court.

Option A is incorrect because deposition testimony is admissible in court under many circumstances.

Option B is incorrect because depositions are not presided over by a judge; they are conducted by attorneys.

Option D is incorrect because exhibits such as patient care reports, protocols, or photographs may be introduced during a deposition.

NREMT stresses the importance of accurate documentation, professionalism, and honesty, as EMTs are legally accountable for their actions and statements.

NEW QUESTION # 50

A patient is experiencing acute coronary syndrome but is not hypoxemic. Which of the following results could come from oxygen administration? Select the two answer options that are correct.

- A. Coronary artery vasoconstriction
- B. Increased tissue damage
- C. Reduced mortality
- D. Resolution of chest pain
- E. Reduction in infarction size

Answer: A,B

Explanation:

The correct answers are C. Increased tissue damage and E. Coronary artery vasoconstriction.

In patients with acute coronary syndrome (ACS) who are NOT hypoxemic, routine oxygen administration is no longer recommended because it may actually be harmful.

Key pathophysiology:

1. Coronary Artery Vasoconstriction (E):

High concentrations of oxygen can cause vasoconstriction of coronary arteries, which reduces blood flow to already ischemic heart tissue.

* "Supplemental oxygen in non-hypoxemic patients may cause coronary vasoconstriction."

2. Increased Tissue Damage (C):

Excess oxygen can lead to oxidative stress and worsen ischemic injury, potentially increasing infarct size or tissue damage.

* "Hyperoxia may increase oxidative injury and worsen myocardial damage." Why the other options are incorrect:

* A. Reduced mortality: Evidence does not support mortality benefit in non-hypoxemic ACS patients.

* B. Resolution of chest pain: Oxygen does not reliably relieve ischemic chest pain unless hypoxia is present.

* D. Reduction in infarction size: Studies show no benefit and possible harm.

NREMT/AHA-aligned guidance emphasizes:

* "Administer oxygen only if SpO₂ is less than 94% or if the patient is hypoxic."

* Routine oxygen in normoxic patients is not recommended and may be harmful.

Exact Extracts (NREMT/AHA-aligned references):

* "Avoid routine oxygen use in patients with normal oxygen saturation."

* "Hyperoxia can cause coronary vasoconstriction."

* "Excess oxygen may worsen myocardial injury."

Clinical Priority Summary:

In non-hypoxemic ACS patients, oxygen can cause harm rather than benefit, specifically vasoconstriction and increased tissue damage, making 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 # 51

A person grabs your arm during an argument. This is considered

- A. harassment.
- B. false imprisonment.
- C. battery.
- D. assault.

Answer: C

Explanation:

The correct answer is C. Battery.

This question tests knowledge of legal definitions relevant to EMS providers, particularly distinguishing between assault and battery.

* Battery is defined as unlawful physical contact with another person without consent.

* In this scenario, the act of grabbing your arm constitutes intentional physical contact, which meets the definition of battery.

According to NREMT-aligned EMS legal principles:

* "Battery is the unlawful touching of another person without consent." Why the other options are incorrect:

- * A. Harassment: Typically involves repeated or persistent unwanted behavior, not necessarily physical contact.
- * B. Assault: Defined as threatening or attempting to cause harm, creating fear of imminent harm- without actual physical contact.
- * D. False imprisonment: Involves restricting a person's freedom of movement without legal authority, not simply grabbing an arm.

Key NREMT Distinction:

- * Assault = threat of harm
- * Battery = actual physical contact

Exact Extracts:

- * "Assault is placing a person in fear of immediate harm."
- * "Battery is the unlawful touching of a patient without consent."

References:

NREMT EMT Education Standards - EMS Operations / Legal & Ethical Issues NREMT National Continued Competency Program (NCCP) - EMS Legal Concepts Standard EMT Text (aligned with NREMT): Workforce Safety and Legal Issues

NEW QUESTION # 52

A 21-year-old patient has loss of movement and sensation in the legs. The patient is under a car, which fell on them. Bystanders have lifted the vehicle off the patient. Which method, clothes drag or long backboard, should the EMT use to move the patient, and why?

- A. Clothes drag, because it will move the patient out of danger faster.
- B. Long backboard, because it will prevent injury to their spine.
- C. Clothes drag, because it will move their spine the least.
- D. Long backboard, because it will move the patient out of danger faster.

Answer: A

Explanation:

NREMT guidelines clearly state that life-threatening danger overrides spinal motion restriction. This patient shows signs of a spinal cord injury (loss of movement and sensation), but they were previously trapped under a vehicle—an inherently unstable and dangerous environment.

Option A is correct because the clothes drag is an emergency move designed to remove a patient from immediate danger as quickly as possible. In emergency situations, speed and rescuer safety take priority over spinal immobilization.

Option B is incorrect because clothes drags do not minimize spinal movement.

Option C is incorrect because preparing and using a long backboard delays removal.

Option D is incorrect because spinal protection is secondary to immediate life threats.

NREMT emphasizes: "You cannot help the patient if you become injured."

NEW QUESTION # 53

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As job seekers looking for the turning point of their lives, it is widely known that the workers of recruitment is like choosing apples--viewing resumes is liking picking up apples, employers can decide whether candidates are qualified by the EMT appearances, or in other words, candidates' educational background and relating EMT professional skills. They develop the EMT exam guide targeted to real exam. The wide coverage of important knowledge points in our EMT latest braindumps would be greatly helpful for you to pass the exam.

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