

Valid EMT Test Duration | EMT Exam Sample

Emergency Medical Technician (EMT) Exam Outline

Content Categories	Percentage of Examination	Adult/Pediatric Contents
1. Airway Respiration and Ventilation	18%-22%	85%/15%
2. Cardiology and Resuscitation	22%-26%	85%/15%
3. Trauma	13%-17%	85%/15%
4. Medical; Obstetrics and Gynecology	25%-29%	85%/15%
5. EMS Operations	10%-14%	N/A

Time limit: 120 minutes

Total questions: 70-120

Question Format: Multiple-choice

Exam Delivery: Computer-adaptive (CAT)

Mometrix TEST PREPARATION

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NREMT Emergency Medical Technicians Exam Sample Questions (Q32-Q37):

NEW QUESTION # 32

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

- A. Skin color

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

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

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 # 33

Which of the following signs and symptoms indicate dehydration in an infant? Select the three correct options.

- A. Sunken fontanelles
- B. Hypertension
- C. Hypoglycemia
- D. Flushed, dry skin
- E. Poor skin turgor
- F. Delayed capillary refill

Answer: A,E,F

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Dehydration signs in infants include:

* Poor skin turgor (elasticity)

* Sunken fontanelles (indicative of fluid loss)

* Delayed capillary refill (>2 seconds)

Flushed skin is more common in fever or heat illness, not dehydration. Hypotension, not hypertension, is associated with dehydration in late stages.

References:

NREMT Pediatric Assessment and Fluid Emergencies

PALS Provider Manual - Dehydration in Infants

AAOS Emergency Care (11th ed.) - Pediatric Emergency Chapter

NEW QUESTION # 34

Through which of the following routes is hepatitis A transmitted?

- A. Urine
- B. Blood
- C. Fecal
- D. Saliva

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Hepatitis A virus is transmitted exclusively via the fecal-oral route. Ingesting contaminated food or water allows the virus to enter the digestive tract, infecting liver cells. It's often spread through poor hand hygiene or unsanitary food handling.

It is not bloodborne, unlike Hepatitis B and C. It is not commonly spread through saliva or urine.

References:

CDC: "Hepatitis A - Questions and Answers for Health Professionals"

NEW QUESTION # 35

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

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

Answer: A,B,D

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 # 36

A 78-year-old female tripped and fell while walking. Her left leg is rotated externally and shorter than her right leg. You should suspect

- A. Posterior hip dislocation
- B. Proximal femur fracture
- C. Colles' fracture
- D. Pelvic fracture

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

An externally rotated, shortened leg is a classic sign of a proximal femur fracture, specifically a femoral neck or intertrochanteric fracture, commonly seen in elderly fall patients. This presentation reflects muscle pull and fracture displacement.

* Posterior hip dislocation causes internal rotation.

* Pelvic fractures may cause instability but not specific leg rotation/shortening.

* Colles' fracture is a distal radius (wrist) injury, unrelated to leg trauma.

References:

NREMT Trauma Module - Musculoskeletal Injuries

National EMS Education Standards - Geriatric Trauma

AAOS Emergency Care (11th ed.), Chapter: Orthopedic Injuries

NEW QUESTION # 37

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