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NREMT Emergency Medical Technicians Exam Sample Questions (Q41-Q46):

NEW QUESTION # 41

A 70-year-old patient has a sudden onset of difficulty breathing with throat and chest tightness after working outside. The EMT auscultates bilateral wheezes. The vital signs are BP 60/44, P 128, R 28, and SpO# 90% on room air. Which of the following treatments should the EMT administer?

- A. Sublingual nitroglycerin
- B. Epinephrine auto-injector
- C. Positive pressure ventilations
- D. Patient's metered-dose inhaler

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The symptoms and vital signs (wheezing, hypotension, high pulse rate, respiratory distress) are strongly indicative of anaphylaxis, which is a life-threatening allergic reaction. Bilateral wheezing and hypotension further confirm systemic involvement. The first-line treatment is intramuscular epinephrine, which:

- * Reverses bronchospasm (via beta-2 adrenergic effects)
- * Raises blood pressure (via alpha-1 vasoconstriction)
- * Improves airway tone and reduces mucosal edema

A metered-dose inhaler may help in mild bronchospasm but is insufficient during anaphylactic shock.

Positive pressure ventilations are a secondary measure if respiratory failure occurs. Nitroglycerin is contraindicated due to low BP.

References:

NREMT Medical/Obstetrics/Gynecology Guidelines - Allergic Reactions

AHA ACLS Provider Manual (2020), Section on Anaphylaxis

National EMS Education Standards - Immune System Emergencies

NEW QUESTION # 42

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

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

Answer: A,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 80/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 # 43

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 SpO₂ 86%. Which substance would the EMT expect to increase in the patient's body?

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

Answer: D

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 # 44

A drowsy 72-year-old female complains of difficulty breathing. Her respiratory rate is 50, and her SpO₂ is 89% on room air. You should suspect

- A. Respiratory failure
- B. Respiratory distress
- C. Respiratory arrest
- D. Respiratory alkalosis

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The patient's excessively high respiratory rate (RR 50), hypoxia (SpO₂ 89%), and decreased mental status (drowsiness) indicate respiratory failure, which is the inability to maintain oxygenation or ventilation.

- * Respiratory distress: Increased effort but adequate compensation
- * Respiratory arrest: Complete absence of breathing
- * Respiratory alkalosis: Possible early finding, but not a condition diagnosis. This patient is tiring and losing the ability to ventilate effectively - a hallmark of failure.

References:

- NREMT Airway and Ventilation Guidelines
- AHA BLS Manual - Recognition of Respiratory Failure
- AAOS EMT Textbook - Chapter: Airway Emergencies

NEW QUESTION # 45

A patient has heart failure with pulmonary edema. They have shortness of breath, and crackles are present in both lungs. The patient

is nauseated and has vomited once. The vital signs are BP 90/40, P 110, R 10, and SpO₂ 89% on room air. Which of the following signs or symptoms prevent the EMT from using CPAP? Select the three correct options.

- A. Respiratory rate
- B. Nausea and vomiting
- C. Oxygen saturation
- D. Crackles in both lungs
- E. Blood pressure
- F. Pulse rate

Answer: A,B,E

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Contraindications to CPAP(Continuous Positive Airway Pressure) include:

- * Hypotension: CPAP can reduce preload and worsen shock (BP < 90 systolic is a contraindication)
- * Respiratory rate too low: A rate of 10 is at the low threshold; CPAP requires spontaneous adequate effort
- * Active vomiting or nausea: CPAP increases aspiration risk

Crackles and hypoxia are indications, not contraindications, for CPAP. Pulse rate does not influence CPAP use directly.

References:

NREMT Airway Management and Cardiovascular Guidelines

National EMS Education Standards - Respiratory Failure and CPAP

AHA ACLS Provider Manual - Heart Failure and Pulmonary Edema Management

NEW QUESTION # 46

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