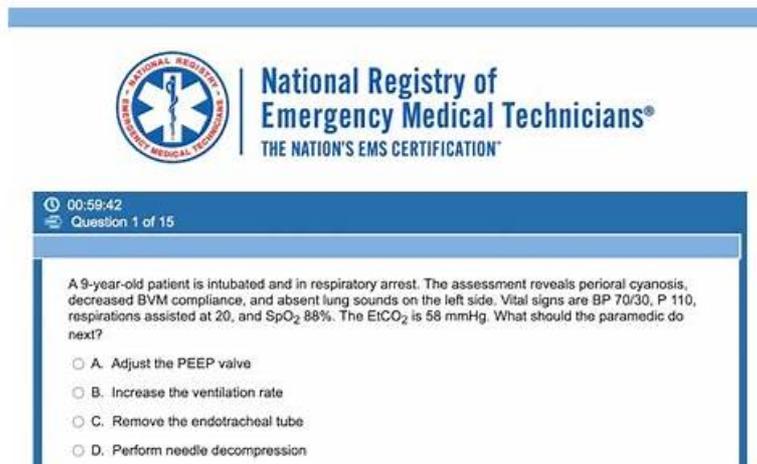


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NREMT Emergency Medical Technicians Exam Sample Questions (Q53-Q58):

NEW QUESTION # 53

When using the SALT method for triage, which of the following interventions should the EMT perform during the individual assessment step?

- A. Assessing respirations, administering two rescue breaths, and assessing patient mentation
- B. Completing first responder scorecards to track patients
- C. Insertion of airway adjuncts, bleeding control, and moving patients to the triage area
- D. Bleeding control, opening the airway, and administering two rescue breaths for pediatric patients

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

SALT (Sort, Assess, Lifesaving interventions, Treatment/Transport) is a mass casualty triage method recommended by the CDC and the National Association of EMS Physicians (NAEMSP). During the "Assess" step, responders:

- * Check respirations
- * Provide lifesaving interventions such as rescue breaths if the patient is not breathing but has a pulse
- * Evaluate mentation (e.g., ability to follow commands)

Airway adjuncts and full transport do not happen at this stage. Scorecards and pediatric-specific modifications are addressed later in the protocol.

References:

NREMT EMS Operations - Mass Casualty and Triage Guidelines

CDC SALT Mass Casualty Triage Guidelines

National EMS Education Standards - Disaster Response

NEW QUESTION # 54

A 2-month-old patient is drowsy following generalized tonic-clonic activity. The baby has no medical history and feels warm to the touch. There is a petechial rash on the baby's trunk and extremities. The vital signs are BP 76/50 mmHg, P 120/min, R 24/min, and SpO₂ 99% on room air. The temperature is 103.1°F (39.5°C). Is the patient more likely experiencing febrile seizure or meningitis, and why?

- A. Meningitis, because lethargy is associated with this type of infection.
- B. Febrile seizure, because of the lack of medical history.
- C. Meningitis, because the child is too young for simple febrile seizure.
- D. Febrile seizure, because the temperature is high.

Answer: C

Explanation:

Febrile seizures most commonly occur in children between 6 months and 5 years of age. NREMT pediatric education emphasizes that seizures in infants younger than 6 months are not considered simple febrile seizures and should raise immediate concern for serious central nervous system infection.

Option C is correct because this patient is only 2 months old, placing them outside the typical age range for febrile seizures.

Additionally, the presence of a petechial rash, lethargy, hypotension, and fever strongly suggests meningitis or sepsis, both of which are life-threatening.

Option A is incorrect because fever alone does not confirm febrile seizure.

Option B is incorrect because lack of medical history does not exclude serious infection.

Option D is partially true but not the most accurate or distinguishing reason.

NREMT stresses early recognition of meningitis, rapid transport, and aggressive supportive care due to high mortality risk in infants.

NEW QUESTION # 55

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

Answer: D

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

NEW QUESTION # 56

Which of the following is categorized as a personal injury prevention supply?

- A. Disinfectant cleaning solution
- B. Biohazard bag
- C. Pair of leather gloves
- D. N95 respirator

Answer: C

Explanation:

Personal injury prevention supplies are designed to protect EMS providers from physical injuries, rather than infection.

Option C (Pair of leather gloves) is correct because leather gloves protect against cuts, abrasions, and puncture injuries during rescue operations such as vehicle extrication.

Option D (N95 respirator) is personal protective equipment (PPE) for infection control, not injury prevention.

Option A and B are related to biohazard handling and decontamination.

NREMT differentiates PPE from injury-prevention equipment to ensure proper risk management.

NEW QUESTION # 57

A 43-year-old patient is experiencing a sudden onset of coughing, nausea, and shortness of breath. The patient has a history of alcohol use disorder and major depressive disorder. The patient spent the day cleaning. The kitchen has food in various forms of decay. The patient's condition improves slightly once oxygen has been administered. Which of the following environmental factors is the most likely cause of the patient's presentation?

- A. Chemical inhalation
- B. Alcohol intoxication
- C. Mold exposure
- D. Food poisoning

Answer: A

Explanation:

Comprehensive and Detailed Explanation (Based on NREMT standards):

Sudden respiratory symptoms following prolonged cleaning strongly suggest chemical inhalation, particularly from cleaning agents such as ammonia or bleach. Mixing chemicals or using them in poorly ventilated areas can release toxic gases that cause coughing, nausea, and dyspnea.

Option D is correct because inhaled chemical irritants commonly cause acute respiratory distress that improves with oxygen therapy.

Option A typically causes chronic symptoms, not sudden onset.

Option B does not cause respiratory distress.

Option C does not explain the environmental exposure or oxygen response.

NREMT emphasizes recognizing environmental hazards and removing patients from the source while providing supportive care.

NEW QUESTION # 58

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