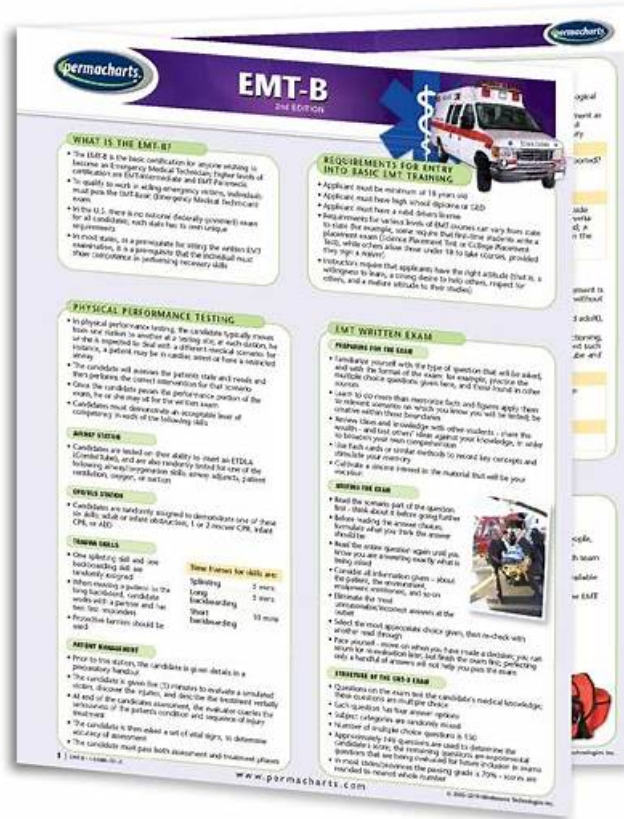


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NREMT Emergency Medical Technicians Exam Sample Questions (Q54-Q59):

NEW QUESTION # 54

A 9-year-old patient who was injured in an MCI is brought to the treatment area with a delayed triage tag. Which of the following signs or symptoms would the EMT expect to find? Select the three correct options.

- A. Palpable pulses being present
- B. Mottled skin
- C. Follows simple commands
- D. Respiratory rate of 16
- E. Ability to ambulate
- F. Breathing only after opening the airway

Answer: A,C,E

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In pediatric START or JumpSTART triage, a "delayed" status is appropriate if the child is breathing adequately, has palpable pulses, and follows commands. The respiratory rate of 16 is normal for a 9-year-old, and being able to walk also supports the "delayed" tag.

"Mottled skin" and "breathing only after airway opening" would more likely lead to "immediate" or even "expectant" categories depending on associated symptoms.

References:

JumpSTART Pediatric MCI Triage Algorithm

National EMS Education Standards - Triage

PALS Provider Manual (American Heart Association)

NEW QUESTION # 55

Witnesses state a patient is unresponsive and not breathing after a vehicle collision. What action should the EMT perform first?

- A. Perform a jaw-thrust maneuver.
- B. Hold the neck in a neutral in-line position.
- C. Begin cardiac compressions.
- D. Complete a scene size-up.

Answer: D

Explanation:

Even in high-acuity situations, NREMT standards require EMTs to perform a scene size-up before patient contact. Scene size-up includes ensuring scene safety, determining the mechanism of injury, identifying hazards, and assessing the need for additional resources. Entering a scene without confirming safety places the EMT at risk and can result in additional victims.

Although the patient is unresponsive and apneic, EMTs must first confirm the scene is safe to enter. Only after scene safety is established should patient care begin.

Option B is incorrect because CPR cannot be initiated until the EMT has safely accessed the patient.

Option C is incorrect because airway maneuvers are performed after scene safety and patient access are confirmed.

Option D is incorrect because spinal stabilization occurs after initial access and assessment.

NREMT emphasizes: rescuer safety always comes first, even in life-threatening emergencies.

NEW QUESTION # 56

An 11-month-old patient has difficulty breathing. Which of the following findings would indicate respiratory failure to the EMT?

- A. Bradycardia
- B. Audible wheezes
- C. Intercostal retractions
- D. Tachypnea

Answer: A

Explanation:

The correct answer is C. Bradycardia.

In pediatric patients, it is critical to distinguish between respiratory distress and respiratory failure.

Respiratory distress includes early compensatory signs such as:

Intercostal retractions

Audible wheezes

Tachypnea

These findings indicate that the child is still attempting to compensate and maintain adequate oxygenation.

Respiratory failure, however, represents a late and life-threatening stage where the child can no longer maintain adequate oxygenation and ventilation.

Bradycardia is a key late sign of respiratory failure in infants and children and indicates severe hypoxia and impending cardiac arrest.

According to NREMT-aligned educational material:

"Bradycardia in pediatric patients is often the result of hypoxia."

"Late signs of respiratory failure include decreased mental status and bradycardia." Why the other options are incorrect:

A). Intercostal retractions: Early sign of respiratory distress (increased work of breathing) B). Audible wheezes: Indicates airway narrowing, typically seen in distress D). Tachypnea: Early compensatory mechanism to improve oxygenation NREMT guidance emphasizes:

"Increased work of breathing and abnormal breath sounds are signs of respiratory distress, not failure." Exact Extracts:

"Bradycardia in pediatric patients is usually caused by hypoxia."

"Late signs of respiratory failure include bradycardia and decreased mental status."

"Retractions and tachypnea are signs of respiratory distress."

References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

NREMT National Continued Competency Program (NCCP) - Pediatric Respiratory Emergencies Standard EMT Text (aligned with NREMT): Airway Management and Pediatrics

NEW QUESTION # 57

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

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

Answer: A,D,E

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 # Incorrect Correct rate is 100-120/min, not over 120 D). Compression area just above

nipple line # Incorrect Correct location is just below the nipple line on the sternum F). Ventilate one breath every 3 seconds #

Incorrect With 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 # 58

A 9-year-old patient who was injured in an MCI is brought to the treatment area with a delayed triage tag. Which of the following signs or symptoms would the EMT expect to find? Select the three correct options.

- A. Palpable pulses being present
- B. Mottled skin
- C. Follows simple commands
- D. Respiratory rate of 16
- E. Ability to ambulate
- F. Breathing only after opening the airway

Answer: A,C,E

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In pediatric START or JumpSTART triage, a "delayed" status is appropriate if the child is breathing adequately, has palpable pulses, and follows commands. The respiratory rate of 16 is normal for a 9-year-old, and being able to walk also supports the "delayed" tag.

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National EMS Education Standards - Triage

PALS Provider Manual (American Heart Association)

NEW QUESTION # 59

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