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Following is the Test Prep EMT Exam Format

Format: Multiple choices, multiple answers

- Language: English
- Length of Examination: 120 minutes
- Number of Questions: 70-120
- Passing score: 70%

NREMT Emergency Medical Technicians Exam Sample Questions (Q26-Q31):

NEW QUESTION # 26

A patient has heart failure with pulmonary edema. They have shortness of breath, and crackles are present in both lungs. The patient is nauseated and has vomited once. The vital signs are BP 90/40, P

110, R 10, and SpO# 89% on room air. Which of the following signs or symptoms prevent the EMT from using CPAP? Select the three correct options.

- A. Blood pressure
- B. Respiratory rate

- C. Nausea and vomiting
- D. Oxygen saturation
- E. Pulse rate
- F. Crackles in both lungs

Answer: A,B,C

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Contraindications to CPAP(Continuous Positive Airway Pressure) include:

- * Hypotension: CPAP can reduce preload and worsen shock (BP < 90 systolic is a contraindication)
- * Respiratory rate too low: A rate of 10 is at the low threshold; CPAP requires spontaneous adequate effort
- * Active vomiting or nausea: CPAP increases aspiration risk

Crackles and hypoxia areindications, not contraindications, for CPAP. Pulse rate does not influence CPAP use directly.

References:

NREMT Airway Management and Cardiovascular Guidelines

National EMS Education Standards - Respiratory Failure and CPAP

AHA ACLS Provider Manual - Heart Failure and Pulmonary Edema Management

NEW QUESTION # 27

What are possible complications of using continuous positive airway pressure (CPAP)? Select the two correct options.

- A. Feeling of suffocation
- B. Pulmonary edema
- C. Bronchospasms
- D. Hypotension
- E. Myocardial infarction

Answer: A,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

CPAPworks by delivering continuous positive pressure to keep alveoli open and improve oxygenation.

However, complications include:

- * Hypotension: Due to reduced venous return and cardiac preload
- * Feeling of suffocation: Common psychological reaction to a tight-fitting mask and forced airflow It isused to treat, not cause, pulmonary edema. It doesnot induce bronchospasmor myocardial infarction.

References:

NREMT Airway & Ventilation Guidelines

National EMS Education Standards - Noninvasive Positive Pressure Ventilation AAOS EMT Textbook (11th ed.), CPAP and Respiratory Distress Management

NEW QUESTION # 28

A 67-year-old patient reports crushing chest pressure. The vital signs are BP 156/98, P 64, R 14, and SpO2 94%. What treatments should the EMT provide first? Select the two correct options.

- A. Lay the patient supine
- B. Give aspirin
- C. Assist with nitroglycerin
- D. Administer oxygen
- E. Apply CPAP

Answer: B,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

The patient's symptoms are consistent withacute coronary syndrome (ACS). Thefirst-line treatmentsare:

- * Aspirin(160-325 mg): inhibits platelet aggregation, reducing clot progression.
- * Oxygen: administered when SpO# <94% or signs of hypoxia/distress are present.

CPAP is for pulmonary edema or respiratory failure. Nitroglycerin requires BP >90 systolic and medical direction approval. Laying the patient supine may increase myocardial workload and is inappropriate unless hypotension occurs.

References:

NREMT Cardiology and Resuscitation Guidelines

AHA ACLS Provider Manual (2020) - Acute Coronary Syndrome Treatment

National EMS Education Standards - Cardiovascular Emergencies

NEW QUESTION # 29

A 3-year-old patient ingested laundry detergent. The patient is drowsy and has crackles in all lung fields. What should most concern the EMT at this time? Select the three answer options that are correct.

- A. Seizure
- B. Acid reflux
- C. Respiratory failure
- D. Esophageal perforation
- E. Hypoglycemia
- F. Vomiting

Answer: C,D,F

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

Laundry detergent ingestion - especially in the case of liquid detergent pods- is associated with caustic airway and gastrointestinal injuries. The presence of crackles and drowsiness are signs of aspiration and possible respiratory failure. Vomiting increases the risk of aspiration pneumonitis, and esophageal perforation is a life-threatening complication from corrosive ingestion.

While seizure and hypoglycemia are possible complications of toxic ingestion, they are not as immediately linked to the detergent profile as airway injury and aspiration risk.

References:

NREMT Pediatric Toxicology and Airway Emergencies

National Poison Data System (NPDS) Annual Report

AAOS Emergency Care Textbook (11th ed.) - Pediatric Poisoning and Toxin Exposure

NEW QUESTION # 30

A choking patient becomes unresponsive. What should the EMT perform next? Select the two correct options.

- A. Position the patient in recovery and administer back blows
- B. Do not ventilate until the foreign body is removed
- C. Begin chest compressions
- D. Check for a pulse
- E. Open the airway and look in the mouth

Answer: C,D

Explanation:

Comprehensive and Detailed Explanation From Exact Extract:

If a choking patient becomes unresponsive, EMTs should:

* Check for a pulse

* Begin chest compressions if no pulse is found. Chest compressions can help dislodge the object. After compressions, the airway should be opened and inspected. Back blows are not appropriate for unconscious patients.

Ventilation is attempted after clearing the airway or if no object is seen. Do not withhold compressions waiting for object removal.

References:

AHA BLS Provider Manual (2020) - Foreign Body Airway Obstruction Algorithm NREMT Airway Skills Sheet - Obstructed Airway National EMS Education Standards - Respiratory and Airway Management

NEW QUESTION # 31

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