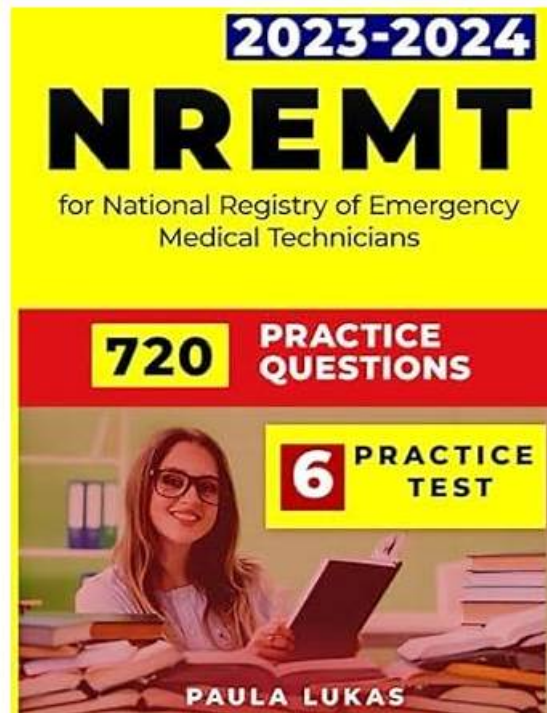


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Obviously, at certificate-questions.com, we give certification practice exams and exam dumps, as we think that practice exams are the most important thing an expert can do when preparing for a certification exam (in the IT certification area or otherwise).

When you start preparing for the certification exam, there are some basic but powerful methods that allow you to identify everything in your preparation. Many experts prepare the certification from books, so they are dissatisfied if unfortunately, they fail in the exam. The fact is that understanding the root of the information is only a tiny part of the preparation that most individuals have to pass the certification exams.

No one likes failure, mostly in such complex fields where certification requires a lot of research, planning and attention. A single attempt is so tough that it could even break the nerves of the students. Our exam dumps are so valid and best which will able you to pass your NREMT 77-420 without any pain.

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Test Prep EMT Exam Introduction

The National Register Emergency Medical Technician (EMT) cognitive test is a computer adaptive test (CAT). This means that each candidate is evaluated based on the position of the responses on a spectrum. Once a candidate gets the correct answers, the computer will automatically enter more difficult questions to continue testing the candidate's skill level. The number of items a candidate can expect from the EMT exam will be between 70 and 120. Each exam will have between 60 and 110 "live" elements that will be counted towards the final score. The exam will also include 10 pilot questions that do not affect the final score. The maximum time allowed to complete the exam is 2 hours. To pass the exam, candidates must meet a standard skill level. The standard of success is defined by the ability to provide safe and effective entry-level emergency medical care.

>> EMT Exam Questions Vce <<

EMT Mock Test, EMT Valid Dumps Demo

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

NEW QUESTION # 54

An 83-year-old patient is unresponsive and lying on the floor. The patient has a large bruise and laceration on the forehead. The patient's vital signs are BP 90/60, P 126, and R 0. Which of the following conditions should the EMT most suspect?

- A. Open pneumothorax
- B. Spine injury
- C. Commotio cordis
- D. Brain herniation

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Given fall with head trauma and absent respirations, the most concerning cause is spinal injury, particularly a cervical spine fracture. A high cervical injury (C1-C4) can paralyze the diaphragm, leading to apnea despite a beating heart.

Brain herniation can also depress respirations but often presents with unequal pupils, posturing, and Cushing's triad (not described here). Commotio cordis is sudden cardiac arrest from blunt chest trauma (not head).

Open pneumothorax affects chest mechanics, not directly linked here.

References:

NREMT Trauma Skills - Spinal Assessment

Brady Emergency Care (13th ed.), Chapter: Spine Injuries

National EMS Education Standards - CNS Trauma and Spinal Immobilization

NEW QUESTION # 55

A choking patient becomes unresponsive. What should the EMT perform next? Select the two correct options.

- A. Do not ventilate until the foreign body is removed
- B. Position the patient in recovery and administer back blows
- C. Begin chest compressions
- D. Check for a pulse
- E. Open the airway and look in the mouth

Answer: C,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

If a choking patient becomes unresponsive, EMTs should:

* Check for a pulse

* Begin chest compressions if no pulse is found. Chest compressions can help dislodge the object. After compressions, the airway should be opened and inspected. Back blows are not appropriate for unconscious patients.

Ventilation is attempted after clearing the airway or if no object is seen. Do not withhold compressions waiting for object removal.

References:

AHA BLS Provider Manual (2020) - Foreign Body Airway Obstruction Algorithm NREMT Airway Skills Sheet - Obstructed

Airway National EMS Education Standards - Respiratory and Airway Management

NEW QUESTION # 56

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

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

Answer: C,E,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 # 57

An EMT is using a BVM to ventilate a 28-year-old patient with asthma. The patient is unresponsive, and their vital signs are BP

70/40, P 142, R 8, and SpO₂ 89% on room air. The patient is becoming increasingly difficult to ventilate. What should the EMT do next?

- A. Place the patient on CPAP
- **B. Decrease the rate of ventilations**
- C. Ventilate the patient more forcefully
- D. Apply high-flow oxygen via non-rebreather mask

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In patients with asthma experiencing respiratory failure, improper ventilation (especially excessive rates) can lead to air trapping and increased intrathoracic pressure, reducing venous return and worsening hypotension.

The correct technique is to ventilate slowly to allow full exhalation - around 1 breath every 5-6 seconds for adults.

CPAP is contraindicated in unresponsive patients who cannot maintain their own airway. A non-rebreather mask would be insufficient for an unresponsive patient, and forceful ventilation risks barotrauma.

References:

NREMT EMT Psychomotor Exam Guide: Airway, Respiration & Ventilation

American Heart Association (AHA) BLS Provider Manual (2020)

National EMS Education Standards (2011) - Airway Management Section

NEW QUESTION # 58

A 10-year-old patient is in hypovolemic shock. Which of the following signs would be early indicators of shock for this patient? Select the three correct options.

- **A. Heart rate**
- B. Blood glucose level
- **C. Respiratory rate**
- **D. Capillary refill**
- E. SpO₂
- F. Blood pressure

Answer: A,C,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Children compensate for shock through increased heart rate, respiratory rate, and vasoconstriction, which delays blood pressure drop.

Therefore:

* Tachycardia is often the first sign

* Prolonged capillary refill (>2 seconds) is an early indicator

* Tachypnea supports perfusion

Blood pressure is a late sign in pediatric shock. SpO₂ is helpful but does not specifically indicate shock. Blood glucose may be abnormal in other metabolic conditions but is not an early marker of volume loss.

References:

NREMT Pediatric Assessment Flowchart

PALS Guidelines - Recognition of Shock in Children

AAOS Emergency Care and Transportation (11th ed.), Chapter: Pediatric Shock

NEW QUESTION # 59

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