

100% Pass Quiz NREMT - Newest Interactive EMT Questions

NREMT STUDY GUIDE QUESTIONS AND ANSWERS 100% PASS

A) An exaggerated immune system response to any substance ✓ Which of the following MOST accurately defines an allergic reaction?

A) An exaggerated immune system response to any substance

B) Destruction of the immune system by an external substance

C) A release of erythrocytes in response to a foreign substance

D) A direct negative effect on the body by an external substance

D) Oxygen via nonrebreather mask, supine position with legs elevated 6° to 12° and transport

✓ You are caring for a conscious, confused patient with left-sided hemiparalysis. His airway is patent and his respirations are 22 breaths/minute with adequate tidal volume. Treatment for this patient should include:

A) Oxygen via nonrebreather mask, left lateral recumbent position, and transport

B) Assisted ventilation with a BVM, right lateral recumbent position, and transport

C) An oral airway, assisted ventilation with a BVM, Fowler's position, and transport

D) Oxygen via nonrebreather mask, supine position with the legs elevated 6° to 12° and transport

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NREMT Emergency Medical Technicians Exam Sample Questions (Q126-Q131):

NEW QUESTION # 126

Witnesses state a patient is unresponsive and not breathing after a vehicle collision. What action should the EMT perform first?

- A. Hold the neck in a neutral in-line position.
- B. Begin cardiac compressions.
- C. Perform a jaw-thrust maneuver.
- D. Complete a scene size-up.

Answer: D

Explanation:

Even in high-acuity situations, NREMT standards require EMTs to perform a scene size-up before patient contact. Scene size-up includes ensuring scene safety, determining the mechanism of injury, identifying hazards, and assessing the need for additional resources. Entering a scene without confirming safety places the EMT at risk and can result in additional victims.

Although the patient is unresponsive and apneic, EMTs must first confirm the scene is safe to enter. Only after scene safety is established should patient care begin.

Option B is incorrect because CPR cannot be initiated until the EMT has safely accessed the patient.

Option C is incorrect because airway maneuvers are performed after scene safety and patient access are confirmed.

Option D is incorrect because spinal stabilization occurs after initial access and assessment.

NREMT emphasizes: rescuer safety always comes first, even in life-threatening emergencies.

NEW QUESTION # 127

A 10-year-old patient is in hypovolemic shock. Which of the following signs would be early indicators of shock for this patient? Select the three correct options.

- A. Heart rate
- B. Capillary refill
- C. SpO#
- D. Respiratory rate
- E. Blood pressure
- F. Blood glucose level

Answer: A,B,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Children compensate for shock through increased heart rate, respiratory rate, and vasoconstriction, which delays blood pressure drop. Therefore:

* Tachycardia is often the first sign

* Prolonged capillary refill (>2 seconds) is an early indicator

* Tachypnea supports perfusion

Blood pressure is a late sign in pediatric shock. SpO# is helpful but does not specifically indicate shock. Blood glucose may be abnormal in other metabolic conditions but is not an early marker of volume loss.

References:

NREMT Pediatric Assessment Flowchart

PALS Guidelines - Recognition of Shock in Children

AAOS Emergency Care and Transportation (11th ed.), Chapter: Pediatric Shock

NEW QUESTION # 128

Which of the following assessment findings indicates respiratory failure?

- A. Altered mental status
- B. Diaphoresis
- C. Rapid respiratory rate
- D. Accessory muscle use

Answer: A

Explanation:

NREMT distinguishes respiratory distress from respiratory failure. Respiratory distress includes compensatory signs such as tachypnea, accessory muscle use, and diaphoresis. Respiratory failure occurs when those compensatory mechanisms fail and the body can no longer maintain adequate oxygenation or ventilation.

Option D (Altered mental status) is the most reliable indicator of respiratory failure. According to NREMT, hypoxia and hypercapnia directly affect brain function, leading to confusion, agitation, lethargy, or unresponsiveness. This indicates that oxygen delivery to the brain is no longer adequate.

Option A is common in early respiratory distress.

Option B indicates increased work of breathing but not failure.

Option C reflects sympathetic activation, not failure.

NREMT teaches that mental status changes are late and ominous signs, requiring immediate airway and ventilatory support.

NEW QUESTION # 129

A 44-year-old patient with diabetes feels weak and dizzy. The EMT provides oral glucose and transports the patient to the hospital, where the patient recovers. The EMT tells their partner they did not provide the patient with a blanket because they felt the patient was wasting their time. What best describes the action the EMT took?

- A. Breach of ethics
- B. Battery
- C. Negligence
- D. Breach of duty

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Negligence occurs when an EMT:

- * Has a duty to act
- * Breaches that duty (e.g., by withholding basic care like warmth)
- * Causes harm or risk of harm
- * Establishes causation

The EMT's failure to treat the patient with respect and dignity - even if the patient improved - still constitutes negligence, especially if tied to a discriminatory or dismissive attitude.

References:

NREMT Ethics & Legal Guidelines - Duty and Negligence

National EMS Education Standards - Professional Conduct

Brady Emergency Care (13th ed.), Chapter: Legal and Ethical Responsibilities

NEW QUESTION # 130

An 83-year-old patient is unresponsive and lying on the floor. The patient has a large bruise and laceration on the forehead. The patient's vital signs are BP 90/60, P 126, and R 0. Which of the following conditions should the EMT most suspect?

- A. Brain herniation
- B. Commotio cordis
- C. Spine injury
- D. Open pneumothorax

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Given a fall with head trauma and absent respirations, the most concerning cause is spinal injury, particularly a cervical spine fracture.

A high cervical injury (C1-C4) can paralyze the diaphragm, leading to apnea despite a beating heart. Brain herniation can also depress respirations but often presents with unequal pupils, posturing, and Cushing's triad (not described here). Comminuted cordysis sudden cardiac arrest from blunt chest trauma (not head).

Open pneumothorax affects chest mechanics, not directly linked here.

References:

NREMT Trauma Skills - Spinal Assessment

Brady Emergency Care (13th ed.), Chapter: Spine Injuries

National EMS Education Standards - CNS Trauma and Spinal Immobilization

NEW QUESTION # 131

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