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EMT (EMERGENCY MEDICAL TECHNICIAN) EMT- EXAM 4 with Complete Solutions / Verified Answers

If you are unsure about the administration of a drug, then:

- A.
simply administer the drug orally.
- B.
do not administer the drug.
- C.
guess based on past experience.
- D.
look it up.
- D. look it up.**

In administering aspirin, what will primarily guide you?

- A.
Scope of practice
- B.
Intuitive judgment
- C.
Local protocols
- D.
Medical direction
- C. Local protocols**

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NREMT Emergency Medical Technicians Exam Sample Questions (Q204-Q209):

NEW QUESTION # 204

A 42-year-old male states, "I can't breathe" after being shot in his upper thigh. Bystanders have applied direct pressure to his thigh and the bleeding is controlled. You should first

- A. Apply a tourniquet
- **B. Administer oxygen**
- C. Assess for other life-threatening injuries
- D. Replace the bystander's dressing with sterile gauze

Answer: B

Explanation:

The patient's complaint of difficulty breathing is an airway/breathing issue and takes precedence over a controlled extremity bleed. The first action is to administer oxygen and evaluate respiratory effort.

Though reassessing the wound is important, oxygenation is the priority when airway compromise or respiratory distress is present. Tourniquets are for uncontrolled bleeding, which is not the case here.

References:

NREMT Trauma Assessment Guidelines

National EMS Education Standards - Primary Assessment Priorities

Brady Emergency Care (13th ed.) - Chapter: Patient Assessment

NEW QUESTION # 205

Defusing sessions should do which of the following in order to be successful? Select the two correct options.

- A. Force all providers to provide feedback
- B. Have mental health experts present during the session
- **C. Allow the open sharing of information**
- D. Take place 72 hours or more following an incident
- **E. Be held immediately following an incident**

Answer: C,E

Explanation:

Defusing is an informal, short-term intervention after a critical incident. It should:

* Occur within hours of the event (ideally the same shift)

* Encourage voluntary open discussion in a confidential setting

It is not a full debrief or counseling session and doesn't require mental health professionals present. Forcing participation or waiting too long (e.g., 72+ hours) can reduce its effectiveness.

References:

NREMT EMS Operations - Critical Incident Stress Management (CISM)

International Critical Incident Stress Foundation (ICISF) Guidelines

National EMS Education Standards - Mental Health and Stress Response

NEW QUESTION # 206

A 67-year-old patient is short of breath and sitting in a tripod position. The patient has bilateral wheezing, is coughing up green sputum, and is breathing through pursed lips. The vital signs are BP 122/90 mmHg, P 108

/min, R 28/min, and SpO₂ 93% on home oxygen. Which of the following conditions best explains this patient's presentation?

- **A. Chronic obstructive pulmonary disease**
- B. Pneumonia
- C. Pulmonary embolus

- D. Congestive heart failure

Answer: A

Explanation:

The correct answer is D. Chronic obstructive pulmonary disease (COPD).

Key findings in this scenario:

Tripod position # classic for COPD patients trying to improve ventilation Pursed-lip breathing # hallmark COPD compensation technique Bilateral wheezing # indicates lower airway obstruction Productive cough with sputum # common in chronic bronchitis (COPD subtype) Use of home oxygen # suggests chronic respiratory disease Why COPD is correct:

COPD (including chronic bronchitis and emphysema) commonly presents with:

Wheezing

Productive cough

Pursed-lip breathing

Tripod positioning

Chronic oxygen use

NREMT-aligned references state:

"COPD patients often present with wheezing, productive cough, and use of accessory muscles."

"Pursed-lip breathing and tripod position are characteristic findings." Why the other options are incorrect:

A). Pneumonia Typically presents with fever, localized crackles, not pursed-lip breathing or tripod positioning B). Pulmonary embolus Usually presents with sudden dyspnea, clear lungs, and no productive cough C). Congestive heart failure Presents with crackles, pulmonary edema, and possibly pink frothy sputum, not wheezing with green sputum Exact Extracts (NREMT-aligned EMT educational references):

"COPD patients may sit in a tripod position and use pursed-lip breathing."

"Wheezing and productive cough are common findings."

"Many patients require home oxygen therapy."

Clinical Priority Summary:

The combination of tripod position, wheezing, productive cough, pursed-lip breathing, and home oxygen use clearly indicates COPD, making D the correct answer.

References:

NREMT EMT Education Standards - Medical Emergencies (Respiratory)

NREMT National Continued Competency Program (NCCP)

AAOS Emergency Care and Transportation of the Sick and Injured (NREMT-aligned)

NEW QUESTION # 207

You are called to a small hotel where it is reported by the manager that several persons, in separate rooms, are unresponsive. Your first actions should be to

- A. establish command.
- B. rescue the victims.
- C. announce there is poisonous gas in the building.
- **D. determine the size of the incident.**

Answer: D

Explanation:

This scenario suggests a potential multiple-casualty incident with a possible environmental hazard, such as carbon monoxide or another toxic gas. NREMT places strong emphasis on scene size-up as the first and most critical step in EMS operations.

Option B is correct because determining the size and scope of the incident allows the EMT to assess scene safety, identify hazards, estimate the number of patients, and determine the need for additional resources.

Entering the scene without this assessment could result in responder injury or death.

Option A is incorrect because establishing command typically follows an initial size-up. Command cannot be effectively established without understanding the nature of the incident.

Option C is incorrect because announcing the presence of poisonous gas without confirmation may cause panic and is not an appropriate first action.

Option D is incorrect because attempting rescue before confirming scene safety violates NREMT's core principle that rescuer safety comes first.

NREMT standards clearly state that EMTs must never enter a potentially hazardous scene until it has been properly assessed and deemed safe or appropriate resources are requested.

NEW QUESTION # 208

The unauthorized confinement of a person is considered:

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

Answer: B

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 # 209

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