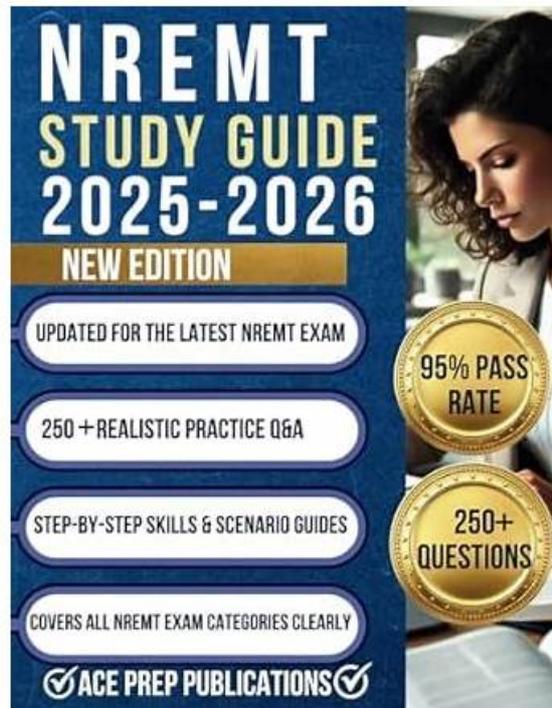


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How can you ready for Emergency Medical Technicians (EMT) Exam

For Emergency Medical Technicians (EMT) Exam, there is a study guide

Emergency Medical Technicians (EMT): Get our quick guide if you don't have time to read all the page.

The National Registry of Emergency Medical Technicians, or NREMT, is a nonprofit organization that helps maintain the skills, knowledge, and abilities of Emergency Medical Technicians (EMTs) in the United States. Although you probably know the important role EMUs play in our society, you may not be familiar with the proof required to become an emergency medical technician. NREMT manages a wide range of professional emergency medical tests, including First Aid, First Aid (EMR), First Aid Technicians (EMT), Advanced First Aid Technicians (AEMT), EMT -Intermediate / 99 (EMT- I / 99) and paramedics. Although the exams vary by type of emergency responder, they cover all the general knowledge and skills necessary to provide emergency medical services. In this guide, we'll cover everything you need to know about the EMT exam, including study tips, test content, scoring, the best NREMT practice exam, and much more.

NREMT Emergency Medical Technicians Exam Sample Questions (Q16-Q21):

NEW QUESTION # 16

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

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

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 180/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 # 17

A 42-year-old male states, "I can't breathe" after being shot in his upper thigh. Bystanders have applied direct pressure to his thigh and the bleeding is controlled. You should first

- A. Apply a tourniquet
- **B. Administer oxygen**
- C. Assess for other life-threatening injuries
- D. Replace the bystander's dressing with sterile gauze

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The patient's complaint of difficulty breathing is an airway/breathing issue and takes precedence over a controlled extremity bleed. The first action is to administer oxygen and evaluate respiratory effort.

Though reassessing the wound is important, oxygenation is the priority when airway compromise or respiratory distress is present.

Tourniquets are for uncontrolled bleeding, which is not the case here.

References:

NREMT Trauma Assessment Guidelines

National EMS Education Standards - Primary Assessment Priorities

Brady Emergency Care (13th ed.) - Chapter: Patient Assessment

NEW QUESTION # 18

An 84-year-old patient has a sudden onset of weakness to one side of the body. The patient has a history of hypertension and high cholesterol. The vital signs are BP 176/94 mmHg, P 108/min, R 18/min, and SpO₂ 97% on room air. For which of the following additional symptoms should the EMT assess? Select the three correct options.

- A. Facial droop
- B. Tremors
- C. Miosis
- D. Slurred speech
- E. Syncopal episodes
- F. Arm drift

Answer: A,D,F

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The symptoms described are classic for a stroke (CVA). Additional hallmark findings include:

- * Arm drift (motor weakness or hemiparesis)
- * Facial droop (Cranial nerve VII involvement)
- * Slurred speech (dysarthria or aphasia)

These form the basis of prehospital stroke assessment tools like FAST:

- * Face drooping
- * Arm weakness
- * Speech difficulty
- * Time to call 911

Miosis (pupil constriction) and tremors are not associated with stroke in EMS context. Syncope is an isolated event and not a reliable CVA symptom.

References:

NREMT Medical Neurological Emergencies

AHA Stroke Recognition Guidelines

EMS National Stroke Protocols - Cincinnati Stroke Scale, FAST

NEW QUESTION # 19

Which of the following techniques are appropriate for examining a patient with an acute abdomen?

Select the two correct options.

- A. Lie the patient supine with legs flexed
- B. Visualize the abdomen before palpation
- C. Begin palpation with the most painful quadrant
- D. Palpate the abdomen prior to auscultation
- E. Press softly if the abdomen has a pulsating mass

Answer: A,B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In patients with acute abdominal pain, you must first inspect (visualize) for distension, discoloration, or masses before touching.

Palpation always begins away from the most painful area. The patient should be in a supine position with knees flexed to relax the abdominal muscles and ease the exam.

Palpating a pulsating mass could rupture an abdominal aortic aneurysm and is contraindicated.

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