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Test Prep NREMT

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Topic Break Down

Topic	No. of Questions
Topic 1, Airways and Breathing	42
Topic 2, Cardiology	45
Topic 3, Trauma	45
Topic 4, Medical	44
Topic 5, Operations	45
Total	221

QUESTION NO: 1

Anaphyltic shock is a form of distributive shock where the blood vessels _____?

- A. Militate
- B. Constrict
- C. Leak
- D. Semipermeable

ANSWER: A**Explanation:**

Due to the chemical release from the immune system bronchioles constrict and blood vessels to dilate dropping the blood pressure. Capillaries become permeable and leak a little causing hives to form on the skin. Distributive shock is difficult to recognize in the field, heart rate remains relatively low, skin is flushed due to the dilatation of the blood vessels.

QUESTION NO: 2

In order to assist intubation, a paramedic may utilize Sellick's maneuver. What cartilage are you compressing?

- A. Cricoid cartilage
- B. Aryepiglottic cartilage
- C. Thyroid cartilage
- D. Hyoid cartilage

ANSWER: A**Explanation:**

While all of these structures are in the same general area, the paramedic specifically utilizes the Cricoid cartilage. This is particularly important since this is the only "full ring" cartilage

QUESTION NO: 3

Your patient has an injury that consists of overstretched & torn ligaments. What type of injury does this patient have?

- A. Strain
- B. Sprain

- C. Fracture
- D. Dislocation

ANSWER: B

Explanation:

In a pre-hospital setting, you would treat all of the above injuries the same, but this particular injury is a sprain. Sprains occur to the ligaments, dislocations are in the joint, fractures are bone related, and strains are muscle injuries.

QUESTION NO: 4

To assess a patient with a stroke there are two major assessment tools the Cincinnati Stroke Scale and the Los Angeles Prehospital Stroke Screen. Which one of these two tools uses arm drift as a diagnostic tool?

- A. Neither
- B. Cincinnati Stroke Scale
- C. Los Angeles Prehospital Stroke Screen
- D. Both

ANSWER: B

Explanation:

The Cincinnati stroke scale uses arm drift as a diagnostic tool. Ask the patient to lift both arms up in front of them, close their eyes and watch for an arm to drift downward. If there is a drift downward on one arm then assess for a CVA on that side.

QUESTION NO: 5

In order to provide Oxygen Therapy at "100%" what should the flow rate be?

- A. 12-15 LPM
- B. 100 LPM
- C. 20-24 LPM
- D. 2-6 LPM

ANSWER: A

Explanation:

12-15 LPM administered via a NBR or Non Rebreather mask is considered "100% O2"

QUESTION NO: 6

Cardiac arrest in children is most often caused by:

- A. Chest trauma.
- B. Respiratory compromise.
- C. Hypovolemia.
- D. Irregular rhythm.

ANSWER: B**Explanation:**

The most common complication causing pediatric cardiac arrest is inadequate breathing or other respiratory compromise.

QUESTION NO: 7

Which of the following is the most effective method for administering ventilations to an apneic patient by health care providers?

- A. Two person bag-valve-mask.
- B. FROPVD
- C. One person bag-valve-mask.
- D. Mouth-to-mouth.

ANSWER: A**Explanation:**

The two person bag-valve-mask is the most effective method to administer ventilations with a BVM; however, it is not always practical for field application due to limited resources and limited space. The use of mouth to mask ventilations is also identified as a viable form of artificial ventilations, but the risk of cross contamination in mouth to mouth ventilations renders it less desirable to health care providers.

QUESTION NO: 8

Slow (3-4 per minute), irregular inspirations followed by irregular pauses, sometimes describes as gasping, labored breathing, accompanied by strange vocalizations are known as?

- A. Agonal Breaths
- B. Stridor
- C. Obstructed Airway

D. Wheezing

ANSWER: A

Explanation:

Agonal respirations are also commonly seen in cases of cardiac arrest, and may persist for several minutes after cessation of heartbeat.

QUESTION NO: 9

Which patient is showing signs and symptoms of cardiac compromise?

- A. 85-year-old man: difficulty breathing, high fever, rapid pulse
- B. 72-year-old woman: wheezing, labored breathing, tightness in throat
- C. 53-year-old woman: dull chest pain, sudden sweating, difficulty breathing
- D. 51-year-old man: headache, dizziness, gagging, chest pain

ANSWER: C

Explanation:

This woman shows classic signs of cardiac compromise: dull chest pain, sudden onset of sweating, and difficulty breathing.

QUESTION NO: 10

Your patient is a 34-year old male with a large laceration to the abdomen, and the abdominal organs are protruding from the wound. What is this type of injury called?

- A. Evisceration
- B. Avulsion
- C. Protrusion
- D. Contusion

ANSWER: A

Explanation:

An evisceration is the removal or protrusion of the internal organs.

QUESTION NO: 11

Which of the following vital signs would be most indicative of a patient who has entered the decompensated stage of shock?

- A. Heart rate of 110, respirations of 24, and a blood pressure of 128/90 mmHg
- B. Heart rate of 92, respirations of 18, and a blood pressure of 124/72 mmHg
- C. Heart rate 64, respirations of 8, and a blood pressure of 82/40 mmHg
- D. Heart rate of 128, respirations of 26, and a blood pressure of 82/62 mmHg

ANSWER: D**Explanation:**

Decompensated shock physiologically occurs as the precapillary sphincters that guard the peripheral capillary beds relax secondary to local blood chemistry changes due to shock. The opening of these sphincters allows blood to flow back into the stagnant capillary beds which decreases the available blood volume for core perfusion, and, results in a significant drop in systemic vascular resistance. Thus the clinical finding consistent with decompensated drop is a sudden decrease in blood pressure, tachypnea, and continued elevation of the heart rate.

QUESTION NO: 12

Which of the following substances is the most common cause of anaphylaxis?

- A. Bee stings
- B. Penicillin
- C. Aspirin
- D. Fungi and molds

ANSWER: B**Explanation:**

Penicillin and other antibiotics are the most common causal agents for anaphylaxis. Authorities estimate penicillin to produce an allergic or anaphylactic reaction 1 out of every 10,000 times it is used and cause an estimated 500 deaths per year. By contrast, bee stings are responsible for less than 100 deaths annually. Anaphylactic reactions to aspirin and fungi and molds are infrequent and therefore not common causal agents.

QUESTION NO: 13

When your patient does not speak English, it is best to:

- A. Avoid speaking to the patient, so you are not misunderstood.
- B. Write down everything you do, and have the patient sign it.

- C. Try to find a relative or bystander who can interpret.
- D. Refuse the call and request a bilingual EMT.

ANSWER: C

Explanation:

When your patient does not speak English, try to find an interpreter, and be especially careful to avoid misunderstandings. Try using sign language and gestures until an interpreter can be found.

QUESTION NO: 14

Your patient is a 32-year-old male who was complaining of a severe, crushing feeling in the center of his chest and shortness of breath that began while he was mowing his lawn 45 minutes prior to your arrival. He is now only responding to painful stimuli. Presently, his minute ventilation is still adequate, his pulse oximeter reads 95% on room air, and you find his skin to be pale, cool, and diaphoretic. What would be your initial action?

- A. 12- 15 liters oxygen by nonrebreather.
- B. 325 mg aspirin.
- C. 4-6 liters oxygen by nasal cannula.
- D. Sublingual nitroglycerin.

ANSWER: A

Explanation:

High flow oxygen would be indicated with extreme shortness of breath during the initial assessment, so long as ventilations are adequate. If the patient is breathing inadequately then positive pressure ventilation with oxygen should be immediately instituted.

QUESTION NO: 15

You are in charge of devising an ambulance deployment plan for the EMS system within your community. Your goal is to minimize response times while simultaneously using all of the EMS resources in an efficient and cost effective manner. As such, which of the following information would be most valuable in formulating a plan?

- A. Location of previous ambulance collisions
- B. Time and location of calls over last 5 years
- C. Average age of the population
- D. Socioeconomic status of neighborhoods

ANSWER: B**Explanation:**

Determining the time and location of calls over the past five years is critical, since analysis may reveal patterns to which the appropriate number of EMS resources can be matched. If an increase in the number of motor vehicle collisions is seen during morning rush hour, additional units can be deployed to strategic locations so that they can readily access future incidents. Socioeconomic status may be linked to call volume and time, but by itself is not the best criterion for location of resources. Location of previous ambulance collisions is important data, and should be used to minimize collisions, not locate ambulances. While the average age of the population provides a larger picture of the medical needs of the community, as a whole it is not the best factor in dictating the deployment of resources.