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NREMT Emergency Medical Technicians Exam Sample Questions (Q30-Q35):

NEW QUESTION # 30

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

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

Answer: A,C,F

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 a low 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 # 31

A drowsy 72-year-old female complains of difficulty breathing. Her respiratory rate is 50, and her SpO₂ is 89% on room air. You should suspect

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

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The patient's excessively high respiratory rate (RR 50), hypoxia (SpO₂ 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 # 32

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. Miosis
- C. Slurred speech
- D. Tremors
- E. Arm drift
- F. Syncopal episodes

Answer: A,C,E

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 # 33

What are possible complications of using continuous positive airway pressure (CPAP)? Select the two correct options.

- A. Pulmonary edema
- B. Feeling of suffocation
- C. Hypotension
- D. Myocardial infarction
- E. Bronchospasms

Answer: B,C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

CPAP works by delivering continuous positive pressure to keep alveoli open and improve oxygenation.

However, complications include:

- * Hypotension: Due to reduced venous return and cardiac preload
- * Feeling of suffocation: Common psychological reaction to a tight-fitting mask and forced airflow. It is used to treat, not cause, pulmonary edema. It does not induce bronchospasm or myocardial infarction.

References:

NREMT Airway & Ventilation Guidelines

National EMS Education Standards - Noninvasive Positive Pressure Ventilation AAOS EMT Textbook (11th ed.), CPAP and Respiratory Distress Management

NEW QUESTION # 34

A 30-year-old patient has a stab wound to the left forearm that is bleeding profusely. Which of the following interventions should the

EMT perform first?

- A. Determine severity of wound
- **B. Apply direct pressure**
- C. Assess the airway
- D. Place a tourniquet

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The first step in hemorrhage control for external bleeding is always direct pressure using gloved hands or dressing. Only if this fails or the bleeding is severe and life-threatening (especially from extremities) should a tourniquet be applied.

Assessing the airway is critical in overall trauma care but not the first priority in isolated extremity hemorrhage. Severity assessment is secondary to bleeding control.

References:

NREMT Trauma Skills: Bleeding Control/Shock

Tactical Combat Casualty Care (TCCC) Guidelines - Hemorrhage Management National EMS Education Standards - Soft Tissue Injuries

NEW QUESTION # 35

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