NREMT EMT Exam Questions 2025 in PDF Format

NREMT EMT Certification Study guide Exam Questions with Key Marking Scheme Updated 2024/2025 Ryan White CARE Act correct answer right to know infectious diseases Airborne disease exposure- you will be notified by your designated officer when you have been exposed to an airborne disease. Bloodborne or other infectious diseases exposure- you may submit a request for a determination as to whether or not you were exposed to bloodborne or other infectious Immunization, main two correct answer Hepatitis B and PPD, PPD is yearly for emt Stress correct answer a state of physical and/or psychological arousal to a stimulus Acute stress reaction correct answer Linked to catastrophes Delayed stress reaction correct answer (ptsd) Cumulative Stress Reaction correct answer Burn out, sustained, recurring low-level stressors Causes of stress correct answer 1. Multiple casualty incidents 2. Calls involving infants and children 3. Severe injuries 4. Abuse and neglect 5. Death of a coworker

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The Average Salary of a Test Prep EMT Expert in

- United State 34320 USD
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- England 27504 POUND
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Following is the Test Prep EMT Exam Format

Format: Multiple choices, multiple answers

• Length of Examination: 120 minutes

• Number of Questions: 70-120

Language: EnglishPassing score: 70%

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Real EMT Exam Questions in Three Easy Formats

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NREMT Emergency Medical Technicians Exam Sample Questions (Q18-Q23):

NEW QUESTION #18

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

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Anepidural hematomaclassically 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 themiddle 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 #19

Which of the following signs and symptoms indicate dehydration in an infant? Select the three correct options.

- A. Delayed capillary refill
- B. Sunken fontanelles
- C. Poor skin turgor
- D. Hypoglycemia
- E. Flushed, dry skin
- F. Hypertension

Answer: A,B,C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Dehydration signs in infantsinclude:

- * Poor skin turgor(elasticity)
- * Sunken fontanelles(indicative of fluid loss)
- * Delayed capillary refill(>2 seconds)

Flushed skin is more common infever or heat illness, not dehydration. Hypotension, not hypertension, is associated with dehydration in late stages.

References:

NREMT Pediatric Assessment and Fluid Emergencies

PALS Provider Manual - Dehydration in Infants

AAOS Emergency Care (11th ed.) - Pediatric Emergency Chapter

NEW QUESTION #20

A 32-year-old female has a history of dysmenorrhea, abdominopelvic pain, and pain when having a bowel movement. She has not been sexually active in 8 months. Her symptoms are most likely caused by

- A. An infection that is either bacteria or a virus
- B. Premature menopause
- C. Spontaneous abortion
- D. Endometrial tissue growing outside the uterus

Answer: D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

These symptoms are classic forendometriosis, whereendometrial tissue grows outside the uterus.

Symptoms often include:

- * Pelvic pain
- * Painful menstruation (dysmenorrhea)
- * Painful bowel movements or intercourse

Spontaneous abortion does not apply here due to lack of pregnancy. Premature menopause is rare at this age and presents differently. Infection is less likely in the absence of recent sexual activity or fever.

References:

NREMT Medical - Gynecologic Emergencies

ACOG Guidelines on Endometriosis

National EMS Education Standards - OB/GYN Emergencies

NEW QUESTION #21

Following insertion of an oropharyngeal airway in an unresponsive 1-year-old male, he develops cyanosis and bradycardia. You should

- A. Increase the ventilation rate to 40-60
- B. Start CPR if his heart rate falls below 100
- C. Remove the airway and ventilate him
- D. Continue ventilation with the airway in place

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

In infants, improper insertion of an OPA (oropharyngeal airway) can stimulate the vagus nerve, leading to bradycardia or even complete airway obstruction. If cyanosis and bradycardia develop after OPA insertion, immediate removal and resumption of ventilations with a bag-valve mask is critical.

The OPA must be properly sized and inserted only in patients without a gag reflex. Ventilations alone often reverse vagally induced bradycardia.

References:

NREMT Psychomotor Skills - Pediatric Airway

American Heart Association PALS Provider Manual (2020)

Brady Emergency Care (13th ed.) - Pediatric Airway Management

NEW QUESTION #22

What components are necessary to maintain adequate perfusion? Select the three correct options.

- A. Low ventilation-perfusion ratio
- B. Hypoxic drive
- C. High alveolar pressure
- D. Sufficient blood volume
- E. Intact microcirculation
- F. Patent airway

Answer: D,E,F

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Perfusionrefers to delivery of oxygen and nutrients to tissues. It depends on three essential components:

- * Patent airway: Ensures oxygen reaches lungs
- * Intact microcirculation: Capillary-level exchange must function
- * Sufficient blood volume: Maintains blood pressure and oxygen transport Hypoxic drive relates to COPD physiology, not perfusion. High alveolar pressure (like from CPAP) may impede venous return, and allow ventilation-perfusion ratiomeans poor oxygenation efficiency, which negatively affects perfusion.

References:

NREMT Cardiovascular and Shock Guidelines

National EMS Education Standards - Perfusion and Circulatory Assessment AHA ACLS Provider Manual - Systemic Perfusion Concepts

NEW QUESTION #23

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