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Question: 1

A 35-year-old female was recently diagnosed with diabetes. Bystanders stated that her blood sugar was 60 mg/dL approximately ten minutes ago. The patient complains of lightheadedness but denies any other symptoms.

Which of the following is the most appropriate next step?

- A. Administer oxygen
- B. Administer oral glucose
- C. Do nothing since the blood glucose level is appropriate
- D. Continue to monitor the blood glucose value

Answer: B

Explanation:

Hypoglycemia (low blood glucose level) is often caused by normal insulin dosing with a change in routine (e.g., increased exercise, delayed/skipped/inadequately sized meal), increased insulin use, or an acute illness. The onset is typically rapid. Pale, cool, clammy skin; shallow breathing; hypotension; a rapid, weak pulse; and altered mental status are common. Oral glucose is a key treatment for suspected hypoglycemia. Contraindications to oral glucose use are unconsciousness and an inability to swallow.

A normal blood glucose value is between 80 and 120 mg/dL. Since this patient is symptomatic, treatment is appropriate.

Oxygen may be beneficial for this patient, but it will not address her hypoglycemia.

Question: 2

Which of the following are techniques an EMT can use to reduce the risk of being injured by lightning? Select the 2 answer options which are correct.

- A. Get away from bodies of water
- B. Shelter under an isolated tree.
- C. Avoid extreme high ground for shelter
- D. Stay in the open whenever possible

Answer: A,C

Explanation:

To reduce the chance of being injured by lightning, squat down low and make minimal contact with the ground. Avoid extreme high ground like rocky cliffs for shelter. Immediately get out of and away from ponds, lakes, and other bodies of water. If you must seek shelter in trees, find a bunch of trees that are uniform in size.

Never shelter under an isolated tree and avoid staying in the open, especially in places where you are the tallest object.

Question: 3

Which of the following describes the appropriate sizing of a sphygmomanometer?

- A. Wrapped around the arm 1 to 1.5 times, spanning two-thirds the length of the armpit to the elbow crease
- B. Wrapped around the arm 1 time, spanning two-thirds the length of the armpit to the elbow crease
- C. Wrapped around the arm 2 times, spanning half the length of the armpit to the elbow crease
- D. Wrapped around the arm 1 to 1.5 times, spanning half the length of the armpit to the elbow crease

Answer: A

Explanation:

An appropriately sized sphygmomanometer will wrap around the arm 1 to 1.5 times and span two-thirds the length of the armpit to the elbow crease. An inaccurate blood pressure reading may occur if a sphygmomanometer is inappropriately sized.

Question: 4

Which types of hepatitis can be transmitted through blood?
Select the three answer options which are correct.

- A. Hepatitis A
- B. Hepatitis B
- C. Hepatitis C
- D. Hepatitis D

Answer: B,C,D

Explanation:

Hepatitis B, C, and D can be transmitted through blood or sexual contact.
Hepatitis A can be transmitted through the fecal-oral route.

Question: 5

A 73-year-old male is pulseless and apneic. Witnesses say he collapsed 10 minutes ago, and uninterrupted, high-quality bystander CPR was initiated five minutes ago. Which of the following is the most appropriate next step?

- A. Provide rescue breathing while setting up an automated external defibrillator

- B. Attach an automated external defibrillator and proceed with rhythm analysis and defibrillation
- C. Open the airway while setting up an automated external defibrillator
- D. Immediately transport the patient without interventions

Answer: B

Explanation:

The most important therapies for patients suffering from cardiac arrest are prompt cardiac defibrillation and minimally interrupted effective chest compressions. Initiate chest compressions in cases with no bystander chest compressions or take over compressions from bystanders while a second rescuer is setting up the automated external defibrillator (AED) or defibrillator. If adequate, uninterrupted bystander CPR has been performed or if the patient arrests in front of the EMS providers, immediately proceed with rhythm analysis and defibrillation.

CPR should be initiated for any patient who does not have a palpable pulse, beginning with chest compressions. High-quality CPR and rapid defibrillation are important factors for survival and should not be delayed. An AED is indicated for any patient who has been assessed to be unresponsive, not breathing, and pulseless. An AED with special pediatric pads is indicated for use on patients between one and seven years old.

The opening of the airway and assisted ventilation are completed after the initial 30 chest compressions during CPR. Rescue breathing (assisted ventilation without chest compressions) is reserved for patients who have a pulse but are not breathing adequately.

Question: 6

Which of the following delivers the highest percentage of oxygen?

- A. Nasal cannula with supplemental oxygen flowing at 15 liters per minute
- B. Bag-valve mask with a reservoir bag with supplemental oxygen flowing at 15 liters per minute
- C. Non-rebreather mask with a reservoir bag with supplemental oxygen flowing at 15 liters per minute
- D. Mouth-to-mask device with supplemental oxygen flowing at 15 liters per minute

Answer: B

Explanation:

A bag-valve mask with a reservoir bag with supplemental oxygen flowing at 15 liters per minute will provide nearly 100% oxygen to a patient. Assisted ventilation is indicated for patients who are not breathing adequately or are in respiratory distress or respiratory failure.

A non-rebreather mask with a reservoir bag with supplemental oxygen flowing at 15 liters per minute will provide up to 95% oxygen to a patient. It should be used for patients with adequate breathing who have suspected or confirmed hypoxia.

A mouth-to-mask device with supplemental oxygen flowing at 15 liters per minute will provide a maximum of 55% oxygen to a patient.

A nasal cannula should be reserved for patients who do not tolerate a non-rebreather mask; nasal cannulas deliver at a rate of 1 to 6 liters per minute, providing 24%-44% oxygen.

Question: 7

An 18-year-old patient is showing signs and symptoms of amphetamine use. Which of the following symptoms is not expected?

- A. Hypertension
- B. Agitation
- C. Tachycardia
- D. Pinpoint pupils

Answer: D

Explanation:

Sympathomimetics (e.g., cocaine, amphetamine/methamphetamine, epinephrine, albuterol) are stimulants that mimic the effects of the sympathetic nervous system. Common signs and symptoms of use/overdose include hypertension, tachycardia, dilated pupils, agitation, seizures, and hyperthermia. It should be noted that anticholinergics (e.g., atropine, diphenhydramine) have similar signs and symptoms.

Pinpoint pupils are commonly seen with opiate use, not with sympathomimetic use.

Question: 8

A non-traumatic adult patient is experiencing obvious respiratory distress. What is the most appropriate position in which to place the patient during transport?

- A. Prone position
- B. Supine position
- C. Recovery position
- D. Fowler position

Answer: D

Explanation:

Patients reporting chest pain or respiratory distress, without hypotension or an indication for spinal immobilization, may be placed in a position of comfort, which is typically a Fowler or semi-Fowler position. In this scenario, the patient should be placed in the Fowler position.

Patients in shock should be placed in a supine position. Pregnant patients are often transported on their left side. An unresponsive patient without a suspected spinal, hip, or pelvic injury may be placed in the recovery position. It is not appropriate to place patients in a prone position.

Question: 9

A 30-year-old patient was electrocuted while working on a high transmission line and has suffered severe electrical burns. Which of the following is a primary concern for this patient?

- A. Internal bleeding
- B. Allergic reaction
- C. Cardiac arrest
- D. Heat shock

Answer: C

Explanation:

Prehospital care of electrical injury involves three primary steps: remove the patient from contact with the source (using rubber or wood, do not touch the patient directly), assess the need for CPR (ventricular fibrillation is the most common arrhythmia), and transport.

An electrical current can cross the chest and cause cardiac arrest or dysrhythmia; cardiac arrest is unlikely to develop if not seen on the initial assessment. Respiratory arrest is also a possible concern when dealing with patients shocked by electricity. Be sure to check for an entrance and exit wound when dealing with electrical burns.

Internal bleeding can occur, either immediately or delayed; thrombosis is more common and can result in organ damage. Cardiac arrhythmia is a greater concern in a prehospital setting.

Electric shocks have no link to allergic reactions. Heat shock is not a type of shock.

Question: 10

You have found a seven-year-old unresponsive child. Which pulse should you palpate?

- A. Carotid artery
- B. Femoral artery
- C. Brachial artery
- D. Radial artery

Answer: A

Explanation:

The carotid artery is used to assess the need for CPR in patients older than one year of age. CPR should be initiated on an infant/child without a palpable pulse or a pulse below 60 beats per minute.

The brachial artery is assessed in an infant to determine pulse rate. The carotid and femoral arteries are not typically palpable in a child under one year of age.

The femoral and radial arteries are not used to assess the need for CPR in any age group.

Question: 11

Which of the following organs is not part of the endocrine system?

- A. Gallbladder
- B. Pancreas
- C. Thyroid gland
- D. Pituitary gland

Answer: A

Explanation:

The gallbladder is a small pouch extending from the bile ducts that serves as a reservoir for the temporary storage and concentration of bile. Bile is formed in the liver. The gallbladder and liver make up the biliary system.

The endocrine system consists of various glands producing hormonal secretions that pass directly into the bloodstream. The endocrine glands include the thyroid, parathyroids, anterior and posterior pituitary, pineal, pancreas, adrenals, and gonads.

Question: 12

You find an unconscious adult patient with no one present who knows them. What type of consent is needed prior to initiating care and transport of this patient to the appropriate medical facility?

- A. Implied consent
- B. No need for consent
- C. Implicit consent
- D. In loco guardianos

Answer: A

Explanation:

Implied consent is determined if a patient is unconscious or otherwise incapable of making a rational, informed decision. Examples of this are patients who are intoxicated by drugs or alcohol, mentally impaired, or suffering from a condition that precludes making a rational, informed decision (e.g., head injury). Implied consent only applies when a serious medical condition exists (i.e., a threat to life or limb). Every effort should be made to obtain consent from an available relative prior to treatment, but lifesaving care should not be delayed by waiting for such consent.

Expressed consent is the verbal authorization for, or otherwise acknowledgment of, treatment and/or transport. A child cannot give this consent. For expressed consent to be legitimate, the patient must be informed. Informed consent is given after the risks, benefits, and alternatives to treatment/transport, as well as consequences of the refusal of treatment, are explained to the patient.

An adult patient must be conscious, alert, and able to make decisions in order to refuse treatment/transport. Ensure that the patient has all pertinent information (e.g., assessment, treatment options, consequences of refusal) before you accept a refusal of treatment. A parent or guardian may refuse treatment/transport for a child in non-life-threatening circumstances. Refusal of treatment/transport should be documented and signed by the patient; a witness to the signature, such as a family member or police officer, is appropriate.

Implicit consent is not a term used in health care. In loco parentis is consent given by an authority figure in the position or place of a parent on behalf of a minor. This individual must be capable of giving expressed consent. Ideally, a parent/guardian should be contacted regarding consent; however, in an emergency situation, in loco parentis or implied consent is likely appropriate. In loco guardianos is a fictional term.

Question: 13

Which of the following are the types of cranial fractures?
Select the 3 answer options which are correct.

- A. Depressed
- B. Linear
- C. Basilar
- D. Le Fort

Answer: A,B,C

Explanation:

There are four major types of skull fractures, including:

- linear skull fracture (also known as nondisplaced, the most common type)
- depressed skull fracture
- open skull fracture
- basilar skull fracture

Le Fort fractures are fractures of the midface, not the cranium.

Question: 14

A 16-year-old football player complains of right upper leg pain after being tackled. Upon examination, the knee is flexed and obviously deformed. Which of the following is the most appropriate next step?

- A. Apply a traction splint
- B. Manually support and stabilize the leg
- C. Place the patient on a long backboard
- D. Assess and record the pulse, motor function, and sensation of the affected limb

Answer: D

Explanation:

When deformity, severe pain, or an inability to move the knee joint occurs, carefully check distal circulation before performing any other step. If distal pulses are absent, contact medical control immediately for further stabilization and transport instructions and ensure an ALS unit is en route.

A femoral fracture can occur in any part of the shaft. If the fracture is closed, the patient may lose as much as 500 mL to 1,000 mL of blood; an open fracture can increase blood loss. Hypovolemic shock is

possible. The pulse, motor function, and sensation of the affected limb should be assessed prior to any interventions. Gradually turn the leg from the deformed position to restore overall alignment; this will assist with restoration/improvement of circulation to the foot. Femoral fractures are best stabilized using a traction splint.

After the neurovascular assessment, the limb should be manually supported and stabilized so that no motion will occur at the fracture site. When applying the traction splint, use only enough longitudinal traction to align the limb so that it will fit into the splint. After the traction splint is applied, the neurovascular status should be reassessed, and the patient should be secured to a long backboard.

Question: 15

Which of the following is a contraindication to the administration of nitroglycerin for a patient experiencing likely cardiac chest pain?

- A. The patient has a history of hypertension and atherosclerosis.
- B. The patient's systolic blood pressure is below 100 mm Hg.
- C. The patient complains of chest pressure but not pain.
- D. The patient has not taken nitroglycerin in the past.

Answer: B

Explanation:

Nitroglycerin is a vasodilator that is indicated for patients with cardiac chest pain. Acute coronary syndrome can cause chest pain/discomfort that is typically described as pressure or heaviness, nausea/vomiting, and sweating. Medical direction must be obtained, and the "six rights" must be checked before the administration of this medication.

Nitroglycerin is contraindicated in patients who have a systolic blood pressure below 100 mm Hg, patients with a head injury, patients who have taken erectile dysfunction medications within the previous 48 hours, and patients who have already taken their maximum dose (typically three doses).

Most patients are allowed to repeat doses (typically up to three) if the pain remains after five minutes; because of the previously mentioned contraindication, blood pressure should be assessed before giving initial or repeated nitroglycerin.

Question: 16

Which of the following is a likely indication for the prehospital administration of epinephrine?

- A. Hives due to an allergic reaction
- B. Hypoglycemia due to an adjusted insulin dose
- C. Wheezing due to an allergic reaction
- D. Chest pain secondary to acute myocardial infarction

Answer: C

Explanation:

Epinephrine is a sympathomimetic that is used to counteract signs of an allergic reaction/anaphylaxis. It can increase heart rate and blood pressure, as well as constrict blood vessels and dilate passages to the lungs.

Oral glucose is indicated for patients with hypoglycemia.

Hives may indicate an allergic reaction, which should be managed with an antihistamine. Signs of a severe allergic reaction or anaphylaxis requiring epinephrine include the presence of hives with airway symptoms such as stridor, angioedema, and wheezing. A patient experiencing an acute myocardial infarction should not receive epinephrine. Nitroglycerin and aspirin are indicated for those with acute myocardial infarction.

Question: 17

A 67-year-old female complains of chest pain. Her skin is cool to the touch and clammy. She states her chest feels very tight during inhalation. Which of the following is the most appropriate next step?

- A. Assist the patient in applying her husband's nitroglycerin paste to her chest
- B. Administer high-flow oxygen
- C. Place an automated external defibrillator, as the patient is likely to become pulseless
- D. Ask about past medical history to determine the likelihood of a true cardiac event

Answer: B

Explanation:

For a patient with chest pain, administration of high-flow oxygen is completed early. Oxygen should be titrated to achieve an oxygen saturation between 95% and 99%. A nasal cannula may be all that is required for patients with mild dyspnea; more serious respiratory difficulty calls for a non-rebreather mask.

An automated external defibrillator (AED) is reserved for unresponsive, pulseless patients.

Nitroglycerin may help patients with chest pain; however, the medication must be prescribed to the patient.

History taking is appropriate, but oxygen should not be delayed in this particular scenario.

Question: 18

In a mass casualty or large-scale event, the Incident Command System (ICS) coordinates resources and improves efficiency in incident responses and scene management. Which of the following are components of the medical or EMS group of the ICS?

Select the 3 answer options which are correct.

- Public information officer
- Treatment unit leader
- Transportation unit leader
- Triage unit leader

Answer: B,C,D

Explanation:

The EMS group of ICS will establish, at a minimum, triage, treatment, and transportation units. Each unit will have an established leader. Other units may be formed as needed or necessary, such as a rehabilitation unit or a rescue/extrication unit.

A public information officer is part of the incident command staff and would not be a component of the EMS group.

Question: 19

Which of the following is a classic symptom of acute coronary syndrome (ACS)?

- A. Low back pain with radiation to the legs
- B. Chest pain or discomfort described as pressure or heaviness
- C. Dull pain that does not radiate
- D. Abdominal pain

Answer: B

Explanation:

ACS is a group of symptoms caused by myocardial ischemia; the most notable symptom is chest pain that is described as pressure or heaviness. Not all patients have chest pain during ACS or acute myocardial infarction (AMI). Additional signs and symptoms of ACS/AMI may include the following:

- weakness
- dyspnea
- nausea or vomiting
- lower jaw, arm, back, abdominal, or neck pain
- sweating without an obvious cause
- pink frothy sputum (indicating possible pulmonary edema)
- an irregular cardiac rhythm
- syncope
- sudden death

Any patient complaining of nontraumatic chest pain should be assumed to have an AMI until it is ruled out by a physician.

Question: 20

Which of the following is not a sign of labored respiration and inadequate oxygenation?

- A. Adventitious breath sounds
- B. Inadequate chest expansion
- C. Nasal flaring
- D. Vesicular breath sounds

Answer: D

Explanation:

Vesicular breath sounds are considered normal and do not indicate any form of respiratory inadequacy, distress, or failure.

Adventitious breath sounds, nasal flaring, and inadequate chest expansion are all indicators of inadequate breathing. Other signs are dyspnea/shortness of breath, altered mental status associated with shallow/slow breathing, anxiousness in an adult patient, listlessness in a pediatric patient, bradypnea/tachypnea, irregular breathing rhythm, decreased or noisy breath sounds, an inability to speak more than a few words between breaths, excessive coughing, the tripod position, breathing through pursed lips, and pale, cool, clammy or cyanotic skin.



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