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Question: 1

Which of the following principles allows an emergency medical technician to treat and transport an adult patient who is intoxicated?

- A. Implied consent
- B. Advance directive
- C. Expressed consent
- D. Informed consent

Answer: A

Explanation:

Implied consent is assumed 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 while waiting for such consent.

Expressed consent is the verbal authorization for, or otherwise acknowledgment of, treatment and/or transport. For consent to be legitimate, there must also be informed consent.

Informed consent is given after the patient understands the risks, benefits, and alternatives to treatment/transport, as well as the consequences of the refusal of treatment.

An advance directive is a written document that specifies medical treatment for a competent patient if they become unable to make decisions.

Question: 2

Which of the following signs/symptoms would not be associated with acute coronary syndrome?

- A. Diarrhea
- B. Vomiting
- C. Sweating
- D. Abdominal pain

Answer: A

Explanation:

Acute coronary syndrome is a group of symptoms caused by myocardial ischemia. Angina pectoris (stable and unstable), as well as myocardial infarction, falls under acute coronary syndrome. Angina pectoris and myocardial infarction are indistinguishable in a prehospital setting. Chest pain, described as

crushing, squeezing, or pressure, is a common symptom. This pain may radiate to the jaw, arms, epigastrium, or back. Dyspnea, weakness, nausea/vomiting, irregular heartbeat, diaphoresis, and syncope often occur.

Question: 3

Energy that is emitted from a radiological source can be categorized as which of the following? Select the three answer options that are correct.

- A. Gamma radiation
- B. Alpha radiation
- C. Delta radiation
- D. Beta radiation

Answer: A,B,D

Explanation:

Energy that is emitted from a radiological source can be categorized as alpha, beta, gamma (X-rays), or neutron radiation.

Delta is not a form of energy emitted from a radiological source.

Question: 4

After a suspected fracture is splinted, what is the appropriate next step?

- A. Assess the patient's pulse, motor function, and sensation in the affected extremity
- B. Elevate the extremity
- C. Document the findings and treatment
- D. Apply cold packs to the extremity

Answer: A

Explanation:

Any extremity that needs splinting (e.g., painful, swollen, deformed) requires an assessment of cardiovascular and neurological function before and after splint application via distal pulses and motor and sensory function, respectively. Applying cold or ice packs may be helpful in some cases, but assessing pulse, motor, and sensation is required first.

Appropriate documentation of findings, interventions, and responses should be performed throughout the call.

Documentation of findings and treatment should not be conducted during patient care, especially right after splinting an extremity before assessing it again. Reporting the incident to medical command and the receiving facility is mandatory, but it should not take precedence over patient care.

Question: 5

A bystander is performing CPR on an adult patient in cardiac arrest. Which of the following is the most appropriate next step if you are the only responder at the time?

- A. Cease compressions and determine whether a pulse is present
- B. Allow bystander CPR to continue and perform a detailed physical examination
- C. Attach an automated external defibrillator
- D. Assess for adequate compressions before attaching the AED

Answer: D

Explanation:

If bystander CPR is in progress upon arrival, and they are able to continue CPR, assess the effectiveness of chest compressions by palpating for carotid or femoral pulse. A palpable pulse is present if compressions are adequate. Temporarily cease compressions while assessing the pulse; if the pulse is lost, immediately resume compressions. An automated external defibrillator should be attached if the patient is unresponsive at this time. If the bystander is unable to continue CPR upon your arrival, immediately assume chest compressions. You can direct the bystander to apply the AED if available. A detailed examination will delay defibrillation and transport to a hospital.

Question: 6

Which of the following airway devices is inserted into the trachea rather than remaining above the glottis?

- A. Endotracheal (ET) tube
- B. i-gel airway
- C. Laryngeal Mask Airway (LMA)
- D. King laryngotracheal airway

Answer: A

Explanation:

The endotracheal (ET) tube is an intratracheal device used for advanced airway management. It passes through the vocal cords and into the trachea, offering a definitive airway that allows for precise control of ventilation. Placement is typically confirmed with end-tidal carbon dioxide monitoring and auscultation of bilateral breath sounds.

Supraglottic airway devices, including the Laryngeal Mask Airway (LMA), King airway, and i-gel, sit above the glottis and do not require visualization of the vocal cords. These devices are commonly used when intubation is not possible or as an alternative in prehospital and emergency settings. They provide effective ventilation in most cases but do not offer the same level of airway protection as an ET tube.

Question: 7

Which of the following arteries indicate central pulses?

- A. Posterior tibial and dorsalis pedis arteries

- B. Carotid and brachial arteries
- C. Carotid and femoral arteries
- D. Radial and brachial arteries

Answer: C

Explanation:

Central pulses emanate from larger arteries that are easiest to palpate. The carotid pulse is palpated at the neck. The femoral pulse is palpated at the groin.

The pulses from the remaining listed arteries are peripheral pulses; these pulses are commonly used but not as easily palpated as central pulses. The brachial pulse is palpated in the medial aspect of the arm, midway between the shoulder and elbow. The radial artery is palpated at the wrist, at the base of the thumb. The posterior tibial pulse is palpated posteriorly to the medial malleolus. The dorsalis pedis pulse is palpated along the dorsum of the foot.

Question: 8

You are preparing to apply an AED to a male patient in cardiac arrest and note he has a hairy chest. There is no safety razor available to shave the chest. What would be an appropriate action?

- A. Adjust the placement of both pads to the back of the patient
- B. Use the extra set of AED pads to remove chest hair, then apply new pads
- C. Adjust the placement of the superior pad to the abdomen of the patient
- D. Place the pads anyway and press them while defibrillating

Answer: B

Explanation:

If a patient has a hairy chest, and time and local protocols allow, the conductivity of defibrillation can be increased by quickly shaving their chest. If extra adhesive pads are available, they can be used to remove chest hair, and the second set can be used for defibrillation.

Always place AED pads in positions recommended by the manufacturer. Never touch a patient while the AED is delivering a shock.

Question: 9

Which of the following is defined as shortness of breath?

- A. Dyspnea
- B. Atelectasis
- C. Aspiration
- D. Hypoxia

Answer: A

Explanation:

Dyspnea is shortness of breath or difficulty breathing.

Atelectasis is the collapse of alveoli.

Hypoxia is low oxygenation throughout the body.

Aspiration is the introduction of vomitus or other foreign material into the lungs.

Question: 10

For at least how long should you rub your hands when washing with soap and water?

- A. 45 seconds
- B. 30 seconds
- C. 20 seconds
- D. 10 seconds

Answer: C

Explanation:

When washing with soap and water, the hands should be rubbed together for at least 20 seconds to lather. A longer time may be necessary if the hands are excessively soiled.

Question: 11

An error was discovered after the submission of a patient care report to a receiving hospital. Which of the following is the most appropriate step?

- A. File a report with a supervisor admitting fault for the mistake
- B. Submit an addendum with the new information
- C. Retrieve the original report from the receiving hospital and amend it
- D. Ignore the error

Answer: B

Explanation:

Errors are likely to occur over an EMS member's career. If information was omitted from a patient care report, an addendum should be created with the addition of the new information, the date, and the EMS member's initials.

It is not necessary to retrieve the original report. It is inappropriate to ignore any mistake or error in documentation. Filing a report with a supervisor does not correct the omitted information.

Question: 12

Based on the patient's presentation, which findings are most consistent with full-thickness (third-degree) burns?

Select one answer per row.

You respond to a 30-year-old male who was rescued from a house fire. He has extensive burns across his upper body and arms. The affected areas are dry, leathery, white, and charred, with some subcutaneous layers visible. The patient reports severe pain around the burn edges. Vital signs show hypotension and signs of early shock.

- A. [Consistent With Full-Thickness Burns]
Appearance: White, charred, or deep red color
- B. [Not Consistent With Full-Thickness Burns]
Low oxygen saturation (SpO2)
- C. [Consistent With Full-Thickness Burns]
Appearance: Exposed subcutaneous tissue
- D. [Consistent With Full-Thickness Burns]
Appearance: Loss of sensation in the burned area
- E. [Not Consistent With Full-Thickness Burns]
Restlessness and agitation

Answer: A,B,C,D,E

Explanation:

Question: 13

An unconscious trauma patient has an adequate radial pulse and snoring respirations at a rate of 16 breaths per minute. Which of the following should be performed to correct these snoring respirations?

- A. Suction the airway
- B. Roll the patient on his side and perform a blind finger sweep of the airway
- C. Perform the jaw-thrust maneuver
- D. Perform the head-tilt/chin-lift maneuver

Answer: C

Explanation:

The jaw-thrust maneuver is used to open the airway of a trauma patient. The head-tilt/chin-lift maneuver is reserved for non-trauma patients or patients for whom opening the airway with the jaw-thrust maneuver has failed. A patent airway takes precedence over a further injury.

Suctioning would be appropriate for patients with fluid obstructions in the airway, who commonly present with gurgling.

Rolling the patient on his side is also appropriate for obstructions within the airway, but the tongue (likely the obstruction in this scenario) will return to its original position when the patient is returned to the supine position. Never perform a blind finger sweep.

Question: 14

Which of the following techniques would be an appropriate way to open a patient's airway if the mechanism of injury (MOI) is unknown?

- A. Jaw-thrust maneuver
- B. Head-lift maneuver
- C. Placement of padding under the shoulders and maintaining C-spine control while pulling the lower jaw with free fingers
- D. Head-tilt/chin-lift maneuver

Answer: A

Explanation:

If the mechanism of injury is unknown, the jaw-thrust maneuver is completed to open the airway. The rescuer kneels above the patient's head with fingers behind the angles of the lower jaw. The jaw is then moved upward with the index and middle fingers, and the thumbs help position the lower jaw.

The head-tilt/chin-lift maneuver is performed to open the airway if no spinal trauma is suspected. The patient is placed in a supine position, and the rescuer is beside the patient's head. The heel of one hand is placed on the patient's forehead, and firm pressure is applied to tilt the patient's head back. The fingertips of the alternate hand are placed under the lower jaw, near the bony part of the chin; the chin is then lifted upward. The forehead is held to maintain the backward tilt.

Question: 15

Which of the following is correct regarding air medical landing zones?
Select the three answer options which are correct.

- A. 50 x 50 landing zone is ideal
- B. Position emergency vehicles at the corners of the LZ with headlights facing inward.
- C. A flat area of 100 × 100 feet is ideal.
- D. The landing zone should be as close to the scene as possible.
- E. Use flares to mark the corners of the landing zone.

Answer: B,C,D

Explanation:

Considerations for EMS helicopter landing zones vary. Generally, a flat area of 100 × 100 feet is ideal.

Marking the zone can be accomplished by placing emergency vehicles in the corners with headlights pointing into the center, forming an "X." The landing zone should be as close to the scene as possible for ease of access and egress.

Marking the zone's corners with lights may be helpful, but the use of flares is not recommended, as they may become a hazard.



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