

# EMT Test Topics Pdf | New EMT Dumps Pdf

## EMT CHEAT SHEET

<b>1. Scene Size-up</b> a. Personal Protective Equipment b. Scene safe c. Mechanism of injury/Nature of illness d. Number of patients e. Help, call for ALS if needed f. Spinal precautions	<b>2. Initial Assessment</b> General Impression/Rapid scan (treat life threats) Position/Signs/Activity Responsiveness "Hey, Hey, are you okay?" (AVPU) (1) Alert (2) Verbal stimulus (3) Painful stimulus (4) Unresponsive Expose the patient and (ABCD) Airway assessment (open, OPA) Breathing assessment (chest rise, BVM, O2, injury) Circulation assessment (bleeding, pulse, skin, shock) Determine Patient Priority
<b>3A. Rapid Focused Physical and History (MEDICAL)</b> a. Evaluate chief complaint (OPQRST) (1) Onset (2) Provocation (3) Quality (4) Radiation (5) Severity (6) Time b. Rapid focused history (SAMPLE) (1) Signs (2) Allergies (3) Medications (4) Pertinent medical history (5) Last oral intake (6) Event c. Rapid focused physical exam (1) Head (2) Neck (3) Chest (4) Pelvis (5) Abdomen (TRDG) - Tenderness Rigidity Distention Guarding (6) Extremities (7) Back d. Baseline vitals (BP, P, R, Pox, Gluc) e. On-going assessment (Stable=15, Unstable=5) 1. Repeat initial exam 2. Repeat vital signs & compare to baseline vitals 3. Recheck what was found during focused exam 4. Recheck interventions	<b>3B. Rapid Physical and History (TRAUMA)</b> a. Rapid focused history (SAMPLE) if possible (1) Signs (2) Allergies (3) Medications (4) Pertinent medical history (5) Last oral intake b. Rapid head-to-toe physical exam (using DCAPBLSTTC) (1) Head & Face (2) Neck (3) Chest (4) Pelvis (5) Abdomen (TRDG) - Tenderness Rigidity Distention Guarding (6) Extremities (7) Back Signs of Trauma Deformities Contusions Abrasions Punctures/Penetrations/Paradoxical movement Burns Lacerations Swelling Tenderness Instability Crepitus c. Baseline vitals (BP, P, R, Pox, Gluc, LOC) d. On-going assessment (Stable=15, Unstable=5) 1. Repeat initial exam 2. Repeat vital signs & compare to baseline vitals 3. Recheck what was found during head-to-toe exam 4. Recheck interventions

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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.

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## NREMT Emergency Medical Technicians Exam Sample Questions (Q20-Q25):

### NEW QUESTION # 20

Which of the following techniques are appropriate for examining a patient with an acute abdomen?  
Select the two correct options.

- A. Begin palpation with the most painful quadrant
- B. Lie the patient supine with legs flexed
- C. Visualize the abdomen before palpation
- D. Press softly if the abdomen has a pulsating mass

- E. Palpate the abdomen prior to auscultation

**Answer: B,C**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In patients with acute abdominal pain, you must first inspect (visualize) for distension, discoloration, or masses before touching. Palpation always begins away from the most painful area. The patient should be in a supine position with knees flexed to relax the abdominal muscles and ease the exam.

Palpating a pulsating mass could rupture an abdominal aortic aneurysm and is contraindicated.

References:

NREMT Cognitive Exam Blueprint - Medical Emergencies

Emergency Care and Transportation of the Sick and Injured (AAOS, 11th ed.) - Chapter: Abdominal and GI Emergencies EMT-B

National Standard Curriculum, Module: Medical Emergencies

### NEW QUESTION # 21

A 19-year-old patient has received multiple stab wounds. The patient is unresponsive. The vital signs are BP 82/60, P 116, R 28, and SpO<sub>2</sub> 86%. Which substance would the EMT expect to increase in the patient's body?

- A. Carbon dioxide
- **B. Lactic acid**
- C. Sodium bicarbonate
- D. Water

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The patient is in hypoperfusion (shock) from blood loss. In shock states, tissues are deprived of oxygen, leading to anaerobic metabolism, which produces lactic acid as a byproduct. This causes metabolic acidosis, which is a critical sign of systemic oxygen debt.

Carbon dioxide rises with respiratory failure, but lactic acid is a more specific indicator of cellular hypoxia.

References:

NREMT Medical Emergencies: Shock

Brady Emergency Care, Chapter: Shock and Resuscitation

Advanced EMT Curriculum - Pathophysiology of Shock

### NEW QUESTION # 22

A 21-year-old patient has difficulty swallowing. The patient is leaning forward and drooling. The skin is hot to the touch. The vital signs are BP 128/82 mmHg, P 116/min, R 22/min, and SpO<sub>2</sub> 94% on room air. What should the EMT do for this patient? Select the two correct options.

- A. Place the patient on CPAP
- **B. Suction the airway**
- **C. Transport the patient in a position of comfort**
- D. Transport the patient in the recovery position
- E. Administer humidified oxygen

**Answer: B,C**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

This patient is showing signs of epiglottitis or a serious upper airway obstruction- drooling, difficulty swallowing, fever, and tripod positioning.

EMT actions should include:

\* Position of comfort to avoid airway agitation

\* Gentle suctioning if secretions threaten airway

Do not force the patient to lie flat, as this may worsen airway compromise. CPAP and humidified oxygen may be considered in hospital care but not as first-line interventions during prehospital airway management in epiglottitis.

References:

NREMT Airway Management Guidelines - Upper Airway Obstruction

National EMS Education Standards - Respiratory Emergencies

AAOS Emergency Care and Transportation (11th ed.) - Chapter on Airway and Breathing Emergencies

**NEW QUESTION # 23**

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 SpO<sub>2</sub> 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. Apply high-flow oxygen via non-rebreather mask
- **C. Decrease the rate of ventilations**
- D. Ventilate the patient more forcefully

**Answer: C**

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 # 24**

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

**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 dislocations cause 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 # 25**

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