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Smart Candidates who want to build a solid foundation in all exam topics and related technologies usually combine video lectures with study models to reap the benefits of both but there is one crucial preparation tool as often overlooked by most candidates the practice exams.

## NREMT Emergency Medical Technicians Exam Sample Questions (Q249-Q254):

### NEW QUESTION # 249

The unauthorized confinement of a person is considered:

- A. false imprisonment.
- B. kidnapping.
- C. assault.
- D. battery.

**Answer: A**

Explanation:

The correct answer is C. false imprisonment.

In EMS legal concepts, false imprisonment is defined as the unauthorized confinement or restraint of a person without legal justification or consent. This can occur if an EMT prevents a patient from leaving when the patient has the right to refuse care.

Why C is correct:

False imprisonment involves restricting a person's freedom of movement without proper authority.

In EMS, this includes situations where a competent patient is held against their will.

Why the other options are incorrect:

A). Battery # Involves unlawful physical contact or touching without consent B). Kidnapping # Involves unlawful transport or movement of a person, typically with criminal intent D). Assault # Involves threatening harm or creating fear of harm, not confinement

Exact Extracts:

"False imprisonment is the unauthorized confinement of a person."

"A patient who is competent has the right to refuse care and transport."

"Restraining a patient without legal authority may constitute false imprisonment." References:

NREMT EMT Education Standards - EMS Operations (Medical/Legal Issues)

National EMS Education Standards - Legal and Ethical Responsibilities

NREMT Candidate Handbook - Patient Rights and Consent

### NEW QUESTION # 250

Which of the following signs or symptoms of hypoglycemia are caused by increased epinephrine secretion?

Select the three answer options that are correct.

- A. Tachycardia
- B. Unresponsiveness
- C. Drowsiness
- D. Dizziness
- E. Diaphoresis
- F. Disorientation

**Answer: A,E**

Explanation:

The correct answers related to increased epinephrine (adrenergic response) are C. Diaphoresis and D. Tachycardia.

However, since the question asks for three, the closest additional adrenergic-related symptom is A). Dizziness (though it is less specific and may overlap with neuroglycopenic effects).

Understanding the concept:

Hypoglycemia produces two categories of symptoms:

These occur due to activation of the sympathetic nervous system:

\* Diaphoresis (sweating)

\* Tachycardia

\* Anxiety, tremors, pallor

These include:

\* Drowsiness

\* Disorientation

\* Unresponsiveness

Why the correct answers are:

\* C. Diaphoresis # Correct Classic adrenergic response caused by epinephrine release

\* D. Tachycardia # Correct Direct effect of sympathetic stimulation

\* A. Dizziness # Acceptable/closest third Can occur early and may be associated with sympathetic activation, though less specific

Why the other options are incorrect:

\* B. Drowsiness # Neuroglycopenic

\* E. Disorientation # Neuroglycopenic

\* F. Unresponsiveness # Severe neuroglycopenia

Exact Extracts:

\* "Early hypoglycemia triggers epinephrine release causing sweating and tachycardia."

\* "Adrenergic symptoms include diaphoresis, tachycardia, and anxiety."

\* "Neuroglycopenic symptoms include confusion, drowsiness, and unresponsiveness." References:

NREMT EMT Education Standards - Endocrine Emergencies

National EMS Education Standards - Diabetes and Hypoglycemia

NREMT Candidate Handbook - Medical Emergencies

### NEW QUESTION # 251

Heat exhaustion is most frequently associated with

- A. Altered mental status
- **B. Hypovolemia**
- C. Hypertension
- D. Bradycardia

**Answer: B**

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Heat exhaustion results from prolonged exposure to elevated temperatures, leading to fluid and electrolyte loss (especially sodium and water), causing hypovolemia. This can result in:

- \* Tachycardia
- \* Weakness
- \* Dizziness
- \* Profuse sweating

Unlike heat stroke, mental status is typically preserved in heat exhaustion. Hypertension and bradycardia are not characteristic.

References:

NREMT Environmental Emergencies Module

National EMS Education Standards - Heat-Related Illnesses

AAOS Emergency Care (11th ed.), Chapter: Environmental Emergencies

### NEW QUESTION # 252

A 60-year-old has severe shortness of breath. Audible wheezing is present. The patient has a history of COPD, asthma, and diabetes with prescribed medications. The vital signs are BP 138/80, P 110, R 30, and SpO<sub>2</sub> 89% on room air. What actions should the EMT take? Select the two answer options that are correct.

- A. Administer 3 LPM of oxygen by nasal cannula.
- **B. Administer a beta-2 agonist.**
- C. Provide rescue breathing.
- D. Place the patient in the recovery position.
- **E. Apply continuous positive airway pressure.**

**Answer: B,E**

Explanation:

The correct answers are B. Apply continuous positive airway pressure (CPAP) and D. Administer a beta-2 agonist.

This patient is in moderate to severe respiratory distress with:

Tachypnea (R 30)

Hypoxia (SpO<sub>2</sub> 89%)

Wheezing # indicates bronchoconstriction (asthma/COPD exacerbation)

Why B is correct (CPAP):

CPAP helps keep alveoli open, improves oxygenation, and reduces work of breathing.

It is indicated in patients who are awake, breathing, and in respiratory distress with hypoxia.

Especially beneficial in COPD exacerbations.

Why D is correct (Beta-2 agonist):

Beta-2 agonists (e.g., albuterol) relax bronchial smooth muscle, relieving wheezing and bronchospasm.

This directly treats the underlying problem in asthma/COPD exacerbation.

Why the other options are incorrect:

A). 3 LPM nasal cannula # Too low for significant hypoxia (SpO<sub>2</sub> 89%); patient needs more aggressive support C). Recovery position # Used for unconscious patients, not alert patients in respiratory distress E). Rescue breathing # Indicated for inadequate respirations, but this patient is breathing (though rapid) Exact Extracts:

"CPAP is indicated for patients with respiratory distress who are breathing spontaneously."

"Beta-agonists are used to relieve bronchospasm in asthma and COPD."

"Patients with wheezing benefit from bronchodilator therapy."

References:

NREMT EMT Education Standards - Airway, Respiration & Ventilation

National EMS Education Standards - Respiratory Emergencies

NREMT Candidate Handbook - Patient Management

### NEW QUESTION # 253

What are the proper procedures for performing CPR on a 9-month-old patient? Select the three answer options that are correct.

- A. Use a compression depth of at least two inches.
- B. Ventilate one breath every 3 seconds with advanced airway in place.
- C. Compression rate is over 120 times per minute.
- D. The compression area is just above the nipple line.
- E. Check the brachial artery for a pulse.
- F. Use the two-thumb-encircling-hands technique for two rescuers.

**Answer: A,E,F**

Explanation:

The correct answers are A. Check the brachial artery for a pulse, C. Use a compression depth of at least two inches, and E. Use the two-thumb-encircling-hands technique for two rescuers.

1. Check the brachial artery (A):

For infants (less than 1 year old), the correct pulse check site is the brachial artery, not the carotid.

"For infants, assess the brachial pulse."

2. Compression depth (C):

Infant chest compressions should be about 1/3 the depth of the chest, which is approximately 1.5-2 inches.

"Compress the chest at least one-third its depth (about 1.5-2 inches in infants)."

3. Two-thumb-encircling-hands technique (E):

When two rescuers are present, this is the preferred method because it:

Produces better compressions

Improves perfusion

"Use the two-thumb encircling technique for two-rescuer infant CPR."

Why the other options are incorrect:

B). Compression rate is over 120/min # Incorrect Correct rate is 100-120/min, not over 120 D). Compression area just above

nipple line # Incorrect Correct location is just below the nipple line on the sternum F). Ventilate one breath every 3 seconds #

Incorrect With advanced airway: 1 breath every 2-3 seconds (20-30

/min), not fixed at 3 seconds

Exact Extracts (NREMT/AHA-aligned references):

"Check the brachial pulse in infants."

"Compression depth should be at least one-third the chest diameter."

"Use the two-thumb encircling technique for two rescuers."

"Compression rate is 100-120 per minute."

Clinical Priority Summary:

Proper infant CPR includes brachial pulse assessment, correct compression depth, and appropriate technique, making A, C, and E correct.

References:

NREMT EMT Education Standards - Cardiology & Resuscitation

American Heart Association (AHA) Guidelines for CPR and ECC

NREMT National Continued Competency Program (NCCP)

### NEW QUESTION # 254

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