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NREMT Emergency Medical Technicians Exam Sample Questions (Q17-Q22):

NEW QUESTION # 17

Following an EMS call, any requests concerning protected health information should be directed to the

- A. Quality assurance officer
- B. Receiving hospital
- C. Privacy officer
- D. Shift supervisor

Answer: C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Under HIPAA (Health Insurance Portability and Accountability Act), only designated personnel are authorized to handle inquiries regarding a patient's Protected Health Information (PHI). The Privacy Officer is responsible for enforcing compliance with privacy regulations and addressing PHI access requests.

Shift supervisors or hospitals do not have the legal authority to release PHI unless specifically designated.

References:

NREMT Guidelines on EMS Operations

U.S. Department of Health and Human Services: HIPAA Privacy Rule

National EMS Education Standards - Ethics, Documentation, and Privacy

NEW QUESTION # 18

A 70-year-old patient has a sudden onset of difficulty breathing with throat and chest tightness after working outside. The EMT auscultates bilateral wheezes. The vital signs are BP 60/44, P 128, R 28, and SpO₂ 90% on room air. Which of the following treatments should the EMT administer?

- A. Positive pressure ventilations
- B. Epinephrine auto-injector
- C. Patient's metered-dose inhaler
- D. Sublingual nitroglycerin

Answer: B

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The symptoms and vital signs (wheezing, hypotension, high pulse rate, respiratory distress) are strongly indicative of anaphylaxis, which is a life-threatening allergic reaction. Bilateral wheezing and hypotension further confirm systemic involvement. The first-line treatment is intramuscular epinephrine, which:

* Reverses bronchospasm (via beta-2 adrenergic effects)

* Raises blood pressure (via alpha-1 vasoconstriction)

* Improves airway tone and reduces mucosal edema

A metered-dose inhaler may help in mild bronchospasm but is insufficient during anaphylactic shock.

Positive pressure ventilations are a secondary measure if respiratory failure occurs. Nitroglycerin is contraindicated due to low BP.

References:

NREMT Medical/Obstetrics/Gynecology Guidelines - Allergic Reactions

AHA ACLS Provider Manual (2020), Section on Anaphylaxis

National EMS Education Standards - Immune System Emergencies

NEW QUESTION # 19

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

Answer: A,B,D

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 # 20

You have achieved ROSC (Return of Spontaneous Circulation) in a 77-year-old female. She remains unresponsive and her vital signs are BP 94/58, P 82, and R 18. In what position should she be placed?

- A. Left lateral recumbent
- B. Supine
- C. Trendelenburg
- D. Head elevated 45°

Answer: A

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

After ROSC in an unresponsive patient, the left lateral recumbent position (also called the recovery position) is preferred to:

- * Maintain an open airway
- * Prevent aspiration if vomiting occurs
- * Promote drainage of secretions

Supine or Trendelenburg positions increase the risk of aspiration. Elevating the head to 45° may reduce intracranial pressure, but it's not standard post-ROSC care in an unresponsive patient unless airway protection is ensured.

References:

NREMT Cardiology Guidelines - Post-Resuscitation Care

American Heart Association BLS/ACLS Algorithms - ROSC Protocol

EMS Education Standards - Transport Positioning

NEW QUESTION # 21

A mountain climber tells you that he came down from a hike because he was coughing up blood. You should suspect

- A. Neoplasm
- B. Pulmonary edema
- C. Spontaneous pneumothorax
- D. Pulmonary embolism

Answer: D

Explanation:

Hemoptysis (coughing up blood) in a physically active person, such as a mountain climber, strongly suggests apulmonary embolism (PE), particularly due to:

- * Dehydration
- * Prolonged exertion or immobility
- * High altitude increasing clot risk

Symptoms may include:

- * Shortness of breath
- * Chest pain
- * Tachypnea
- * Hemoptysis

Pulmonary edemagenerally causes pink frothy sputum and is more associated with heart failure. Neoplasm (lung cancer) is possible but much less acute in onset. Spontaneous pneumothorax causes dyspnea and pleuritic chest pain but not typically hemoptysis.

References:

NREMT Medical Assessment - Pulmonary and Hematologic Emergencies

AAOS EMT Textbook - Chapter: Respiratory Emergencies

CDC Guidelines - High-Risk Conditions for Pulmonary Embolism

NEW QUESTION # 22

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