

## NREMT.EMT.v2026-02-12.q31

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### NEW QUESTION: 1

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<sub>2</sub>
- 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<sub>2</sub> 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: 2

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: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

Compared to adults, pediatric patients have:

- \* A proportionately larger tongue, which increases the risk of airway obstruction
- \* A larger occiput, which causes natural neck flexion when lying supine, potentially occluding the airway. This anatomical difference is why EMS providers often use a shoulder roll instead of a head tilt to maintain a neutral airway in 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: 3**

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: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

Agonal respirations are not effective breathing and can mimic gasping or snorting. They often occur in cardiac arrest. However, before initiating chest compressions, the EMT must confirm pulselessness by checking a carotid 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: 4**

A 44-year-old patient with diabetes feels weak and dizzy. The EMT provides oral glucose and transports the patient to the hospital, where the patient recovers. The EMT tells their partner they did not provide the patient with a blanket because they felt the patient was wasting their time.

What best describes the action the EMT took?

- A. Breach of duty
- B. Breach of ethics

C. Negligence

D. Battery

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

Negligence occurs when an EMT:

- \* Has a duty to act
- \* Breaches that duty (e.g., by withholding basic care like warmth)
- \* Causes harm or risk of harm
- \* Establishes causation

The EMT's failure to treat the patient with respect and dignity - even if the patient improved - still constitutes negligence, especially if tied to a discriminatory or dismissive attitude.

References:

NREMT Ethics & Legal Guidelines - Duty and Negligence

National EMS Education Standards - Professional Conduct

Brady Emergency Care (13th ed.), Chapter: Legal and Ethical Responsibilities

### **NEW QUESTION: 5**

A 19-year-old patient has received multiple stab wounds. The patient is unresponsive. The vital signs are BP

82/60, P 116, R 28, and SpO<sub>2</sub> 86%. Which substance would the EMT expect to increase in the patient's body?

- A. Sodium bicarbonate
- B. Carbon dioxide
- C. Lactic acid
- D. Water

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

The patient is in hypoperfusion (shock) from blood loss. In shock states, tissues are deprived of oxygen, leading to anaerobic metabolism, which produces lactic acid as a byproduct. This causes metabolic acidosis, which is a critical sign of systemic oxygen debt.

Carbon dioxide rises with respiratory failure, but lactic acid is a more specific indicator of cellular hypoxia.

References:

NREMT Medical Emergencies: Shock

Brady Emergency Care, Chapter: Shock and Resuscitation

Advanced EMT Curriculum - Pathophysiology of Shock

### **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 SpO<sub>2</sub> 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: (SHOW ANSWER)**

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 & Ventilation

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

National EMS Education Standards (2011) - Airway Management Section

### **NEW QUESTION: 7**

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 status reflects perfusion and oxygen delivery to the brain, which is highly sensitive to hypoxia and hypercapnia. Even if respiratory rate and SpO<sub>2</sub> 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: 8**

A 21-year-old patient has difficulty swallowing. The patient is leaning forward and drooling. The skin is hot to the touch. The vital signs are BP 128/82 mmHg, P 116/min, R 22/min, and SpO<sub>2</sub> 94% on room air. What should the EMT do for this patient? Select the two correct options.

- A. Transport the patient in the recovery position
- B. Transport the patient in a position of comfort
- C. Administer humidified oxygen
- D. Place the patient on CPAP
- E. Suction the airway

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

This patient is showing signs of epiglottitis or a serious upper airway obstruction- drooling, difficulty swallowing, fever, and tripod positioning.

EMT actions should include:

- \* Position of comfort to avoid airway agitation
- \* Gentle suctioning if secretions threaten airway

Do not force the patient to lie flat, as this may worsen airway compromise. CPAP and humidified oxygen may be considered in hospital care but not as first-line interventions during prehospital airway management in epiglottitis.

References:

NREMT Airway Management Guidelines - Upper Airway Obstruction

National EMS Education Standards - Respiratory Emergencies

AAOS Emergency Care and Transportation (11th ed.) - Chapter on Airway and Breathing Emergencies

### **NEW QUESTION: 9**

You have consulted with on-line medical direction to terminate resuscitation of a 74-year-old female.

How should you inform her family of this decision?

- A. "She has died."
- B. "She has passed."
- C. "She didn't make it."
- D. "She is at peace."

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

EMS professionals are expected to use empathetic yet clear language when communicating a death. The phrase "She has passed" is both respectful and commonly accepted as an appropriate way to convey death compassionately without being overly clinical or harsh.

"Died" may sound too blunt in an emotional moment, while "didn't make it" and "at peace" can feel vague or dismissive. Clear, empathetic communication is critical for patient dignity and family support during death notifications.

References:

National EMS Education Standards - Ethics, Communication, and Patient Advocacy NAEMT

Guidelines for Death Notification in the Field Brady Emergency Care (13th ed.), Chapter: Special Situations and Emotional Support

### NEW QUESTION: 10

A 67-year-old patient is sitting in the tripod position. What general impression should the EMT most strongly suspect from this patient's position?

- A. The patient is in cardiac arrest
- B. The patient is having a seizure
- C. The patient has abdominal pain
- D. The patient has trouble breathing

**Answer: D (LEAVE A REPLY)**

Comprehensive and Detailed Explanation From Exact Extract:

The tripod position- sitting upright, leaning forward, supporting the upper body with arms on knees - is a classic sign of respiratory distress. This position:

- \* Maximizes diaphragmatic movement
- \* Engages accessory muscles of respiration
- \* Improves air exchange in patients with obstructive airway diseases (e.g., COPD, asthma) It is rarely used by patients with abdominal pain or seizures and is not associated with cardiac arrest (where unconsciousness is expected).

References:

NREMT Medical Assessment Flowchart - General Impression

AAOS EMT Textbook (11th ed.), Chapter: Respiratory Emergencies

AHA BLS: Identifying Signs of Respiratory Distress

### NEW QUESTION: 11

A 67-year-old patient reports crushing chest pressure. The vital signs are BP 156/98, P 64, R 14, and SpO<sub>2</sub> 94%. What treatments should the EMT provide first? Select the two correct options.

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

**Answer: A,C (LEAVE A REPLY)**

Comprehensive and Detailed Explanation From Exact Extract:

The patient's symptoms are consistent with acute coronary syndrome (ACS). The first-line treatments are:

- \* Aspirin (160-325 mg): inhibits platelet aggregation, reducing clot progression.
- \* Oxygen: administered when SpO<sub>2</sub> <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

**NEW QUESTION: 12**

A 31-year-old patient has an open femur fracture and an unstable pelvis after falling 15 feet. They are conscious and responsive to verbal stimuli. The vital signs are BP 86/42, P 136, R 24, and SpO<sub>2</sub> 92% on room air. The patient has which of the following types of shock? Select the two correct options.

- A. Distributive
- B. Obstructive
- C. Hypovolemic
- D. Compensated
- E. Decompensated

**Answer: ([SHOW ANSWER](#))**

Comprehensive and Detailed Explanation From Exact Extract:

This is a classic presentation of hypovolemic shock due to traumatic blood loss (open femur fracture, pelvic instability). Indicators include:

- \* Low BP (86/42) = hypotension
- \* High pulse (P 136) = compensation
- \* Mental status decline (responsive only to voice) = indicates decompensated shock. Obstructive and distributive shock are not applicable. Compensated shock would show normal BP and alert mental status.

References:

NREMT Shock Management and Trauma Guidelines

National EMS Education Standards - Hemorrhagic and Non-Hemorrhagic Shock AAOS EMT Textbook - Chapter: Types of Shock

**NEW QUESTION: 13**

While responding to an emergency, a car is tailgating the ambulance. Which of the following actions should the EMT take?

- A. Pull over
- B. Speed up
- C. Slow down
- D. Tap the brakes

**Answer: ([SHOW ANSWER](#))**

Comprehensive and Detailed Explanation From Exact Extract:

In situations where a vehicle is tailgating an emergency unit, tapping the brakes briefly is a standard defensive driving maneuver to alert the driver behind to increase distance. It is less risky than slowing dramatically or pulling over, which could endanger crew or delay response.

Speeding up could reduce your reaction window or increase accident risk. EMS operators must follow safe driving practices per NFPA 1002 and DOT Emergency Vehicle Operation Guidelines.

References:

NREMT Operations Section - Driving and Scene Safety

NFPA 1002: Standard for Fire Apparatus Driver/Operator Professional Qualifications

U.S. DOT: Emergency Vehicle Operator Course (EVOC)

**NEW QUESTION: 14**

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: B,C,E (LEAVE A REPLY)**

Comprehensive and Detailed Explanation From Exact Extract:

Perfusion refers 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 to COPD physiology, not perfusion. High alveolar pressure (like from CPAP) may impede venous return, and a low ventilation-perfusion ratio means 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: 15**

Which of the following elements proves tort negligence in a court of law?

- A. Abandonment
- B. Causation
- C. False imprisonment
- D. Assault and battery

**Answer: (SHOW ANSWER)**

**NEW QUESTION: 16**

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: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

In patients with acute abdominal pain, you must first inspect (visualize) for distension, discoloration, or masses before touching. Palpation always begins away from the most painful area. The patient should be in a supine position with knees flexed to relax the abdominal muscles and ease the exam.

Palpating a pulsating mass could 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

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#### **NEW QUESTION: 17**

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

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

**Answer: (SHOW ANSWER)**

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: 18**

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: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

The START (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: 19**

A patient is having an asthmatic attack. The EMT receives orders from medical control to assist with the patient's inhaler. What are the expected side effects of this medication? Select the three correct options.

- A. Coughing
- B. Confusion
- C. Drowsiness
- D. Tachycardia
- E. Hypotension
- F. Nervousness

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

Albuterol, a common beta-2 adrenergic agonist used in inhalers, stimulates bronchial smooth muscle relaxation. However, stimulation of beta receptors can also produce systemic effects such as:

- \* Tachycardia (due to beta-1 cross-reactivity)
- \* Nervousness (from central stimulation)
- \* Coughing (a local airway response)

Confusion and drowsiness are not typical side effects of beta-agonists. Hypotension is rare unless severe overdose occurs.

References:

NREMT Scope of Practice Model - Medication Administration

American Heart Association BLS and ACLS Drug List

"Emergency Care and Transportation of the Sick and Injured" (AAOS, 11th ed.), Chapter on Respiratory Emergencies

### NEW QUESTION: 20

A 26-year-old patient has an altered mental status. Family advises that the patient has diabetes. The patient's skin is pale, cool, and clammy. What, if anything, can the EMT infer about the patient's glucose level based on the patient's presentation?

- A. The patient's blood sugar is most likely high.
- B. The patient's blood sugar is most likely low.
- C. The patient's blood sugar is most likely normal.
- D. The patient's blood sugar cannot be inferred.

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

Altered mental status, combined with pale, cool, and clammy skin, is strongly suggestive of hypoglycemia (low blood sugar). Hypoglycemia is especially dangerous in diabetics who take insulin or oral hypoglycemics.

The body's adrenergic response causes the "cool and clammy" presentation.

Hyperglycemia typically presents with warm, dry skin and develops more slowly. EMTs should administer oral glucose if the patient can swallow.

References:

NREMT Medical Guidelines - Endocrine Emergencies

AAOS EMT Textbook (11th ed.), Chapter: Endocrine and Metabolic Emergencies National EMS Education Standards - Diabetic Emergencies

### NEW QUESTION: 21

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 A virus is transmitted exclusively 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 is not 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: 22**

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: (SHOW ANSWER)**

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 & Resuscitation Module

Pediatric Advanced Life Support (PALS) Guidelines

**NEW QUESTION: 23**

A 58-year-old patient reports chest pain and difficulty breathing after missing their last three hemodialysis treatments. Which of the following signs and symptoms should the EMT suspect to find?

- A. Fever
- B. Crackles
- C. Bradycardia

**D. Hypotension**

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

Missing dialysis leads to fluid overload, causing:

- \* Pulmonary edema, evident by crackles on auscultation
- \* Dyspnea and chest discomfort

Bradycardia is less likely; patients more often present with tachycardia due to volume stress. Fever would suggest infection (not stated here), and hypotension can occur later, but hypertension is more common in early fluid overload.

References:

NREMT Medical Emergencies - Renal and Dialysis Patients

National Kidney Foundation Guidelines - Missed Dialysis and Pulmonary Symptoms AAOS EMT Textbook - Urologic and Fluid Volume Imbalance

**NEW QUESTION: 24**

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

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

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

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

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

References:

NREMT Guidelines on EMS Operations

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

National EMS Education Standards - Ethics, Documentation, and Privacy

**NEW QUESTION: 25**

A 32-year-old female has a history of dysmenorrhea, abdominopelvic pain, and pain when having a bowel movement. She has not been sexually active in 8 months. Her symptoms are most likely caused by

- A. Spontaneous abortion
- B. Endometrial tissue growing outside the uterus
- C. Premature menopause

**D.** An infection that is either bacteria or a virus

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

These symptoms are classic for endometriosis, where endometrial tissue grows outside the uterus.

Symptoms often include:

- \* Pelvic pain
- \* Painful menstruation (dysmenorrhea)
- \* Painful bowel movements or intercourse

Spontaneous abortion does not apply here due to lack of pregnancy. Premature menopause is rare at this age and presents differently. Infection is less likely in the absence of recent sexual activity or fever.

References:

NREMT Medical - Gynecologic Emergencies

ACOG Guidelines on Endometriosis

National EMS Education Standards - OB/GYN Emergencies

### **NEW QUESTION: 26**

A patient has facial drooping, left side paralysis, and slurred speech. The vital signs are BP 160/100, P

100, R 20, and SpO<sub>2</sub> 96% on room air. Which of the following interventions is appropriate for this patient?

- A.** Administer oxygen at 12 LPM
- B.** Protect the left arm during transport
- C.** Place the patient in a supine position
- D.** Avoid asking the patient questions due to dysphasia

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

The patient's symptoms are consistent with a stroke (CVA). Proper prehospital care focuses on maintaining airway, breathing, circulation, and protecting the affected limbs. Positioning the patient with head elevated (not supine) reduces intracranial pressure and aspiration risk.

Protecting the paralyzed side (e.g., left arm) from injury during transport is critical. EMS should still communicate with the patient - even if speech is impaired - and perform a stroke assessment using tools like Cincinnati Prehospital Stroke Scale (CPSS) or FAST.

References:

NREMT Medical Emergencies: Neurological Conditions

AHA Stroke Guidelines - Prehospital Management

National EMS Education Standards - Stroke Assessment Protocols

### **NEW QUESTION: 27**

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

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

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

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

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

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

References:

NREMT Cardiology Guidelines - Post-Resuscitation Care

American Heart Association BLS/ACLS Algorithms - ROSC Protocol

EMS Education Standards - Transport Positioning

### **NEW QUESTION: 28**

A 27-year-old patient reports trouble breathing after being struck by a car. Which of the following findings are indicative of a possible chest wall injury? Select the three answer options that are correct.

- A. Clavicle deformity
- B. Occipital depression
- C. Unequal rise and fall
- D. Epigastric distension
- E. Jugular vein distention
- F. Subcutaneous emphysema

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

Clavicle deformity suggests potential rib or thoracic trauma. Unequal chest rise may indicate a flail segment, pneumothorax, or hemothorax. Subcutaneous emphysema, the presence of air under the skin, is a classic finding in pneumothorax or tracheobronchial injury.

Occipital depression is not chest related; epigastric distension is a GI symptom; and jugular vein distention would suggest tension pneumothorax or cardiac tamponade, which are more advanced complications.

References:

NREMT Trauma Assessment Guidelines

National EMS Education Standards - Chest Injuries

AAOS Emergency Care and Transportation (11th ed.), Chapter: Chest and Abdominal Trauma

**NEW QUESTION: 29**

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

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

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

CPAP works 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 is used to treat, not cause, pulmonary edema. It does not induce bronchospasm or 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: 30**

A 78-year-old female tripped and fell while walking. Her left leg is rotated externally and shorter than her right leg. You should suspect

- A. Posterior hip dislocation
- B. Pelvic fracture
- C. Proximal femur fracture
- D. Colles' fracture

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

An externally rotated, shortened leg is a classic sign of a proximal femur fracture, specifically a femoral neck or intertrochanteric fracture, commonly seen in elderly fall patients. This presentation reflects muscle pull and fracture displacement.

- \* Posterior hip dislocation causes internal rotation.
- \* Pelvic fractures may cause instability but not specific leg rotation/shortening.
- \* Colles' fracture is a distal radius (wrist) injury, unrelated to leg trauma.

References:

NREMT Trauma Module - Musculoskeletal Injuries

National EMS Education Standards - Geriatric Trauma

AAOS Emergency Care (11th ed.), Chapter: Orthopedic Injuries

**NEW QUESTION: 31**

Reassessment of a patient begins with repeating the

- A. Vital signs
- B. Primary survey
- C. Secondary assessment
- D. Scene size-up

**Answer: (SHOW ANSWER)**

Comprehensive and Detailed Explanation From Exact Extract:

The reassessment phase in the EMT patient assessment model starts with repeating the primary 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's life-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

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