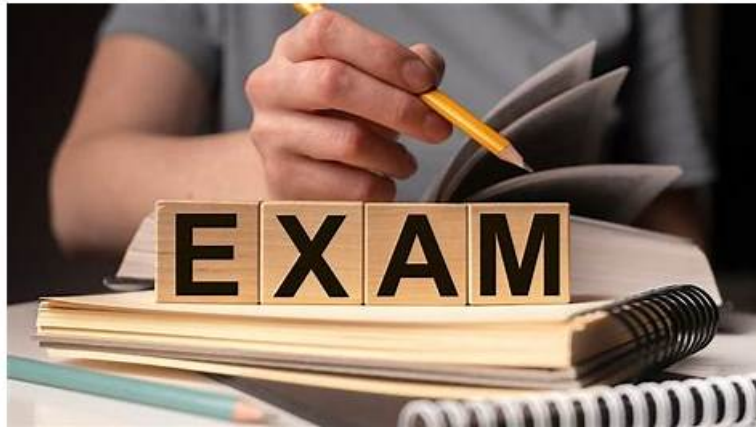


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Following is the Test Prep EMT Exam Format

Format: Multiple choices, multiple answers

- Language: English
- Number of Questions: 70-120
- Length of Examination: 120 minutes
- Passing score: 70%

There is a salary of Test Prep EMT Professional

The Average Salary of a Test Prep EMT Expert in

- India - 2606432 INR
- United State - 34320 USD
- England - 27504 POUND
- Europe - 31358 EURO

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Following are the requirements of Test Prep EMT Exam

Candidates for national emergency medical technician certification must meet the following requirements:

- Pass state-approved cognitive (knowledge) and psychomotor (skills) tests.
- Candidate must have completed the course in the last 2 years & the course director needs to verify the success of the course on the National Registry website.

- Successful completion of a state-approved State Medical Technician (EMT) course that meets or exceeds the National Emergency Medical Service training standards for the emergency technician.
- Have a current CPR-BLS for “healthcare provider” or equivalent credentials.
- The successful parts of the cognitive and psychomotor exam remain valid for 24 months. For candidates whose course completion date is before November 1, 2018, the valid parts of each exam are valid for 12 months. Provided all other entry conditions are met.

NREMT Emergency Medical Technicians Exam Sample Questions (Q84-Q89):

NEW QUESTION # 84

A 6-year-old female rode her bicycle into a parked car. She is in moderate respiratory distress and you palpate subcutaneous emphysema. Of the following, what is the most important management for her?

- A. Stabilizing her chest
- B. Securing her to a long backboard
- **C. Assisting her ventilations with a BVM**
- D. Transporting her rapidly

Answer: C

Explanation:

Subcutaneous emphysema following blunt chest trauma strongly suggests air leaking from the lung into surrounding tissues, often associated with pneumothorax. NREMT trauma priorities stress that airway and breathing take precedence over all other interventions.

Option D is correct because the child is already in moderate respiratory distress, indicating inadequate ventilation. Assisting ventilations with a BVM ensures oxygen delivery and adequate tidal volume while preparing for rapid transport.

Option A is important but does not address the immediate life threat.

Option B may help with pain or flail segments but does not correct ventilation.

Option C is no longer routinely indicated and does not address breathing.

NREMT emphasizes correcting life-threatening airway and breathing problems before movement or transport.

NEW QUESTION # 85

A mountain climber tells you that he came down from a hike because he was coughing up blood. You should suspect

- A. Neoplasm
- B. Pulmonary edema
- **C. Pulmonary embolism**
- D. Spontaneous pneumothorax

Answer: C

Explanation:

Hemoptysis (coughing up blood) in a physically active person, such as a mountain climber, strongly suggests a pulmonary embolism (PE), particularly due to:

* Dehydration

* Prolonged exertion or immobility

* High altitude increasing clot risk

Symptoms may include:

* Shortness of breath

* Chest pain

* Tachypnea

* Hemoptysis

Pulmonary edema generally causes pink frothy sputum and is more associated with heart failure. Neoplasm (lung cancer) is possible but much less acute in onset. Spontaneous pneumothorax causes dyspnea and pleuritic chest pain but not typically hemoptysis.

References:

NREMT Medical Assessment - Pulmonary and Hematologic Emergencies

AAOS EMT Textbook - Chapter: Respiratory Emergencies

CDC Guidelines - High-Risk Conditions for Pulmonary Embolism

NEW QUESTION # 86

A 4-year-old patient has a possible neck injury after a fall and requires immobilization to a spine board. When immobilizing the child, which of the following methods, if either, should the EMT use to place the head in a neutral position?

- A. Place padding under the torso only.
- B. Do not place padding under either the head or the torso.
- C. Place padding under the head only.
- D. Place padding under the head and the torso.

Answer: A

Explanation:

The correct answer is B. Place padding under the torso only.

Key Pediatric Anatomical Difference:

Children (especially under ~8 years old) have a larger occiput (back of the head) relative to their body. When lying flat on a backboard:

The head is naturally pushed forward (flexed position)

This can compromise the airway and spinal alignment

Correct Technique:

To achieve a neutral airway and spinal alignment:

Padding is placed under the torso (shoulders/back)

This raises the body and allows the head to fall into a neutral position NREMT-aligned guidance states:

"Due to a larger occiput, pediatric patients may require padding under the torso to maintain a neutral airway."

"Avoid placing padding under the head alone, as this worsens flexion."

Why the other options are incorrect:

A). Padding under the head only# Worsens neck flexion, potentially compromising airway C). Padding under both head and torso#

Unnecessary and may misalign the spine D). No padding# Leaves the head in a flexed, non-neutral position Exact Extracts

(NREMT-aligned EMT educational references):

"Children have a proportionally larger head, causing flexion when supine."

"Padding under the torso helps achieve neutral alignment."

"Maintain neutral in-line stabilization during immobilization."

Clinical Priority Summary:

Because pediatric patients naturally fall into neck flexion on a backboard, placing padding under the torso restores neutral alignment, making B the correct answer.

References:

NREMT EMT Education Standards - Trauma (Spinal Immobilization - Pediatrics) NREMT National Continued Competency Program (NCCP) AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION # 87

A 13-year-old patient has partial- and full-thickness burns to the chest and both arms after falling into a campfire. What actions should the EMT take for this patient? Select the two answer options that are correct.

- A. Continue to cool the burn with saline en route to the hospital.
- B. Apply a conventional topical agent to soothe the burn.
- C. Cover the area with a dry, sterile sheet.
- D. Remove any clothes melted to the skin after soaking with saline.
- E. Remove jewelry from the injured area.

Answer: C,E

Explanation:

The correct answers are A and B because EMT burn care focuses on preventing further injury, reducing contamination, and preparing for rapid transport .

Removing jewelry is essential because burned tissues will swell, and constricting items can compromise circulation. Covering the burns with a dry, sterile sheet helps protect against infection and reduces heat loss, which is critical in moderate-to-severe burns. NREMT-aligned guidance emphasizes avoiding prolonged cooling in significant burns, not applying ointments, and not removing adhered clothing, while prioritizing sterile covering and transport.

NEW QUESTION # 88

A 27-year-old patient reports trouble breathing after being struck by a car. Which of the following findings are indicative of a possible chest wall injury? Select the three answer options that are correct.

- A. Jugular vein distention
- B. Occipital depression
- C. Clavicle deformity
- D. Unequal rise and fall
- E. Subcutaneous emphysema
- F. Epigastric distention

Answer: C,D,E

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Clavicle deformity suggests potential rib or thoracic trauma. Unequal chest rise may indicate a flail segment, pneumothorax, or hemothorax. Subcutaneous emphysema, the presence of air under the skin, is a classic finding in pneumothorax or tracheobronchial injury.

Occipital depression is not chest related; epigastric distention is a GI symptom; and jugular vein distention would suggest tension pneumothorax or cardiac tamponade, which are more advanced complications.

References:

NREMT Trauma Assessment Guidelines

National EMS Education Standards - Chest Injuries

AAOS Emergency Care and Transportation (11th ed.), Chapter: Chest and Abdominal Trauma

NEW QUESTION # 89

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