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NEW QUESTION: 1
The ability to think and reason is located in which region of the brain?
A. Pons
B. Cerebrum
C. Brain stem
D. Cerebellum
Answer: B (LEAVE A REPLY)
The cerebrum is the largest and most developed part of the human brain and is responsible for higher cognitive functions. According to NREMT anatomy and physiology education, the cerebrum controls thinking, reasoning, memory, judgment, voluntary movement, and sensory interpretation.
Option B is correct because conscious thought, problem-solving, and decision-making all originate in the cerebrum.
Option A (Pons) helps regulate breathing and sleep cycles.
Option C (Brain stem) controls vital functions such as heart rate, breathing, and blood pressure.
Option D (Cerebellum) coordinates balance, posture, and fine motor movement.
Understanding brain function helps EMTs correlate neurological findings with possible injuries or medical conditions.

NEW QUESTION: 2
Which of the following is spread through the fecal-oral route?
A. Hepatitis A
B. Hepatitis B

C. Hepatitis C
D. Hepatitis D
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation (Based on NREMT standards):
Hepatitis A is a viral liver infection transmitted primarily through the fecal-oral route, often due to contaminated food, water, or poor hand hygiene. NREMT education highlights hepatitis transmission routes as part of infection control and standard precautions.
Option A is correct because hepatitis A spreads when microscopic amounts of fecal matter are ingested, commonly in environments with inadequate sanitation.
Options B, C, and D are incorrect because these forms of hepatitis are transmitted primarily through blood and body fluids, such as needlestick injuries, sexual contact, or shared needles.
Understanding transmission routes allows EMTs to apply proper protective measures and reduce occupational exposure risks, a core component of NREMT infection-control training.

NEW QUESTION: 3
A 42-year-old male states, "I can't breathe" after being shot in his upper thigh. Bystanders have applied direct pressure to his thigh and the bleeding is controlled. You should first
A. Replace the bystander's dressing with sterile gauze
B. Apply a tourniquet
C. Administer oxygen
D. Assess for other life-threatening injuries
Answer: C (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:
Thepatient's complaint of difficulty breathingis anairway/breathing issueand takes precedence over a controlled extremity bleed. The first action is toadminister oxygenand evaluate respiratory effort.
Though reassessing the wound is important,oxygenation is the prioritywhen airway compromise or respiratory distress is present. Tourniquets are foruncontrolled bleeding, which is not the case here.
References:
NREMT Trauma Assessment Guidelines
National EMS Education Standards - Primary Assessment Priorities
Brady Emergency Care (13th ed.) - Chapter: Patient Assessment

NEW QUESTION: 4
Which of the following is a potential complication of positive pressure ventilation?
A. Diaphragmatic movement
B. Decreased peristalsis
C. Profound hypotension

D. Increased minute volume

Answer: C (LEAVE A REPLY)

Positive pressure ventilation (PPV) forces air into the lungs under pressure rather than relying on negative intrathoracic pressure. NREMT education emphasizes that while PPV is lifesaving, it carries important risks- most notably decreased venous return to the heart.

Option C (Profound hypotension) is correct because increased intrathoracic pressure reduces preload by compressing the vena cava, which can significantly lower cardiac output and blood pressure. This effect is especially pronounced in hypovolemic or trauma patients.

Option A is incorrect because diaphragmatic movement is not a complication.

Option B is unrelated to ventilation.

Option D describes a ventilation parameter, not a complication.

NREMT stresses careful ventilation rates and volumes to avoid hypotension, gastric inflation, and barotrauma.

NEW QUESTION: 5

A 24-year-old male was injured in an explosion at a large factory. He is breathing shallowly at a rate of 40 and his capillary refill is 3 seconds. What color should you assign him for triage?

A. Red

B. Yellow

C. Black

D. Green

Answer: A (LEAVE A REPLY)

Using the START triage system, patients are categorized based on Respirations, Perfusion, and Mental Status (RPM).

A respiratory rate greater than 30 breaths per minute immediately qualifies the patient as RED (Immediate). Additionally, delayed capillary refill (>2 seconds) further supports this classification.

Option A is correct.

Option B applies to stable patients who can wait.

Option C is for deceased or nonsalvageable patients.

Option D is for minor injuries.

NREMT teaches that patients with compromised airway or perfusion are the highest priority.

NEW QUESTION: 6

An EMT is using a BVM to ventilate a 28-year-old patient with asthma. The patient is unresponsive, and their vital signs are BP 70/40, P 142, R 8, and SpO2 89% on room air. The patient is becoming increasingly difficult to ventilate. What should the EMT do next?

A. Place the patient on CPAP

B. Apply high-flow oxygen via non-rebreather mask
C. Decrease the rate of ventilations
D. Ventilate the patient more forcefully
Answer: C (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:
In patients with asthma experiencing respiratory failure, improper ventilation (especially excessive rates) can lead to air trapping and increased intrathoracic pressure, reducing venous return and worsening hypotension.
Thecorrect techniqueis to ventilate slowly to allow full exhalation - around1 breath every 5-6 secondsfor adults.
CPAPis contraindicated in unresponsive patients who cannot maintain their own airway. Anon-rebreather maskwould be insufficient for an unresponsive patient, andforceful ventilationrisks barotrauma.
References:
NREMT EMT Psychomotor Exam Guide: Airway, Respiration & Ventilation
American Heart Association (AHA) BLS Provider Manual (2020)
National EMS Education Standards (2011) - Airway Management Section

NEW QUESTION: 7
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. Vomiting
C. Acid reflux
D. Hypoglycemia
E. Respiratory failure
F. Esophageal perforation
Answer: B,E,F (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:
Laundry detergent ingestion - especially in the case ofliquid detergent pods- is associated withcaustic airway and gastrointestinal injuries. The presence ofcracklesanddrowsinessare signs of aspiration and possiblerespiratory failure. Vomiting increases the risk ofaspiration pneumonitis, andesophageal perforationis 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: 8
A 43-year-old patient is experiencing a sudden onset of coughing, nausea, and shortness of breath. The patient has a history of alcohol use disorder and major depressive disorder. The patient spent the day cleaning. The kitchen has food in various forms of decay. The patient's condition improves slightly once oxygen has been administered. Which of the following environmental factors is the most likely cause of the patient's presentation?
A. Mold exposure
B. Food poisoning
C. Alcohol intoxication
D. Chemical inhalation
Answer: D (LEAVE A REPLY)
Comprehensive and Detailed Explanation (Based on NREMT standards):
Sudden respiratory symptoms following prolonged cleaning strongly suggest chemical inhalation, particularly from cleaning agents such as ammonia or bleach. Mixing chemicals or using them in poorly ventilated areas can release toxic gases that cause coughing, nausea, and dyspnea.
Option D is correct because inhaled chemical irritants commonly cause acute respiratory distress that improves with oxygen therapy.
Option A typically causes chronic symptoms, not sudden onset.
Option B does not cause respiratory distress.
Option C does not explain the environmental exposure or oxygen response.
NREMT emphasizes recognizing environmental hazards and removing patients from the source while providing supportive care.

NEW QUESTION: 9
A 10-year-old patient is in hypovolemic shock. Which of the following signs would be early indicators of shock for this patient? Select the three correct options.
A. SpO#
B. Heart rate
C. Blood glucose level
D. Blood pressure
E. Capillary refill
F. Respiratory rate
Answer: B,E,F (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:
Children compensate for shock through increasedheart rate,respiratory rate, andvasoconstriction, which delays blood pressure drop. Therefore:
* Tachycardiais often thefirst sign
* Prolonged capillary refill(>2 seconds) is an early indicator
* Tachypneasupports perfusion

Blood pressureis alate signin pediatric shock. SpO# is helpful but does not specifically indicate shock. Blood glucose may be abnormal in other metabolic conditions but is not an early marker of volume loss.
References:
NREMT Pediatric Assessment Flowchart
PALS Guidelines - Recognition of Shock in Children
AAOS Emergency Care and Transportation (11th ed.), Chapter: Pediatric Shock

NEW QUESTION: 10
Which of the following components can be determined by assessing the mechanism of injury? Select the two correct options.
A. Extent of injury
B. Destination facility
C. Chances of survival
D. Patient's medical history
E. Need for additional resources
Answer: A,E (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:
Mechanism of Injury (MOI)assessment is a cornerstone of trauma care. It helps providers determine:
* Extent of injury: High-speed collisions, falls from height, or penetrating trauma suggest internal injuries even if external signs are limited.
* Need for additional resources: MOI may indicate the necessity ofALS backup,air transport, or technical rescue.
MOI cannot determine a patient'smedical historyor guarantee survival predictions. Thedestination facility depends on multiple factors including triage protocols, vital signs, and local trauma system regulations.
References:
NREMT Trauma Assessment Skills Sheet
National EMS Education Standards - Trauma Module
AAOS Emergency Care and Transportation (11th ed.), Chapter: Mechanism of Injury and Trauma Assessment

NEW QUESTION: 11
Which of the following techniques are appropriate for examining a patient with an acute abdomen?
Select the two correct options.
A. Press softly if the abdomen has a pulsating mass
B. Begin palpation with the most painful quadrant
C. Palpate the abdomen prior to auscultation
D. Visualize the abdomen before palpation

E. Lie the patient supine with legs flexed

Answer: D,E (LEAVE A REPLY)

Comprehensive and Detailed Explanation From Exact Extract:

In patients with acute abdominal pain, you mustfirst inspect (visualize)for distension, discoloration, or masses beforetouching. Palpation always beginsaway fromthe most painful area. The patient should be in asupine position with knees flexedto relax the abdominal muscles and ease the exam.

Palpating a pulsating masscould rupture an abdominal aortic aneurysm and is contraindicated.

References:

NREMT Cognitive Exam Blueprint - Medical Emergencies

Emergency Care and Transportation of the Sick and Injured (AAOS, 11th ed.) - Chapter: Abdominal and GI Emergencies EMT-B National Standard Curriculum, Module: Medical Emergencies

NEW QUESTION: 12

A drowsy 72-year-old female complains of difficulty breathing. Her respiratory rate is 50, and her SpO# is 89% on room air. You should suspect

A. Respiratory arrest

B. Respiratory alkalosis

C. Respiratory failure

D. Respiratory distress

Answer: C (LEAVE A REPLY)

Comprehensive and Detailed Explanation From Exact Extract:

The patient'sexcessively high respiratory rate (RR 50),hypoxia (SpO# 89%), anddecreased mental status (drowsiness) indicaterespiratory failure, which is theinability to maintain oxygenation or ventilation.

* Respiratory distress: Increased effort but adequate compensation

* Respiratory arrest: Complete absence of breathing

* Respiratory alkalosis: Possible early finding, but not a condition diagnosis This patient is tiring and losing the ability to ventilate effectively - a hallmark of failure.

References:

NREMT Airway and Ventilation Guidelines

AHA BLS Manual - Recognition of Respiratory Failure

AAOS EMT Textbook - Chapter: Airway Emergencies

NEW QUESTION: 13

An 8-year-old patient has abdominal pain, tearing, drooling, and a runny nose after being found in the family tool shed. The patient's signs and symptoms are most likely caused by which of the following chemicals?

A. Naphthalene

B. Hydrogen sulfide
C. Organophosphates
D. Petroleum distillates
Answer: C (LEAVE A REPLY)
Organophosphates are commonly found in pesticides and insecticides, which are often stored in tool sheds.
NREMT training emphasizes recognition of cholinergic toxidrome, frequently summarized by the mnemonic SLUDGE (Salivation, Lacrimation, Urination, Defecation, Gastrointestinal distress, Emesis).
Option C is correct because the patient's symptoms-drooling, tearing, abdominal pain, and runny nose-are hallmark signs of organophosphate poisoning.
Option A (naphthalene) primarily causes hemolysis and neurologic symptoms.
Option B (hydrogen sulfide) causes respiratory distress and altered mental status, not secretions.
Option D causes chemical pneumonitis, not cholinergic symptoms.
NREMT stresses early identification of toxic exposures, scene safety, decontamination awareness, and rapid transport for definitive care.

NEW QUESTION: 14
Ice crystals are found in several medications during a daily check. What should the EMT do next?
A. Check to see if the medications are expired.
B. Reserve the medications for restock.
C. Discard the medications.
D. Warm the medications prior to administration.
Answer: C (LEAVE A REPLY)
NREMT medication management standards require EMTs to ensure that all medications are stored properly and are safe for administration. The presence of ice crystals indicates that a medication has frozen, which can alter its chemical stability, concentration, and effectiveness.
Option C is correct because medications that have frozen must be discarded and replaced, even if they later thaw. Freezing can cause separation of active ingredients or damage to the medication vial or syringe.
Option A is insufficient because expiration status does not address medication integrity.
Option B is incorrect because frozen medications are unsafe and should not be reused.
Option D is dangerous and explicitly prohibited, as warming does not restore medication safety.
NREMT emphasizes strict medication safety checks to prevent patient harm and ensure effective treatment.

NEW QUESTION: 15

A 15-year-old patient is unresponsive following an assault. The patient has a stab wound on the chest, which is gurgling. The vital signs are BP 76/48 mmHg, P 146/min, R 26/min, and SpO# 90% on room air.
Which of the following types of shock is the most likely cause of the patient's presentation?
A. Hypovolemic
B. Cardiogenic
C. Obstructive
D. Distributive
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation (Based on NREMT standards):
This patient has signs of penetrating chest trauma, severe hypotension, tachycardia, and respiratory distress.
A gurgling chest wound suggests an open pneumothorax, which can progress to tension pneumothorax.
Option C (Obstructive shock) is correct because air trapped in the chest can compress the heart and great vessels, preventing adequate cardiac output.
Option A is less likely because although blood loss may be present, the chest injury suggests impaired circulation due to pressure.
Option B involves pump failure, not trauma-related compression.
Option D involves abnormal vessel dilation, not mechanical obstruction.
NREMT emphasizes rapid recognition of obstructive shock and immediate intervention with occlusive dressings and rapid transport.

NEW QUESTION: 16
What characteristics of the pediatric airway are different from the adult airway?
A. Proportionately smaller tongue and proportionately smaller occiput
B. Proportionately larger tongue and proportionately smaller occiput
C. Proportionately smaller tongue and proportionately larger occiput
D. Proportionately larger tongue and proportionately larger occiput
Answer: D (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:
Compared to adults, pediatric patients have:
* Aproportionately larger tongue, which increases the risk of airway obstruction
* Alarger occiput, which causes natural neck flexion when lying supine, potentially occluding the airway This anatomical difference is why EMS providers often use ashoulder rollinstead of a head tilt to maintain a neutral airwayin infants and toddlers.
References:
NREMT Pediatric Airway Management Standards
AHA PALS Manual - Pediatric Anatomy and Airway Considerations
National EMS Education Standards - Pediatric Assessment and Airway Anatomy

NEW QUESTION: 17
An EMT has been assigned as the treatment supervisor at a mass casualty incident. Which of the following actions should the EMT perform?
A. Command the triage personnel during initial assessment.
B. Establish a staging area for equipment and responders.
C. Coordinate transportation to appropriate hospitals.
D. Ensure that secondary triage is completed.
Answer: D (LEAVE A REPLY)
Within the Incident Command System (ICS), the Treatment Supervisor is responsible for overseeing patient care after initial triage has been completed. NREMT instruction clearly differentiates roles to prevent confusion and maintain efficiency.
Option D is correct because the treatment supervisor ensures that secondary triage is completed in the treatment area, allowing patients to be reassessed and reprioritized as their conditions change.
Option A is incorrect because triage personnel are managed by the Triage Supervisor.
Option B is the responsibility of Staging under Logistics.
Option C falls under the Transport Supervisor.
NREMT emphasizes strict role adherence during MCIs to ensure patient flow and resource coordination.

NEW QUESTION: 18
What components are necessary to maintain adequate perfusion? Select the three correct options.
A. Hypoxic drive
B. Patent airway
C. Intact microcirculation
D. High alveolar pressure
E. Sufficient blood volume
F. Low ventilation-perfusion ratio
Answer: (SHOW ANSWER)
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 toCOPD physiology, not perfusion.High alveolar pressure(like from CPAP) may impede venous return, and alow 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: 19
Which of the following signs most accurately describe posttraumatic stress disorder? Select the two answer options that are correct.
A. Inability to dream
B. Violent behavior
C. Flashback phenomena
D. Increased compassion
E. Difficulty concentrating
Answer: (SHOW ANSWER)
Posttraumatic stress disorder (PTSD) is a stress-related psychiatric condition that may develop after exposure to a traumatic event. NREMT education addresses PTSD particularly in the context of crisis intervention, behavioral emergencies, and responder mental health awareness.
Option C (Flashback phenomena) is correct. Flashbacks are a hallmark feature of PTSD and involve intrusive, vivid recollections of the traumatic event that may feel as though it is happening again. These episodes can be triggered by sights, sounds, or smells associated with the trauma.
Option E (Difficulty concentrating) is also correct. Patients with PTSD frequently experience cognitive symptoms such as impaired concentration, memory problems, and difficulty completing tasks. These symptoms result from persistent hyperarousal and stress responses.
Option A is incorrect because PTSD is associated with nightmares, not an inability to dream.
Option B is incorrect because violent behavior is not a defining or consistent feature of PTSD, although irritability may be present.
Option D is incorrect because increased compassion is not a recognized symptom.
NREMT emphasizes recognizing PTSD symptoms to ensure appropriate patient interaction, safety, and referral for further care.

NEW QUESTION: 20
A 37-year-old female presents with increased work of breathing after blunt chest trauma. During transport, her SpO# is 92% and decreasing. You auscultate clear lung sounds. The most likely cause of her condition is
A. esophageal rupture.
B. a tension pneumothorax.
C. a pulmonary contusion.
D. pericardial tamponade.
Answer: (SHOW ANSWER)
Pericardial tamponade is a life-threatening condition often associated with blunt or penetrating chest trauma.
NREMT instruction highlights that tamponade occurs when blood accumulates in the pericardial sac, compressing the heart and impairing cardiac output.
Option D is correct because patients with pericardial tamponade often present with increased work of breathing, hypoxia, and clear lung sounds, as the problem is cardiac rather than pulmonary. Decreasing oxygen saturation results from reduced cardiac output and poor tissue perfusion.
Option B is incorrect because tension pneumothorax typically presents with absent or diminished lung sounds on one side.
Option C usually produces crackles or signs of lung injury rather than clear lung sounds.
Option A is rare and usually associated with severe vomiting or penetrating trauma.
Early recognition of tamponade and rapid transport are critical per NREMT trauma care priorities.

NEW QUESTION: 21
You are called to a small hotel where it is reported by the manager that several persons, in separate rooms, are unresponsive. Your first actions should be to
A. establish command.
B. determine the size of the incident.
C. announce there is poisonous gas in the building.
D. rescue the victims.
Answer: B (LEAVE A REPLY)
This scenario suggests a potential multiple-casualty incident with a possible environmental hazard, such as carbon monoxide or another toxic gas. NREMT places strong emphasis on scene size-up as the first and most critical step in EMS operations.
Option B is correct because determining the size and scope of the incident allows the EMT to assess scene safety, identify hazards, estimate the number of patients, and determine the need for additional resources.
Entering the scene without this assessment could result in responder injury or death.

Option A is incorrect because establishing command typically follows an initial size-up. Command cannot be effectively established without understanding the nature of the incident.
Option C is incorrect because announcing the presence of poisonous gas without confirmation may cause panic and is not an appropriate first action.
Option D is incorrect because attempting rescue before confirming scene safety violates NREMT's core principle that rescuer safety comes first.
NREMT standards clearly state that EMTs must never enter a potentially hazardous scene until it has been properly assessed and deemed safe or appropriate resources are requested.

NEW QUESTION: 22
Which of the following elements proves tort negligence in a court of law?
A. Causation
B. Abandonment
C. Assault and battery
D. False imprisonment
Answer: A (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:
The legal concept of tort negligence in EMS requires the plaintiff to establish four elements:
* Duty to act
* Breach of that duty
* Damages (harm caused)
* Causation - a direct link between the EMT's action/inaction and the harm caused
Causation (often termed "proximate cause") is the essential element that connects the EMT's breach to the patient's injury or outcome. Abandonment, assault, and false imprisonment are other intentional torts, but not core elements of proving negligence.
References:
NREMT Ethics & Legal Module
Brady Emergency Care (13th ed.), Chapter: Legal and Ethical Issues
EMS Legal Primer - National EMS Management Association (NEMSMA)

NEW QUESTION: 23
Following insertion of an oropharyngeal airway in an unresponsive 1-year-old male, he develops cyanosis and bradycardia. You should
A. Remove the airway and ventilate him
B. Continue ventilation with the airway in place
C. Increase the ventilation rate to 40-60
D. Start CPR if his heart rate falls below 100
Answer: A (LEAVE A REPLY)

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: 24
A 56-year-old patient has a severe headache. The patient is refusing any treatment or transport. The vital signs are BP 210/140 mmHg, P 112/min, R 20/min, and SpO# 98% on room air. Which of the following actions should the EMT perform next?
A. Have the patient sign a refusal.
B. Obtain a repeat set of vital signs.
C. Request law enforcement assistance.
D. Determine if the patient has decision-making capacity.
Answer: D (LEAVE A REPLY)
NREMT guidelines emphasize that patient refusal is only valid if the patient has decision-making capacity
. This patient has a severe headache with critically elevated blood pressure, which raises concern for conditions such as hypertensive emergency, intracranial hemorrhage, or stroke-all of which can impair cognition.
Option D is correct because the EMT must first determine whether the patient is alert, oriented, understands the risks, and can communicate a rational decision. Without capacity, a refusal is not legally or ethically valid.
Option A is incorrect because a refusal form should only be signed after capacity is confirmed.
Option B does not address the legal and ethical priority.
Option C is unnecessary unless the patient lacks capacity and poses a danger to themselves or others.
NREMT stresses that EMTs must protect patient autonomy while ensuring informed refusal, especially in high-risk presentations.

NEW QUESTION: 25
Through which of the following routes is hepatitis A transmitted?
A. Fecal
B. Blood

C. Saliva
D. Urine
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation From Exact Extract:
Hepatitis Avirus is transmittedexclusively via the fecal-oral route. Ingesting contaminated food or water allows the virus to enter the digestive tract, infecting liver cells. It's often spread through poor hand hygiene or unsanitary food handling.
It isnot bloodborne, unlike Hepatitis B and C. It is not commonly spread through saliva or urine.
References:
CDC: "Hepatitis A - Questions and Answers for Health Professionals"
NREMT Medical Guidelines - Communicable Disease
National EMS Education Standards - Infection Control and Prevention

NEW QUESTION: 26
During a mass casualty incident, a patient has an open tibia and fibula deformity. Using START triage, in which of the following priorities should the EMT place the patient?
A. Immediate
B. Emergent
C. Delayed
D. Minimal
Answer: C (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:
TheSTART (Simple Triage and Rapid Treatment)system classifies patients based on ability to walk, respirations, perfusion, and mental status. A patient with an open fracture who can breathe adequately, has a pulse, and follows commands is categorized as"Delayed".
Immediate (Red) is reserved for those who cannot walk and have life-threatening conditions, such as compromised airway or severe bleeding.
References:
U.S. Department of Health START Triage Protocol
FEMA MCI Guidelines
Brady Emergency Care (13th ed.) - Chapter on MCI and Incident Management

NEW QUESTION: 27
Which of the following is the most reliable indicator of effective respiration in a patient?
A. Respiratory rate
B. Mental status
C. Pulse oximetry reading
D. Skin color
Answer: (SHOW ANSWER)

Comprehensive and Detailed Explanation From Exact Extract:
Mental statusreflects perfusion and oxygen delivery to thebrain, which is highly sensitive to hypoxia and hypercapnia. Even if respiratory rate and SpO# are normal, altered mental status suggests ineffective gas exchange or hypoperfusion.
Pulse oximetry may be falsely normal in CO poisoning or poor perfusion. Skin color is subjective and not as sensitive or specific as neurological status.
References:
NREMT Assessment Standards - Airway & Neurological Assessment
AHA BLS Manual - Recognition of Effective Ventilation
Brady Emergency Care (13th ed.) - Patient Assessment and Respiratory Emergencies

NEW QUESTION: 28
When treating a patient suspected of having tuberculosis, you should
A. Place a HEPA respirator on the patient
B. Place a surgical mask on the patient
C. Notify the Centers for Disease Control
D. Wear a surgical mask before treating the patient
Answer: B (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:
Forsuspected or confirmed tuberculosis (TB), the EMT should place asurgical mask on the patient, not a HEPA respirator. Surgical masks are used tocontain droplets from the patientand reduce airborne transmission.
The EMTshould wear aN95 or HEPA respiratorto protect against inhaling airborne particles. Notification to the CDC is not the EMT's responsibility - that falls to public health officials.
References:
CDC Guidelines for TB Exposure in Prehospital Settings
NREMT Infectious Disease Control Protocols
National EMS Education Standards - Airborne Pathogens and PPE Use

NEW QUESTION: 29
A 38-year-old patient is unconscious with slow, shallow, and gasping breaths. The patient is not moving.
What should the EMT perform first?
A. Perform a secondary assessment
B. Auscultate breath sounds
C. Check a carotid pulse
D. Assess the airway
Answer: D (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:

In anyunresponsive patient, the first step is toassess and open the airwayto determine patency and identify obstruction or inadequate breathing.
Gasping respirations (agonal) are not effective; they requireBVM ventilationsupport. The airway must be openbefore checking for a pulse or performing auscultation. A secondary assessment is performed only after primary survey and stabilization.
References:
AHA BLS Provider Manual (2020) - Unresponsive Patient Algorithm
NREMT Airway Skills - Primary Assessment
National EMS Education Standards - Airway, Breathing, Circulation (ABC) Sequence

NEW QUESTION: 30
An unresponsive 79-year-old female has agonal respirations. You should
A. Open her airway and suction until clear
B. Begin chest compressions
C. Check for a pulse
D. Open her airway and ventilate her with a BVM
Answer: C (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:
Agonal respirations arenot effective breathingand can mimic gasping or snorting. They often occur in cardiac arrest. However, before initiating chest compressions, the EMT mustconfirm pulselessnessby checking acarotid pulse for no more than 10 seconds(AHA 2020 BLS Guidelines).
Only after pulse confirmation (or absence) should compressions begin. Suctioning or ventilating is premature unless a pulse is found.
References:
AHA BLS Provider Manual (2020) - Adult Basic Life Support Algorithm
NREMT Cardiac Arrest Management - Adult Assessment Flow
AAOS EMT Textbook - Chapter: Cardiac Arrest and Resuscitation

NEW QUESTION: 31
What should be the EMT's immediate actions when arriving at a scene? Select the two answer options that are correct.
A. Identifying hazards
B. Ruling out life threats
C. Providing patient treatment
D. Handing PPE to all providers
E. Requesting additional resources
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation (Based on NREMT standards):
Upon arrival, EMTs must immediately perform a scene size-up, which focuses on safety and incident management rather than patient treatment.

Option A (Identifying hazards) is correct because recognizing dangers such as traffic, fire, violence, or hazardous materials is essential to prevent responder injury.
Option E (Requesting additional resources) is correct because early recognition of the need for more personnel, ALS support, fire services, or law enforcement improves patient outcomes and scene control.
Option B is incorrect because ruling out life threats occurs during the primary assessment, not immediately upon arrival.
Option C is incorrect because patient treatment must wait until scene safety is confirmed.
Option D is incorrect because PPE use is a personal responsibility, not a primary scene-arrival task.
NREMT stresses that effective EMS operations begin with safety, situational awareness, and resource management.

NEW QUESTION: 32
A 74-year-old patient has epigastric pain without relief from three doses of prescribed nitroglycerin. The patient is anxious, nauseated, and diaphoretic. The vital signs are BP 180/90 mmHg, P 62/min, R 20/min and shallow, and SpO# 92% on room air. What actions should the EMT prioritize for this patient? Select the two answer options that are correct.
A. Give aspirin.
B. Apply oxygen.
C. Place in a position of comfort.
D. Administer additional nitroglycerin.
E. Acquire and transmit a 12-lead ECG.
Answer: A,B (LEAVE A REPLY)
This patient's presentation is highly suspicious for acute coronary syndrome (ACS). NREMT education emphasizes that epigastric pain, especially in elderly patients, may represent myocardial ischemia. The lack of relief after three doses of nitroglycerin further increases concern for an evolving myocardial infarction.
Option A (Give aspirin) is correct because aspirin inhibits platelet aggregation and is a cornerstone of early ACS management. NREMT guidelines recommend administering aspirin as soon as possible unless contraindications exist.

Option B (Apply oxygen) is correct because the patient's oxygen saturation is 92%, which is below normal.
NREMT recommends supplemental oxygen for patients with suspected cardiac ischemia who are hypoxic or in respiratory distress.
Option C may provide comfort but does not address the underlying ischemia.
Option D is incorrect because the patient has already taken the maximum recommended prehospital doses of nitroglycerin.
Option E is outside the EMT scope of practice in many systems and is not a priority EMT intervention.
NREMT emphasizes early aspirin administration, oxygenation, continuous monitoring, and rapid transport for suspected ACS.

NEW QUESTION: 33
Your partner has performed an improper treatment. He wrote a statement that you directed him to perform this treatment. His written statement is an example of
A. Slander
B. Malice
C. Battery
D. Libel
Answer: D (LEAVE A REPLY)
NREMT legal education differentiates between slander and libel, both forms of defamation.
Option D (Libel) is correct because libel involves false written statements that harm a person's reputation.
In this scenario, the partner's written claim falsely attributes improper treatment to you.
Option A (Slander) refers to spoken false statements.
Option B (Malice) describes intent, not a legal category of defamation.
Option C (Battery) is unlawful physical contact with a patient.
Understanding legal terminology helps EMTs protect themselves professionally and legally.

NEW QUESTION: 34
A 7-year-old patient is confused and disoriented. What should the EMT assess to rapidly determine the patient's condition? Select the three answer options that are correct.
A. Pallor
B. Disability
C. Lung sounds
D. Mucous membranes
E. Accessory muscle use
F. Response to environment
Answer: A,E,F (LEAVE A REPLY)

To rapidly determine a pediatric patient's condition, NREMT emphasizes the Pediatric Assessment Triangle (PAT), which allows EMTs to form a quick clinical impression without hands-on assessment. The PAT consists of appearance, work of breathing, and circulation to skin.
Option F (Response to environment) evaluates appearance, including interaction, awareness, and mental status-critical in a confused child.
Option E (Accessory muscle use) assesses work of breathing, identifying respiratory compromise through visible effort such as retractions or nasal flaring.
Option A (Pallor) reflects circulation to skin, helping identify poor perfusion or shock.
Options B, C, and D are part of more detailed assessments but are not part of the rapid initial determination emphasized by NREMT.
Using the PAT allows EMTs to quickly identify life-threatening problems and prioritize care.

NEW QUESTION: 35
A 30-year-old patient is injured in a motor vehicle collision. The patient cannot move their diaphragm, and they are apneic. In which of the following locations should the EMT suspect the spinal injury occurred?
A. C4
B. T1
C. T3
D. L4
Answer: A (LEAVE A REPLY)
The diaphragm is innervated by the phrenic nerve, which originates from spinal nerve roots C3-C5.
NREMT teaching highlights the phrase: "C3, 4, and 5 keep the diaphragm alive." Option A (C4) is correct because an injury at or above this level can paralyze the diaphragm, resulting in apnea and immediate respiratory failure.
Option B (T1) and C (T3) affect intercostal muscles but not the diaphragm.
Option D (L4) affects lower extremity function only.
NREMT emphasizes that high cervical spine injuries are immediately life-threatening due to loss of ventilatory control.

NEW QUESTION: 36
Defusing sessions should do which of the following in order to be successful? Select the two correct options.
A. Be held immediately following an incident
B. Take place 72 hours or more following an incident
C. Allow the open sharing of information
D. Have mental health experts present during the session
E. Force all providers to provide feedback
Answer: A,C (LEAVE A REPLY)

Comprehensive and Detailed Explanation From Exact Extract:
Defusing is an informal, short-term intervention after a critical incident. It should:
* Occur within hours of the event (ideally the same shift)
* Encourage voluntary open discussion in a confidential setting
It is not a full debrief or counseling session and doesn't require mental health professionals present.
Forcing participation or waiting too long (e.g., 72+ hours) can reduce its effectiveness.
References:
NREMT EMS Operations - Critical Incident Stress Management (CISM)
International Critical Incident Stress Foundation (ICISF) Guidelines
National EMS Education Standards - Mental Health and Stress Response

NEW QUESTION: 37
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. Pulse rate
B. Blood pressure
C. Respiratory rate
D. Oxygen saturation
E. Nausea and vomiting
F. Crackles in both lungs
Answer: B,C,E (LEAVE A REPLY)
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: 38

The crew is requested to respond by law enforcement to a riot scene in a large downtown area. Upon arrival, the EMT notices the police are in full riot gear, with multiple persons lying on the ground under arrest. There is a strong odor of chemicals in the air. What actions should the EMT prioritize during the scene survey?
Select the two answer options that are correct.
A. Have the police remove the patients' restraints.
B. Remove the patients' clothing prior to triaging.
C. Flush the patients' eyes with water or saline.
D. Determine the control agent being used.
E. Identify the number of patients.
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation (Based on NREMT standards):
This scenario strongly suggests a hazardous environment involving chemical crowd-control agents such as tear gas or pepper spray. During the scene survey, NREMT prioritizes scene safety, hazard recognition, and incident size-up before any patient contact.
Option D (Determine the control agent being used) is correct because identifying the chemical agent helps determine the level of risk, appropriate personal protective equipment, and whether EMS can safely operate in the area.
Option E (Identify the number of patients) is correct because determining the number of patients is essential for assessing the scope of the incident and requesting additional resources if needed.
Option A is incorrect because removing restraints is not part of the initial scene survey and must be coordinated with law enforcement.
Option B is incorrect because patient decontamination occurs only after scene safety is ensured.
Option C is not a priority until hazards are identified and the scene is safe.
NREMT teaches that EMTs must never compromise their own safety and must fully assess hazards before providing care.

NEW QUESTION: 39
A 70-year-old patient has lower back pain radiating to the left side of their chest that started one day ago. The pain has become progressively worse and is not relieved by changes in position. The patient has no prescribed medications. Palpation of the abdomen reveals a pulsating mass. The vital signs are BP 104/66, P 64, R 16, and SpO# 89% on room air. Which of the following interventions are appropriate for this patient? Select two.
A. Position of comfort
B. Attaching AED pads
C. Aspirin administration
D. Supplemental oxygen
E. Sublingual nitroglycerin
Answer: A,D (LEAVE A REPLY)

This patient's presentation-older age, severe back pain radiating to the chest, hypotension, and a pulsating abdominal mass-is highly suggestive of an abdominal aortic aneurysm (AAA). NREMT teaching stresses early recognition of life-threatening medical conditions and avoiding interventions that could worsen the patient's condition.
Option A (Position of comfort) is correct because patients with suspected AAA should be kept calm and positioned in a way that minimizes pain and stress, which can reduce sympathetic stimulation and the risk of aneurysm rupture.
Option D (Supplemental oxygen) is correct because the patient's SpO# is 89%, indicating hypoxia. NREMT guidelines recommend administering oxygen to maintain adequate oxygenation in critically ill or potentially unstable patients.
Option B is incorrect because AED pads are not indicated unless the patient is in cardiac arrest or has a high risk of imminent arrest. There is no evidence of dysrhythmia or arrest at this time.
Option C is incorrect because aspirin is indicated for suspected acute coronary syndromes, not AAA. Aspirin could worsen internal bleeding if the aneurysm ruptures.
Option E is incorrect because nitroglycerin can cause vasodilation and hypotension, potentially precipitating aneurysm rupture.
In summary, NREMT emphasizes supportive care, oxygenation, and rapid transport for suspected AAA while avoiding medications that increase bleeding risk or lower blood pressure.

NEW QUESTION: 40
A 9-month-old patient is unresponsive in a crib. The patient is not breathing. Which of the following actions should the EMT perform first?
A. Immediately transport.
B. Give two rescue breaths.
C. Begin chest compressions.
D. Assess for a brachial pulse.
Answer: D (LEAVE A REPLY)
Comprehensive and Detailed Explanation (Based on NREMT standards):
In pediatric patients, NREMT guidelines require EMTs to check a pulse before initiating CPR when the patient is unresponsive and not breathing. For infants, the appropriate pulse check site is the brachial artery, assessed for no more than 10 seconds.
Option D is correct because determining whether a pulse is present guides whether rescue breathing or full CPR is required.
Option B is only appropriate if a pulse is present.
Option C is indicated only if no pulse is found or if the heart rate is below 60 with signs of poor perfusion.
Option A delays critical resuscitative care.
NREMT stresses strict adherence to pediatric resuscitation sequences to ensure appropriate and timely intervention.

NEW QUESTION: 41
Witnesses state a patient is unresponsive and not breathing after a vehicle collision. What action should the EMT perform first?
A. Complete a scene size-up.
B. Begin cardiac compressions.
C. Perform a jaw-thrust maneuver.
D. Hold the neck in a neutral in-line position.
Answer: A (LEAVE A REPLY)
Even in high-acuity situations, NREMT standards require EMTs to perform a scene size-up before patient contact. Scene size-up includes ensuring scene safety, determining the mechanism of injury, identifying hazards, and assessing the need for additional resources. Entering a scene without confirming safety places the EMT at risk and can result in additional victims.
Although the patient is unresponsive and apneic, EMTs must first confirm the scene is safe to enter. Only after scene safety is established should patient care begin.
Option B is incorrect because CPR cannot be initiated until the EMT has safely accessed the patient.
Option C is incorrect because airway maneuvers are performed after scene safety and patient access are confirmed.
Option D is incorrect because spinal stabilization occurs after initial access and assessment.
NREMT emphasizes: rescuer safety always comes first, even in life-threatening emergencies.

NEW QUESTION: 42
An EMT cannot find a pulse on a responsive patient. Which of the following should the EMT do next?
A. Start CPR.
B. Use the AED to analyze rhythm.
C. Continue with the primary assessment.
D. Place the patient supine with feet elevated.
Answer: C (LEAVE A REPLY)
If a patient is responsive, they must have adequate cerebral perfusion, meaning a pulse is present-even if it is difficult to palpate. NREMT guidelines emphasize that EMTs should not assume cardiac arrest based solely on an inability to feel a pulse.
Option C is correct because the EMT should continue the primary assessment, reassessing airway, breathing, and circulation using additional indicators such as skin condition, mental status, and breathing quality.
Option A is incorrect because CPR is only initiated in unresponsive, pulseless patients.

Option B is incorrect because AED use is indicated only for unresponsive, pulseless patients.
Option D may be appropriate later for shock but does not address the assessment discrepancy.
NREMT teaches that patient responsiveness is a reliable indicator of circulation and that EMTs must avoid unnecessary resuscitative interventions.

NEW QUESTION: 43
Which of the following actions are appropriate management for two-rescuer pediatric basic life support? Select the three correct options.
A. Start CPR if the pulse rate is 72
B. Perform rescue breathing at a rate of 20 per minute
C. Compress at a rate of 180 per minute
D. Use the two-thumb-encircling-hands technique for infants
E. Perform compressions at a ratio of 15:2
F. Compress the chest one-half the diameter of the chest
Answer: D,E,F (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:
For pediatric BLS with two rescuers, current AHA Guidelines (2020) recommend:
* Two-thumb encircling hands technique: Most effective for infants; provides consistent depth and control.
* Compression ratio of 15:2: Enhances ventilation without compromising perfusion.
* Compression depth: 1/3 of chest or approximately one-half the chest's depth.
CPR begins if pulse <60 bpm with signs of poor perfusion, not at 72 bpm. Rate of 180/min is excessive; ideal rate is 100-120/min.
References:
AHA BLS Provider Manual (2020) - Pediatric BLS Section
NREMT Cardiology and Resuscitation Module
Pediatric Advanced Life Support (PALS) Guidelines

NEW QUESTION: 44
Reassessment of a patient begins with repeating the
A. Vital signs
B. Primary survey
C. Secondary assessment
D. Scene size-up
Answer: B (LEAVE A REPLY)
Comprehensive and Detailed Explanation From Exact Extract:
Thereassessment phasein the EMT patient assessment model starts with repeating theprimary survey(also called the primary assessment), which includes:
* Airway

* Breathing
* Circulation
* Disability (mental status)
* Exposure/environment

The purpose is to identify any changes or deterioration in the patient'slife-threatening conditions, especially in dynamic or unstable patients. Only after this do EMTs check vitals and reevaluate secondary complaints.

References:

NREMT Assessment Guidelines - Patient Reassessment

Brady Emergency Care (13th ed.), Chapter: Assessment in EMS

National EMS Education Standards - Patient Assessment

NEW QUESTION: 45

An EMT is using a BVM to ventilate a 28-year-old patient with asthma. The patient is unresponsive, and their vital signs are BP 70/40, P 142, R 8, and SpO2 89% on room air. The patient is becoming increasingly difficult to ventilate. What should the EMT do next?

A. Place the patient on CPAP

B. Apply high-flow oxygen via non-rebreather mask

C. Decrease the rate of ventilations

D. Ventilate the patient more forcefully

Answer: C (LEAVE A REPLY)

Comprehensive and Detailed Explanation From Exact Extract:

In patients with asthma experiencing respiratory failure, improper ventilation (especially excessive rates) can lead to air trapping and increased intrathoracic pressure, reducing venous return and worsening hypotension.

The correct technique is to ventilate slowly to allow full exhalation - around 1 breath every 5-6 seconds for adults.

CPAP is contraindicated in unresponsive patients who cannot maintain their own airway. A non-rebreather mask would be insufficient for an unresponsive patient, and forceful ventilation risks barotrauma.

References:

NREMT EMT Psychomotor Exam Guide: Airway, Respiration and Ventilation

American Heart Association (AHA) BLS Provider Manual (2020)

National EMS Education Standards (2011) - Airway Management Section

NEW QUESTION: 46

A 10-year-old patient is in hypovolemic shock. Which of the following signs would be early indicators of shock for this patient? Select the three correct options.

A. SpO#

B. Heart rate

C. Blood glucose level

D. Blood pressure
E. Capillary refill
F. Respiratory rate
Answer: (SHOW ANSWER)
Comprehensive and Detailed Explanation From Exact Extract:
Children compensate for shock through increased heart rate, respiratory rate, and vasoconstriction, which delays blood pressure drop. Therefore:
* Tachycardia is often the first sign
* Prolonged capillary refill (>2 seconds) is an early indicator
* Tachypnea supports perfusion
Blood pressure is a late sign in pediatric shock. SpO# is helpful but does not specifically indicate shock.
Blood glucose may be abnormal in other metabolic conditions but is not an early marker of volume loss.
References:
NREMT Pediatric Assessment Flowchart
PALS Guidelines - Recognition of Shock in Children
AAOS Emergency Care and Transportation (11th ed.), Chapter: Pediatric Shock

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