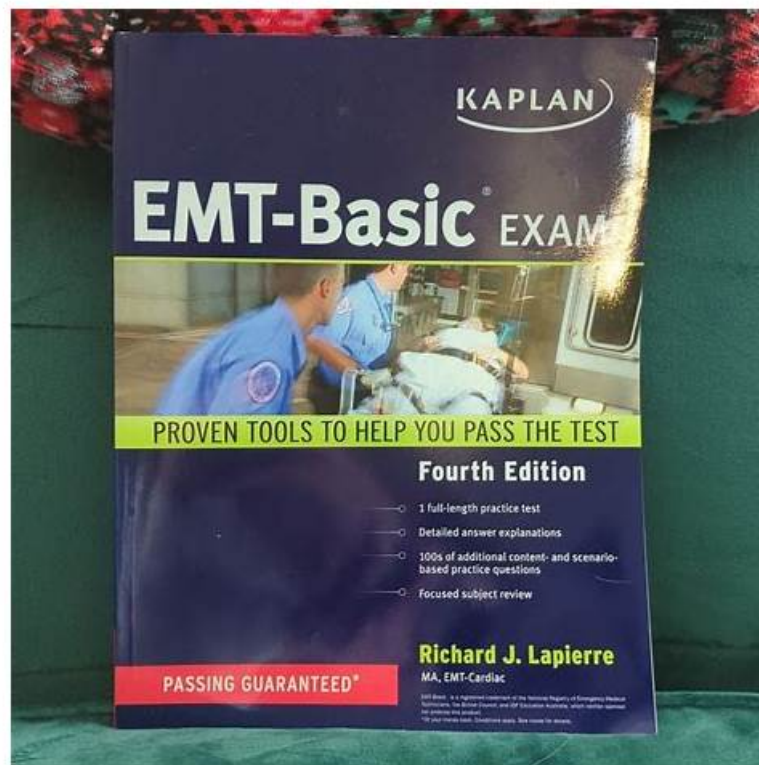


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Following are the requirements of Test Prep EMT Exam

Candidates for national emergency medical technician certification must meet the following requirements:

- Candidate must have completed the course in the last 2 years & the course director needs to verify the success of the course on the National Registry website.
- The successful parts of the cognitive and psychomotor exam remain valid for 24 months. For candidates whose course completion date is before November 1, 2018, the valid parts of each exam are valid for 12 months. Provided all other entry conditions are met.
- Have a current CPR-BLS for "healthcare provider" or equivalent credentials.
- Pass state-approved cognitive (knowledge) and psychomotor (skills) tests.
- Successful completion of a state-approved State Medical Technician (EMT) course that meets or exceeds the National Emergency Medical Service training standards for the emergency technician.

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NREMT Emergency Medical Technicians Exam Sample Questions (Q43-Q48):

NEW QUESTION # 43

A 67-year-old patient reports crushing chest pressure. The vital signs are BP 156/98, P 64, R 14, and SpO₂ 94%. What treatments should the EMT provide first? Select the two correct options.

- A. Administer oxygen
- B. Give aspirin
- C. Apply CPAP
- D. Lay the patient supine
- E. Assist with nitroglycerin

Answer: A,B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The patient's symptoms are consistent with acute coronary syndrome (ACS). The first-line treatments are:

* Aspirin (160-325 mg): inhibits platelet aggregation, reducing clot progression.

* Oxygen: administered when SpO₂ <94% or signs of hypoxia/distress are present.

CPAP is for pulmonary edema or respiratory failure. Nitroglycerin requires BP >90 systolic and medical direction approval. Laying the patient supine may increase myocardial workload and is inappropriate unless hypotension occurs.

References:

NREMT Cardiology and Resuscitation Guidelines

AHA ACLS Provider Manual (2020) - Acute Coronary Syndrome Treatment

National EMS Education Standards - Cardiovascular Emergencies

NEW QUESTION # 44

Which of the following signs and symptoms indicate dehydration in an infant? Select the three correct options.

- A. Sunken fontanelles
- B. Poor skin turgor
- C. Flushed, dry skin
- D. Delayed capillary refill
- E. Hypoglycemia
- F. Hypertension

Answer: A,B,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Dehydration signs in infants include:

* Poor skin turgor (elasticity)

* Sunken fontanelles (indicative of fluid loss)

* Delayed capillary refill (>2 seconds)

Flushed skin is more common in fever or heat illness, not dehydration. Hypotension, not hypertension, is associated with dehydration in late stages.

References:

NREMT Pediatric Assessment and Fluid Emergencies

PALS Provider Manual - Dehydration in Infants

AAOS Emergency Care (11th ed.) - Pediatric Emergency Chapter

NEW QUESTION # 45

A law enforcement officer requests that you place the clothes from a sexual assault victim in a bag for transport to the hospital. Which type of bag should you use?

- A. Cloth
- B. Paper

- C. Polypropylene
- D. Plastic

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In cases of sexual assault, preserving evidence integrity is critical. Clothing or other forensic evidence must be placed in paper bags. Plastic or non-breathable materials can trap moisture, promoting mold or degradation of evidence like DNA or bodily fluids.

This approach follows chain-of-custody protocols used by law enforcement and medical facilities for handling forensic material.

References:

NREMT EMS Operations - Evidence Preservation and Forensics

U.S. Department of Justice: "A National Protocol for Sexual Assault Medical Forensic Examinations" National EMS Education Standards - Legal and Ethical Principles

NEW QUESTION # 46

A mountain climber tells you that he came down from a hike because he was coughing up blood. You should suspect

- A. Pulmonary embolism
- B. Spontaneous pneumothorax
- C. Neoplasm
- D. Pulmonary edema

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Hemoptysis (coughing up blood) in a physically active person, such as a mountain climber, strongly suggests a pulmonary embolism (PE), particularly due to:

- * Dehydration
- * Prolonged exertion or immobility
- * High altitude increasing clot risk

Symptoms may include:

- * Shortness of breath
- * Chest pain
- * Tachypnea
- * Hemoptysis

Pulmonary edema generally causes pink frothy sputum and is more associated with heart failure. Neoplasm (lung cancer) is possible but much less acute in onset. Spontaneous pneumothorax causes dyspnea and pleuritic chest pain but not typically hemoptysis.

References:

NREMT Medical Assessment - Pulmonary and Hematologic Emergencies

AAOS EMT Textbook - Chapter: Respiratory Emergencies

CDC Guidelines - High-Risk Conditions for Pulmonary Embolism

NEW QUESTION # 47

You have achieved ROSC (Return of Spontaneous Circulation) in a 77-year-old female. She remains unresponsive and her vital signs are BP 94/58, P 82, and R 18. In what position should she be placed?

- A. Supine
- B. Head elevated 45°
- C. Trendelenburg
- D. Left lateral recumbent

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

After ROSC in an unresponsive patient, the left lateral recumbent position (also called the recovery position) is preferred to:

- * Maintain an open airway

* Prevent aspiration if vomiting occurs

* Promote drainage of secretions

Supine or Trendelenburg positions increase the risk of aspiration. Elevating the head to 45° may reduce intracranial pressure, but it's not standard post-ROSC care in an unresponsive patient unless airway protection is ensured.

References:

NREMT Cardiology Guidelines - Post-Resuscitation Care

American Heart Association BLS/ACLS Algorithms - ROSC Protocol

EMS Education Standards - Transport Positioning

NEW QUESTION # 48

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