

Latest Braindumps EMT Ppt - EMT Exam Consultant

EMT Final Exam Questions with Correct Answers Latest Update

833 - Your 36 y/o pt is unresponsive upon attempting to insert an OPA, the patient gags. You should
A. Insert a nasal airway
B. Suction the oropharynx
C. Reattempt using a smaller oral adjunct
D. Insert a dual lumen airway - ANSWER-A. Insert a nasal airway

903 - After air passes through the vocal cords during inhalation, which structure does it reach next?
A. Trachea
B. Epiglottis
C. Alveolus
D. Bronchus - ANSWER-A. Trachea

906 - You are ventilating an apneic asthmatic pt with a BVM. The patient has inadequate chest rise. You should
A. Decrease the rate of ventilations to 10/min
B. Use an O2 powered ventilation device
C. Increase the forcefulness of ventilations
D. Increase the rate of ventilations to 20/min - ANSWER-A. Decrease the rate of ventilations to 10/min

909 - A 72 y/o female pt is unresponsive following an ejection from a MVC, she has an open jaw fracture and a dilated right pupil. What is the best way to open this pt's airway
A. Insert an OPA
B. Perform a modified head tilt chin lift
C. Insert a NPA
D. Perform jaw thrust - ANSWER-C. Insert a NPA

910 - A 4-Year-old female tracheostomy pt has pulled out her tracheostomy tube. The opening is partially obstructed with skin. You should
A. Use a soft tip catheter and suction until clear
B. Insert a nasal airway into stoma
C. Wipe the area clean and perform mouth to stoma ventilation
D. Cut the skin away from the stoma - ANSWER-A. Use a soft tip catheter and suction until clear

908 - You are using a BVM and an OPA on an apneic pt. Suddenly it becomes difficult to ventilate. You should first suspect that
A. The patient's diaphragm has contracted
B. The pt has an airway obstruction
C. The Pt is becoming more responsive
D. The pt's lungs have collapsed - ANSWER-B. The pt has an airway obstruction

946 - A 60-year-old pt with stoma is apneic. You have been suctioning pink frothy sputum for 10 seconds and you continue to get more material. You should
A. continue suctioning and have a partner ventilate through the pt's mouth
B. suction until airway is clear
C. stop suctioning and give a breath

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

- 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.
- 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.
- Pass state-approved cognitive (knowledge) and psychomotor (skills) tests.
- 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.
- Have a current CPR-BLS for "healthcare provider" or equivalent credentials.

NREMT Emergency Medical Technicians Exam Sample Questions (Q63-Q68):

NEW QUESTION # 63

An unresponsive 79-year-old female has agonal respirations. You should

- **A. Check for a pulse**
- B. Open her airway and suction until clear
- C. Begin chest compressions
- D. Open her airway and ventilate her with a BVM

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Agonal respirations are not effective breathing and can mimic gasping or snorting. They often occur in cardiac arrest. However, before initiating chest compressions, the EMT must confirm pulselessness by checking a carotid pulse for no more than 10 seconds (AHA 2020 BLS Guidelines).

Only after pulse confirmation (or absence) should compressions begin. Suctioning or ventilating is premature unless a pulse is found.

References:

AHA BLS Provider Manual (2020) - Adult Basic Life Support Algorithm

NREMT Cardiac Arrest Management - Adult Assessment Flow

AAOS EMT Textbook - Chapter: Cardiac Arrest and Resuscitation

NEW QUESTION # 64

A 3-year-old female choked while eating a hot dog and then became unresponsive. You should first

- **A. Begin chest compressions**
- B. Deliver two rescue breaths

- C. Perform a head tilt-chin lift maneuver
- D. Check her carotid pulse

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

According to Pediatric Basic Life Support (PBLIS) guidelines by the American Heart Association (AHA), when a child becomes unresponsive due to foreign body airway obstruction (FBAO), the immediate next step is to begin chest compressions. This is done before checking the airway or giving breaths because the airway is presumed obstructed. The compressions may dislodge the object.

After 30 compressions, open the airway and check for visible objects. If none are seen, attempt rescue breaths.

This protocol reflects the high risk of complete airway blockage in children with sudden collapse following a choking episode.

References:

AHA PALS and BLS Provider Manual (2020), Pediatric FBAO Algorithm

NREMT Cognitive Exam Blueprint - Pediatric Airway Obstruction

National EMS Education Standards (2011) - Pediatric Emergencies

NEW QUESTION # 65

A 9-year-old patient who was injured in an MCI is brought to the treatment area with a delayed triage tag. Which of the following signs or symptoms would the EMT expect to find? Select the three correct options.

- A. Ability to ambulate
- B. Respiratory rate of 16
- C. Mottled skin
- D. Palpable pulses being present
- E. Breathing only after opening the airway
- F. Follows simple commands

Answer: A,D,F

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In pediatric START or JumpSTART triage, a "delayed" status is appropriate if the child is breathing adequately, has palpable pulses, and follows commands. The respiratory rate of 16 is normal for a 9-year-old, and being able to walk also supports the "delayed" tag.

"Mottled skin" and "breathing only after airway opening" would more likely lead to "immediate" or even "expectant" categories depending on associated symptoms.

References:

JumpSTART Pediatric MCI Triage Algorithm

National EMS Education Standards - Triage

PALS Provider Manual (American Heart Association)

NEW QUESTION # 66

A 12-year-old male suffered helmet-to-helmet contact while playing football. A bystander states, "He passed out for several seconds, then walked off the field under his own power." He is now unresponsive, and his vital signs are BP 180/110, P 90, and R 6. You should suspect

- A. Subdural hemorrhage
- B. Subarachnoid hemorrhage
- C. Intracerebral hematoma
- D. Epidural hematoma

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

An epidural hematoma classically presents with a "lucid interval" - a brief period of regained consciousness following head trauma, followed by rapid deterioration. This is due to arterial bleeding, often from the middle meningeal artery, leading to increasing

intracranial pressure.

Signs include:

- * High blood pressure
- * Decreasing respiratory rate
- * Altered LOC or unresponsiveness

Subdural hemorrhages are slower venous bleeds, common in elderly patients. Subarachnoid hemorrhage often presents with "worst headache of life." Intracerebral bleeds are less commonly linked to lucid intervals.

References:

NREMT Trauma Module - Head Injuries

AAOS Emergency Care Textbook (11th ed.), Chapter: Head and Spine Trauma Emergency Neurological Life Support (ENLS)

Guidelines - Traumatic Brain Injury

NEW QUESTION # 67

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

Answer: C

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

AAOS EMT Textbook - Chapter: Airway Emergencies

NEW QUESTION # 68

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