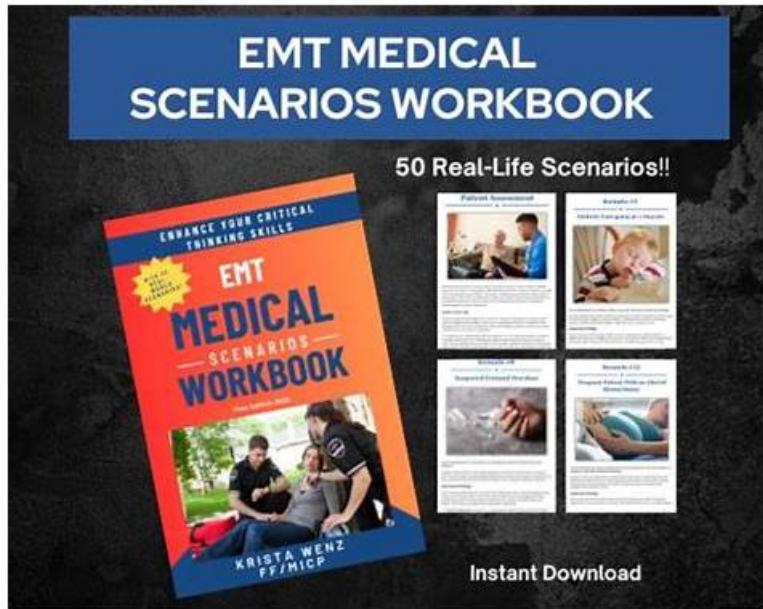


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NREMT Emergency Medical Technicians Exam Sample Questions (Q27-Q32):

NEW QUESTION # 27

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:

- * A proportionately larger tongue, which increases the risk of airway obstruction
- * A larger occiput, which causes natural neck flexion when lying supine, potentially occluding the airway. This anatomical difference is why EMS providers often use a shoulder roll instead of a head tilt to maintain a neutral airway in 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 # 28

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

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

Answer: C,D,E

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 # 29

Which of the following are nerve agents? Select the two answer options that are correct.

- A. Tabun
- B. Naloxone
- C. Atropine
- D. Sarin
- E. Metoprolol

Answer: A,D

Explanation:

Comprehensive and Detailed Explanation (Based on NREMT standards):

Nerve agents are highly toxic organophosphate chemicals that inhibit acetylcholinesterase, leading to excess acetylcholine accumulation and life-threatening cholinergic effects. NREMT hazardous materials education highlights recognition of these agents due to their rapid lethality.

Option C (Tabun) and D (Sarin) are correct. Both are internationally recognized nerve agents historically used in chemical warfare and terrorist attacks.

Option A (Naloxone) is an opioid antagonist, not a nerve agent.

Option B (Metoprolol) is a beta-blocker medication.

Option E (Atropine) is not a nerve agent; it is an antidote used to treat nerve agent poisoning.

NREMT emphasizes scene safety, recognition of toxidromes, and early antidote administration for nerve agent exposure.

NEW QUESTION # 30

A 58-year-old patient reports chest pain and difficulty breathing after missing their last three hemodialysis treatments. Which of the following signs and symptoms should the EMT suspect to find?

- A. Fever
- B. Hypotension
- C. Bradycardia
- D. Crackles

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Missing dialysis leads to fluid overload, causing:

* Pulmonary edema, evident by crackles on auscultation

* Dyspnea and chest discomfort

Bradycardia is less likely; patients more often present with tachycardia due to volume stress. Fever would suggest infection (not stated here), and hypotension can occur later, but hypertension is more common in early fluid overload.

References:

NREMT Medical Emergencies - Renal and Dialysis Patients

National Kidney Foundation Guidelines - Missed Dialysis and Pulmonary Symptoms AAOS EMT Textbook - Urologic and Fluid Volume Imbalance

NEW QUESTION # 31

A 70-year-old patient has lower back pain radiating to the left side of their chest that started one day ago. The pain has become progressively worse and is not relieved by changes in position. The patient has no prescribed medications. Palpation of the abdomen reveals a pulsating mass. The vital signs are BP 104/66, P 64, R 16, and SpO# 89% on room air. Which of the following interventions are appropriate for this patient? Select two.

- A. Aspirin administration
- B. Attaching AED pads
- C. Supplemental oxygen
- D. Sublingual nitroglycerin
- E. Position of comfort

Answer: C,E

Explanation:

This patient's presentation-older age, severe back pain radiating to the chest, hypotension, and a pulsating abdominal mass-is highly suggestive of an abdominal aortic aneurysm (AAA). NREMT teaching stresses early recognition of life-threatening medical conditions and avoiding interventions that could worsen the patient's condition.

Option A (Position of comfort) is correct because patients with suspected AAA should be kept calm and positioned in a way that minimizes pain and stress, which can reduce sympathetic stimulation and the risk of aneurysm rupture.

Option D (Supplemental oxygen) is correct because the patient's SpO# is 89%, indicating hypoxia. NREMT guidelines recommend administering oxygen to maintain adequate oxygenation in critically ill or potentially unstable patients.

Option B is incorrect because AED pads are not indicated unless the patient is in cardiac arrest or has a high risk of imminent arrest. There is no evidence of dysrhythmia or arrest at this time.

Option C is incorrect because aspirin is indicated for suspected acute coronary syndromes, not AAA. Aspirin could worsen internal bleeding if the aneurysm ruptures.

Option E is incorrect because nitroglycerin can cause vasodilation and hypotension, potentially precipitating aneurysm rupture. In summary, NREMT emphasizes supportive care, oxygenation, and rapid transport for suspected AAA while avoiding medications that increase bleeding risk or lower blood pressure.

NEW QUESTION # 32

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