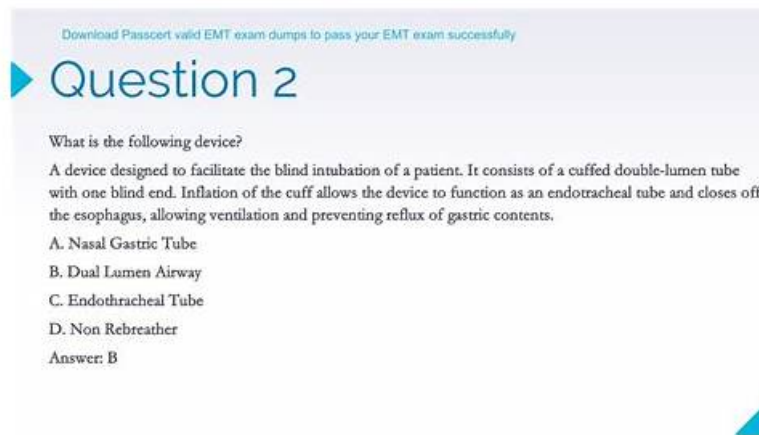


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▶ Question 2

What is the following device?

A device designed to facilitate the blind intubation of a patient. It consists of a cuffed double-lumen tube with one blind end. Inflation of the cuff allows the device to function as an endotracheal tube and closes off the esophagus, allowing ventilation and preventing reflux of gastric contents.

- A. Nasal Gastric Tube
- B. Dual Lumen Airway
- C. Endotracheal Tube
- D. Non Rebreather

Answer: B

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NREMT Emergency Medical Technicians Exam Sample Questions (Q68-Q73):

NEW QUESTION # 68

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

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

Answer: A

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 # 69

Which of the following pathophysiological responses causes a patient with neurogenic shock to become hypotensive?

- A. Loss of sympathetic tone above the level of the adrenal glands
- B. Overwhelming release of cytokines from the inflammatory system
- C. Severe impairment of myocardial oxygen supply
- D. Inhibited release of acetylcholine from the brain

Answer: A

Explanation:

Comprehensive and Detailed Explanation (Based on NREMT standards):

Neurogenic shock results from damage to the spinal cord, most commonly at or above the thoracic level.

NREMT education emphasizes that this injury disrupts the sympathetic nervous system, which normally maintains vascular tone.

Option C is correct because loss of sympathetic tone leads to widespread vasodilation, causing hypotension and often bradycardia, distinguishing neurogenic shock from other shock types.

Option A is incorrect because acetylcholine inhibition is not the mechanism.

Option B describes cardiogenic shock.

Option D describes septic (distributive) shock.

NREMT highlights that recognizing neurogenic shock is critical, as treatment priorities differ from hypovolemic shock.

NEW QUESTION # 70

Which of the following signs most accurately describe posttraumatic stress disorder? Select the two answer options that are correct.

- A. Increased compassion
- B. Violent behavior
- C. Difficulty concentrating
- D. Inability to dream
- E. Flashback phenomena

Answer: C,E

Explanation:

Posttraumatic stress disorder (PTSD) is a stress-related psychiatric condition that may develop after exposure to a traumatic event. NREMT education addresses PTSD particularly in the context of crisis intervention, behavioral emergencies, and responder mental health awareness.

Option C (Flashback phenomena) is correct. Flashbacks are a hallmark feature of PTSD and involve intrusive, vivid recollections of the traumatic event that may feel as though it is happening again. These episodes can be triggered by sights, sounds, or smells associated with the trauma.

Option E (Difficulty concentrating) is also correct. Patients with PTSD frequently experience cognitive symptoms such as impaired concentration, memory problems, and difficulty completing tasks. These symptoms result from persistent hyperarousal and stress responses.

Option A is incorrect because PTSD is associated with nightmares, not an inability to dream.

Option B is incorrect because violent behavior is not a defining or consistent feature of PTSD, although irritability may be present.

Option D is incorrect because increased compassion is not a recognized symptom.

NREMT emphasizes recognizing PTSD symptoms to ensure appropriate patient interaction, safety, and referral for further care.

NEW QUESTION # 71

The key to effectively managing a multiple casualty incident is to

- A. Utilize the incident command structure.
- B. Defer resource decisions to the first arriving chief officer.
- C. Initiate START triage procedures immediately.
- D. Request additional resources as early as possible.

Answer: A

Explanation:

The foundation of effective multiple-casualty incident (MCI) management is the Incident Command System (ICS). NREMT teaches that ICS provides clear leadership, communication, accountability, and coordination of resources.

Option D is correct because ICS allows for scalable management, efficient delegation, and integration of multiple agencies.

Option B is important but is a component of ICS, not the core principle.

Option C is a tactical step that occurs within the command structure.

Option A misunderstands ICS, as command is established based on arrival, not rank alone.

NREMT stresses that without ICS, MCIs become chaotic and unsafe, regardless of clinical skill.

NEW QUESTION # 72

A 30-year-old patient is injured in a motor vehicle collision. The patient cannot move their diaphragm, and they are apneic. In which of the following locations should the EMT suspect the spinal injury occurred?

- A. L4
- B. T1
- C. C4
- D. T3

Answer: C

Explanation:

The diaphragm is innervated by the phrenic nerve, which originates from spinal nerve roots C3-C5.

NREMT teaching highlights the phrase: "C3, 4, and 5 keep the diaphragm alive." Option A (C4) is correct because an injury at or above this level can paralyze the diaphragm, resulting in apnea and immediate respiratory failure.

Option B (T1) and C (T3) affect intercostal muscles but not the diaphragm.

Option D (L4) affects lower extremity function only.

NREMT emphasizes that high cervical spine injuries are immediately life-threatening due to loss of ventilatory control.

NEW QUESTION # 73

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