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NREMT EMT Test Braindumps, EMT Valid Exam Notes

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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.

NREMT Emergency Medical Technicians Exam Sample Questions (Q105-Q110):

NEW QUESTION # 105

Which of the following conditions would most likely result in pulmonary edema? Select the two correct options.

- A. Aortic dissection
- B. Severe anaphylaxis
- C. Left-sided heart failure

- D. Hypertensive crisis
- E. Increased oncotic pressure

Answer: C,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Pulmonary edema is caused by fluid accumulation in the alveoli, impairing gas exchange. It is typically due to:

* Left-sided heart failure: Blood backs up into the pulmonary circulation

* Hypertensive crisis: Increases hydrostatic pressure in the lungs

Anaphylaxis causes vasodilation and bronchospasm, not fluid overload. Increased oncotic pressure would retain fluid in capillaries - the opposite of edema.

References:

NREMT Medical Module - Respiratory and Cardiovascular Integration

AHA ACLS Guidelines - Congestive Heart Failure

AAOS EMT Textbook - Pathophysiology of Pulmonary Edema

NEW QUESTION # 106

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. Transporting her rapidly
- C. Assisting her ventilations with a BVM
- D. Securing her to a long backboard

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 # 107

Which of the following elements proves tort negligence in a court of law?

- A. Abandonment
- B. False imprisonment
- C. Assault and battery
- D. Causation

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The legal concept of tort negligence in EMS requires the plaintiff to establish four elements:

* Duty to act

* Breach of that duty

* Damages (harm caused)

* Causation- a direct link between the EMT's action/inaction and the harm caused Causation (often termed "proximate cause") is the essential element that connects the EMT's breach to the patient's injury or outcome. Abandonment, assault, and false imprisonment are other intentional torts, but not core elements of proving negligence.

References:

NEW QUESTION # 108

An Emergency Medical Responder is ventilating an apneic adult using a BVM. He is forcefully delivering each ventilation in less than 1 second. You should

- A. Tell the Emergency Medical Responder to stop ventilations and perform compressions.
- B. Tell the Emergency Medical Responder to switch to a non-rebreather mask.
- **C. Have the Emergency Medical Responder squeeze the bag slower.**
- D. Assure the patient's airway has been opened.

Answer: C

Explanation:

NREMT guidelines specify that adult ventilations with a BVM should be delivered over approximately 1 second, just enough to see visible chest rise. Forceful, rapid ventilations increase the risk of gastric inflation, aspiration, barotrauma, and hypotension.

Option B is correct because slowing the rate and reducing force improves ventilation effectiveness and patient safety.

Option A may be important, but the primary error described is ventilation speed.

Option C is inappropriate for an apneic patient.

Option D is only indicated if the patient is pulseless.

NREMT emphasizes controlled, gentle ventilations to minimize complications.

NEW QUESTION # 109

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. Ability to ambulate**
- C. Respiratory rate of 16
- D. Mottled skin
- E. Breathing only after opening the airway
- **F. Follows simple commands**

Answer: A,B,F

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 # 110

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