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Question: 1

Which of the following actions should be performed when securing a patient to a long backboard?

- A. Assess the patient's pulse, motor function, and sensation in each extremity after securing them
- B. Secure the head first
- C. Secure the legs last
- D. Secure the torso tightly

Answer: A

Explanation:

A long backboard can provide spinal motion restriction for a patient who may have a spinal injury. Assessments of their pulse, motor function, and sensation are completed prior to and after securing a patient to a long backboard.

Secure the patient's body and legs, then the head last. Do not secure the torso too tightly, as this can impair breathing.

Question: 2

A full-term pregnant female is delivering her baby. What may be required to deliver the lower (second) shoulder?

- A. Guide the head up slightly
- B. Apply gentle downward traction to the head
- C. Apply resistance to the head
- D. Massage the uterus

Answer: A

Explanation:

After the baby's head is delivered, it will rotate to one side on its own. At the next contraction, the upper shoulder should be visible. Guide the head down slightly by applying gentle downward traction to help the upper shoulder deliver. Support the head and upper body as the shoulders deliver. Upward guidance of the head may be required to help deliver the lower shoulder.

Massage of the uterus in a firm, circular, kneading motion can help slow bleeding after the delivery of the placenta. It would not aid in delivery. Do not apply resistance to the baby's head or attempt to slow the delivery in any way.

Question: 3

Which of the following options best explains the process of inhalation?

- A. The diaphragm contracts while the intercostal muscles relax, decreasing the size of the lungs and pushing air into the bloodstream.
- B. The diaphragm and intercostal muscles relax, increasing the size of the thoracic cavity and pulling air into the lungs.
- C. The diaphragm and intercostal muscles contract, increasing the size of the thoracic cavity and creating a negative pressure, which pulls air into the lungs.
- D. The diaphragm and intercostal muscles contract, decreasing the size of the thoracic cavity and pulling air into the lungs.

Answer: C

Explanation:

Inhalation is an active process. When the diaphragm and intercostal muscles contract, the size of the thoracic cavity increases, creating a negative-pressure space (i.e., lower than atmospheric pressure). Exhalation is a passive process. When the diaphragm and intercostal muscles relax, the size of the thoracic cavity decreases, which pushes air out of the lungs.

Question: 4

Using the START (simple triage and rapid transport) triage criteria, which of the following patients would be categorized as immediate or red?

Select the 2 answer options which are correct.

- A. The patient follows commands, has a respiratory rate of 36, and a capillary refill of 3 seconds
- B. The patient is unresponsive, is apneic, and has no pulse
- C. The patient follows commands, has a respiratory rate of 26, and a capillary refill of < 2 seconds
- D. The patient is confused and lethargic with a respiratory rate of 20 and a capillary refill of < 2 seconds

Answer: A,D

Explanation:

The first component of START triage is to gather patients who can walk to a collection area on their own. They are categorized as minor (green). Those who are unable to walk but have normal respirations (breathing between 10 and 30 breaths per minute), show no signs of circulatory compromise (capillary refill below 2 seconds or pulse below 100), and can follow simple commands are categorized as delayed (yellow).

If any patient falls outside these parameters, they are tagged as immediate (red). Patients who have no pulse, are not breathing, and are unresponsive are tagged as unsalvageable/deceased (black).

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

An adult male has sustained a severe facial injury. Which of the following is not a likely cause of an airway obstruction?

- A. Swelling
- B. Loosened teeth
- C. Cervical spinal injury
- D. Bleeding

Answer: C

Explanation:

Airway obstruction can occur secondary to facial injuries to the face and neck. Clots that are subsequent to severe bleeding, loosened teeth or dentures that become dislodged, and swelling that accompanies an injury can contribute to or cause airway obstruction. Suctioning can be performed for bleeding; however, foreign bodies may require abdominal thrusts, and swelling may require intubation.

A cervical spinal injury may affect respirations but will rarely cause an airway obstruction.

Question: 7

Which of the following are leads placed on a patient's limbs to acquire a 12-lead ECG?
Select the 2 answer options which are correct.

- A. LA
- B. RL
- C. V6

D. V3

Answer: A,B

Explanation:

A 12-lead ECG is obtained by placing 10 electrodes on the patient: 4 electrodes are placed on the limbs, and 6 are placed on the chest. Electrodes LL (left leg), LA (left arm), RL (right leg), and RA (right arm) are placed on the limbs, and electrodes V1 through V6 are placed on the chest.

Question: 8

An apneic patient is receiving assisted ventilation. Which of the following is the best way to determine an adequate tidal volume?

- A. Assess the time it takes to deliver the breath
- B. Assess pulse oximetry
- C. Assess the patient's chest for adequate chest rise and fall
- D. Assess end-tidal readings

Answer: C

Explanation:

The appropriate tidal volume should be enough to cause a noticeable rise of the patient's chest (approximately 600 mL or 6-7 mL/kg) over one second for an adult.

Assisted ventilation is appropriate for a patient in respiratory distress or failure.

End-tidal, delivery time, and pulse oximetry results may be affected by respiratory distress/failure and subsequent hypoxia, but they are not good indications of whether the tidal volume is adequate.

Question: 9

A 22-year-old female fell from a two-story apartment window onto concrete. She is conscious, appears alert, and denies any loss of consciousness, but she does complain of cervical spine pain. Which of the following findings is expected?

- A. Dyspnea
- B. Unequal pupils
- C. Urticaria
- D. Abnormal capillary refill time

Answer: B

Explanation:

Head and spinal injuries should be suspected in patients with a significant mechanism of injury, such as motor vehicle crashes, falls of greater than 20 feet for adults and 10 feet for children, blunt trauma, rapid deceleration injuries, hangings, axial loading injuries, diving accidents, and penetrating trauma to the head, neck, back, or torso.

Head and spinal injuries can create an altered level of consciousness, seizures, nausea, vomiting, decreased movement and/or numbness and tingling in the extremities, decreased motor function, unequal pupillary reaction to light, and blood or cerebrospinal fluid leaking from the ears, nose or mouth.

Dyspnea, abnormal capillary refill time, and urticaria (hives) are not typically seen as a result of head or spinal cord injuries.

Question: 10

How far should a rigid tip suction catheter be inserted into the mouth?

- A. Never past the third molar
- B. To the pre-measured depth
- C. Until resistance is met
- D. Until it reaches the vocal cords, as long as a gag reflex is not present

Answer: B

Explanation:

An EMT should make sure that the catheter only goes as far as the pre-measured depth. (Measure from the corner of the mouth to the angle of the jaw.) The catheter should never go farther than the base of the tongue; suction only the mouth and oropharynx.

An EMT should make sure that the catheter never goes farther than the base of the tongue; this is well past the last (third) molar. If a suction catheter tip reaches the epiglottis or vocal cords, it has been inserted too far.

Question: 11

Which of the following criteria should be met prior to terminating resuscitative efforts on an adult cardiac arrest patient in a pre-hospital setting?

Select the three answer options which are correct.

- No AED or shock delivered
- Advanced airway placement
- Consult with Medical Director
- IV established
- No ROSC
- Arrest not witnessed by EMS

Answer: A,E,F

Explanation:

All of the following criteria should be met before terminating BLS (Basic Life Support) resuscitative efforts of an adult cardiac arrest patient in a pre-hospital setting:

- arrest not witnessed by EMS (Emergency Medical Services)
- no ROSC (Return of Spontaneous Circulation)
- no AED or shocks
- reliable criteria indicating irreversible death

An advanced airway is recommended, but not required, before calling for the termination of efforts. In most systems, contacting medical command or online medical control is required for termination of efforts, but you would not need to consult with the medical director.

Question: 12

For which of the following patients is an emergency move appropriate?

- A. A pulseless 54-year-old male slumped over a table
- B. An unresponsive 45-year-old female supine on the ground
- C. A semiconscious 64-year-old female lying face-up in bed, exhibiting early signs of shock
- D. A conscious 36-year-old female showing signs of inadequate breathing

Answer: A

Explanation:

An emergency move should be performed if there is a risk of serious harm or death (e.g., fire, explosives, hazardous materials), an inability to gain access to other patients who need lifesaving care, or life-threatening conditions that cannot be assessed and/or treated. A patient who is pulseless and not in a position in which CPR can be initiated would require an emergency move.

A patient who is supine on the ground or on a flat surface can be assessed and treated adequately. A non-trauma, conscious patient may be able to move on their own; this should be attempted prior to an emergency move if the patient is unable to be assessed or treated.

Question: 13

Which of the following is the definition of tachypnea?

- A. Rapid breathing
- B. No breathing
- C. Slow breathing
- D. Rapid heart rate

Answer: A

Explanation:

Tachypnea is the condition of rapid breathing.

Bradypnea is slower-than-normal breathing.

Apnea is the absence of breathing.

Tachycardia is defined as a rapid heart rate.

Question: 14

Which of the following is not considered part of acute coronary syndrome?

- A. Unstable angina pectoris
- B. Atherosclerosis
- C. Stable angina pectoris
- D. Acute myocardial infarction

Answer: B

Explanation:

Atherosclerosis is the buildup of plaque, formed by cholesterol, within the walls of blood vessels, obstructing flow and interfering with their ability to dilate or contract. This obstruction can form a complete occlusion, leading to acute coronary syndrome (ACS) or acute myocardial infarction.

ACS is a group of symptoms caused by myocardial ischemia; the most notable symptom is chest pain that is described as pressure or heaviness. Acute coronary syndrome can occur as stable angina pectoris (cardiac chest pain alleviated by rest), unstable angina pectoris (cardiac chest pain not alleviated by rest), or acute myocardial infarction (AMI; death of myocardial tissue).

Not all patients have chest pain during ACS. Additional signs and symptoms of ACS/AMI may include weakness, dyspnea, nausea/vomiting, lower jaw/arm/back/abdominal/neck pain, sweating without an obvious cause, pink frothy sputum (indicating possible pulmonary edema), an irregular cardiac rhythm, syncope, and sudden death. Any patient complaining of non-traumatic chest pain should be assumed to have an AMI until a physician determines otherwise.

Question: 15

When is it appropriate to disturb a crime scene?

- A. When absolutely necessary while caring for a patient
- B. Never
- C. When gathering evidence
- D. When medical direction advises

Answer: A

Explanation:

A crime scene is often controlled by law enforcement. The safety of EMS personnel should be the primary concern. Law enforcement will advise when the scene is safe to enter, but they may not have finished gathering evidence. Do not disturb a crime scene or evidence unless it is absolutely necessary while caring for a patient.

EMS is not responsible for gathering evidence and should not interfere with law enforcement investigations.

Medical direction will not have adequate information regarding the safety of a scene or what is considered evidence. Maintain contact with law enforcement regarding this matter.

Question: 16

What is done first in a primary assessment?

- A. Assess the circulation and identify and treat life-threatening issues
- B. Assess the airway and identify and treat life-threatening issues
- C. Assess the level of consciousness
- D. Assess the breathing and identify and treat life-threatening issues

Answer: C

Explanation:

After completing a scene size-up, the primary assessment is initiated. First, EMS providers should form a general impression of the patient. Next, assess the level of consciousness. According to the AVPU scale, a patient is considered awake and alert if their eyes open spontaneously and they are responsive to the environment. A patient is considered responsive to verbal stimuli if (a) their eyes do not open spontaneously but open in response to speech or (b) the patient is able to respond in some meaningful way.

A patient is responsive to pain if they do not respond to questions but move or cry out in response to painful stimuli. Appropriate painful stimuli include gently but firmly pinching the earlobe, pressing on the bone above the eye, or gently but firmly pinching the muscles of the neck. If none of the above elicits a response, the patient is considered unresponsive. After the level of consciousness is assessed, the patient's airway, breathing, and circulation are assessed, and life-threatening problems are treated.

Question: 17

An unresponsive 63-year-old male with a history of cardiac disease does not have a palpable pulse. CPR is initiated. What is the most appropriate next step?

- A. Administer oxygen
- B. Request medical direction
- C. Attach an automated external defibrillator
- D. Call for ALS backup

Answer: C

Explanation:

After CPR is initiated on a pulseless patient, an automated external defibrillator (AED) should be obtained and attached. Rapid defibrillation is a key component of survival; therefore, waiting for ALS or to apply oxygen is inappropriate in this scenario.

While a local protocol may indicate the need for medical direction prior to defibrillation, it is inappropriate to wait to attach an AED to an unresponsive, pulseless patient.

Question: 18

If a competent adult patient refuses EMS care and/or transport to the hospital, which of the following is appropriate?

- A. If you did not provide any treatment at the scene, no refusal form is necessary
- B. Discuss the risks, benefits, and alternatives to refusal of care/transport and document verbal confirmation from the patient
- C. Discuss the risks, benefits, and alternatives to refusal of care/transport and have the patient sign a written refusal
- D. If you do not provide any treatment or assessment at the scene, verbal confirmation is adequate for refusal

Answer: C

Explanation:

Verbal confirmation is not enough for adequate documentation of a refusal. Have a witness sign the refusal if the patient is unwilling or unable to sign.

An adult patient must be conscious, alert, and able to make decisions in order to refuse treatment/transport. Ensure the patient has all pertinent information (e.g., assessment, treatment options, consequences of refusal) before accepting a refusal of treatment. A parent or guardian may refuse treatment/transport for a child in non-emergent cases. Refusal of treatment/transport should be documented and signed by the patient; a witness to the signature, such as a family member or police officer, is appropriate. Always obtain information and discuss all aspects with the patient before leaving the scene.

A signed refusal is required if you have any patient contact, even if it is only an assessment of their mental status.

Question: 19

Which of the following oxygen-delivery devices and concentrations provided are listed accurately? Select the 3 answer options which are correct.

- A. Nasal cannula: 24-44%
- B. Non-rebreather mask: 90%
- C. Bag-valve mask with an oxygen reservoir: 80-100%
- D. Venturi mask: 100%

Answer: A,B,C

Explanation:

Oxygen concentrations vary based on the flow rate selected. The higher the flow rate is, the greater the O₂ concentration is delivered. Generally, a nasal cannula delivers 24-44% oxygen. A non-rebreather mask delivers up to 90% oxygen. A bag-valve mask with an oxygen reservoir can deliver nearly 100% oxygen.

A venturi mask can deliver 24%, 28%, 35%, or 40% oxygen, depending on the adapter used. There is not an adapter that will allow a venturi mask to deliver 100% oxygen

Question: 20

Which of the following are the signs/symptoms of cholinergic poisoning?
Select the three answer options which are correct.

- A. Diarrhea
- B. Severely dry mucous membranes
- C. Constipation
- D. Excessive tearing of the eyes
- E. Inability to urinate
- F. Drooling

Answer: A,D,F

Explanation:

Cholinergic agents are medications that overstimulate normal body functions controlled by the parasympathetic nervous system. These agents have been used for chemical warfare, and they also occur in organophosphate pesticides.

A patient who has been poisoned by a cholinergic agent will exhibit excessive salivation or drooling, mucous membrane oversecretion, excessive urination, excessive tearing of the eyes, uncontrolled diarrhea, and an abnormal heart rate.



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