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Topic Break Down

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QUESTION NO: 1

Which of the following signs or symptoms of hypoglycemia are caused by increased epinephrine secretion? Select the three answer options that are correct.

A. Dizziness

B. Drowsiness

C. Diaphoresis

D. Tachycardia

E. Disorientation

F. Unresponsiveness

G. Tremors

ANSWER: C D G

Explanation:

During hypoglycemia, falling blood glucose activates counterregulatory hormones, including epinephrine. This adrenergic response produces recognizable autonomic warning signs that EMTs should identify promptly, particularly in alert patients who may still be able to safely receive oral glucose. **Diaphoresis** is a classic epinephrine-associated finding: patients may be cool, pale, and markedly sweaty. **Tachycardia** results from catecholamine stimulation of the cardiovascular system and may be accompanied by a subjective sensation of palpitations. **Tremors** are also a classic adrenergic manifestation of hypoglycemia, reflecting sympathetic activation and often presenting as shakiness or visible hand trembling. These signs can occur before more serious manifestations of inadequate glucose delivery to the brain and therefore support rapid assessment of blood glucose, when available, and treatment according to local EMS protocols. Clinical references commonly group sweating, tremor, palpitations, anxiety, and tachycardia as autonomic or neurogenic symptoms associated with epinephrine release during hypoglycemia. See StatPearls: Hypoglycemia and the American Diabetes Association guidance on hypoglycemia.

QUESTION NO: 2

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: A D F

Explanation:

“Coughing,” “Tachycardia,” and “Nervousness” are expected adverse effects when an EMT assists a patient with a prescribed rescue inhaler containing albuterol or another short-acting $beta_2$-agonist. These medications relax bronchial smooth muscle quickly, improving airflow during bronchospasm. Although their therapeutic effect is directed primarily at $beta_2$ receptors in the lungs, some systemic adrenergic stimulation can occur. This commonly produces a rapid pulse and a feeling of nervousness, jitteriness, or shakiness. EMTs should reassess the patient after administration, including work of breathing, breath sounds, oxygenation when available, pulse, and overall clinical response. Coughing can also occur after

inhalation because the medication and aerosol delivery may irritate the airway or provoke a transient local respiratory response. These effects should be anticipated, documented, and communicated during transfer of care, while the EMT remains alert for clinical deterioration or failure to improve. The FDA-approved albuterol inhaler labeling lists tachycardia, nervousness, and cough among reported adverse reactions; see DailyMed albuterol sulfate inhalation aerosol prescribing information. For EMS context, the National EMS Scope of Practice Model describes EMT medication assistance under appropriate authorization: National EMS Scope of Practice Model.

QUESTION NO: 3

When is it acceptable to take a patient directly from the hot zone without going through decontamination?

A. When the patient requires lifesaving interventions.

B. Never, no matter how sick the patient is they must be decontaminated.

C. Anytime the EMS commander deems it acceptable.

D. Only minor exposure patients only.

ANSWER: A

Explanation:

When the patient requires lifesaving interventions is correct because immediate threats to life, such as an obstructed airway, respiratory failure, or uncontrolled major hemorrhage, may require urgent rescue and treatment before standard decontamination can be completed. In hazardous-materials incidents, responder safety remains essential: personnel performing the rescue or providing care must use the appropriate level of personal protective equipment and follow incident-command direction. The patient should receive decontamination as soon as their immediate life threat is addressed and it can be done safely. This limited priority for lifesaving care recognizes that delaying critical interventions can be fatal, while still maintaining controls to prevent secondary contamination of responders, equipment, and treatment areas. The U.S. Department of Health and Human Services' CHEMM guidance notes that emergency medical treatment and stabilization should not be delayed when a patient has an immediate life-threatening condition, although protective measures and decontamination planning remain necessary. CDC guidance likewise emphasizes rapid removal from exposure and prompt decontamination to reduce ongoing contamination. See HHS CHEMM: Decontamination and CDC: Chemical Emergencies—Response.

QUESTION NO: 4

A 60-year-old patient has severe pain in the right hip after falling down four stairs. They have deformity and shortening of the right leg. The vital signs are BP 164/88, P 90, R 18, and SpO_2 96% on room air. What actions should the EMT take for this patient? Select the two answer options that are correct.

A. Apply oxygen via a non-rebreather mask.

B. Place on the cot and elevate the legs.

C. Apply mild traction to the right leg.

D. Splint with blankets and pillows.

E. Use a pelvic binder.

F. Maintain the leg in the position found and minimize movement during transport.

ANSWER: D F

Explanation:

"Splint with blankets and pillows." is appropriate because a patient with a suspected hip or proximal-femur fracture should have the injured area supported and movement minimized. Soft materials, such as folded blankets and pillows, can fill

spaces around the hip and leg, help maintain the position of comfort, and reduce painful motion during lifting and transport. The EMT should handle the patient gently, reassess distal circulation, sensation, and motor function when feasible, and transport for definitive evaluation and treatment.

“Maintain the leg in the position found and minimize movement during transport.” is also correct. Hip fractures commonly produce pain, external rotation, shortening, and deformity. Prehospital care focuses on preventing further displacement and limiting pain rather than attempting to realign the extremity. The patient’s normal oxygen saturation and stable respiratory status support ongoing monitoring and oxygen only if clinically indicated by local protocol or a change in condition. The National Association of EMTs emphasizes careful movement restriction and appropriate splinting in extremity trauma, while the Merck Manual describes immobilization and supportive care as initial management principles for hip fracture. See NAEMT EMS Safety resources and Merck Manual: Hip Fractures.

QUESTION NO: 5

A 5-year-old patient was stung by a bee and has urticaria and dyspnea. Wheezing is auscultated. What medication and dose should the EMT administer first?

A. Albuterol 0.5 mg

B. Albuterol 2.5 mg

C. Epinephrine 0.3 mg

D. Epinephrine 0.15 mg

ANSWER: D

Explanation:

Epinephrine 0.15 mg is the appropriate first medication for a young child with anaphylaxis after a bee sting. The combination of skin findings (urticaria) and respiratory compromise (dyspnea and wheezing) after exposure to a likely allergen meets clinical criteria for anaphylaxis. Intramuscular epinephrine rapidly treats the life-threatening components of the reaction by reducing airway mucosal swelling, promoting bronchodilation, supporting blood pressure, and limiting further mediator release. It should be given promptly into the anterolateral thigh; EMS care should also include airway assessment, high-concentration oxygen as indicated, reassessment, and rapid transport. For pediatric patients in the usual autoinjector weight range of approximately 15 to 30 kg, the 0.15 mg epinephrine autoinjector dose is recommended. A five-year-old will commonly fall within this range, although EMS clinicians should follow local protocols and use the patient’s documented weight when available. Early epinephrine is the key intervention in anaphylaxis, and treatment should not be delayed while waiting for symptoms to worsen. The American Academy of Pediatrics discusses prompt intramuscular epinephrine as first-line treatment in its clinical practice guideline. The CDC guidance on managing anaphylaxis likewise identifies epinephrine as the first-line treatment for anaphylaxis.

QUESTION NO: 6

Which of the following patient presentations at a mass casualty incident would indicate a red triage priority? Select the two answer options that are correct.

A. Pulselessness

B. Respiratory rate of 32

C. Decorticate posturing

D. Controlled major hemorrhage

E. Inability to flex the right knee

ANSWER: B C

Explanation:

“Respiratory rate of 32” is a red (immediate) priority under the START mass-casualty triage algorithm. After airway positioning has been considered for an apneic patient, START assesses breathing rate. A respiratory rate greater than 30 breaths per minute identifies significant physiologic distress and requires immediate prioritization for treatment and transport. A rate of 32 therefore meets the respiratory criterion for an immediate/red designation.

“Decorticate posturing” also supports a red priority because it is an abnormal motor response associated with severe neurologic dysfunction. In START, mental status is assessed by whether the patient can follow simple commands. Decorticate posturing indicates impaired brain function and an inability to demonstrate purposeful command-following, so the patient meets the altered-mental-status criterion for immediate intervention. These rapid assessments are intended to identify patients most likely to benefit from urgent care when resources are limited. The START framework uses respiratory status, perfusion, and mental status to assign this priority. See the U.S. HHS CHEMM START adult triage algorithm and the EMS.gov mass-casualty triage resource.

QUESTION NO: 7

A 9-year-old patient who was injured in an MCI is brought to the treatment area with a delayed triage tag. Which of the following signs or symptoms would the EMT expect to find? Select the three correct options.

A. Mottled skin

B. Ability to ambulate

C. Respiratory rate of 16

D. Follows simple commands

E. Palpable pulses being present

F. Breathing only after opening the airway

ANSWER: C D E

Explanation:

In JumpSTART pediatric mass-casualty triage, a child is categorized as delayed when the child has an adequate respiratory rate, adequate perfusion, and an appropriate neurologic response after the immediate life-threat assessments have been completed. A respiratory rate of 16 falls within the JumpSTART acceptable range of 15 to 45 breaths per minute. This indicates that the child’s respiratory status does not meet the respiratory threshold for immediate categorization. Palpable pulses being present indicates adequate peripheral perfusion in the JumpSTART sequence, so the child does not meet the perfusion criterion for immediate triage. Follows simple commands demonstrates an appropriate neurologic response for a 9-year-old and supports delayed classification after respirations and perfusion are adequate. Together, these findings describe a child who requires care and transport but can safely wait relative to patients with immediately life-threatening problems. JumpSTART is designed specifically for pediatric patients in an MCI and uses respiratory rate, pulse/perfusion, and mental status to rapidly prioritize treatment resources. See the HHS CHEMM JumpSTART pediatric triage guidance and the EMS.gov disaster and mass-casualty resources.

QUESTION NO: 8

You are called to the scene of a car versus tree accident. Upon arrival, you find the car to be engulfed in flames, with fire showing from underneath the hood and inside the passenger compartment. You can see that the operator of this vehicle is unconscious and slumped over the steering wheel.

Which of the following is your first priority?

A. Ensuring safety of any by-standers

B. Ensuring safety of the fire department

C. Effecting immediate rescue of the patient

D. Ensuring safety of you and your partner

ANSWER: D

Explanation:

Ensuring safety of you and your partner is the first priority because EMTs must perform a scene-size-up and identify hazards before entering or beginning patient care. A vehicle that is fully involved in fire, particularly with flames in both the engine compartment and passenger compartment, presents immediate risks of extreme heat, smoke inhalation, toxic combustion products, sudden fire spread, traffic exposure, and potential fuel-system or vehicle-component explosions. Entering this environment without appropriate fire suppression, protective equipment, and confirmation that the area is safe could rapidly create additional patients and prevent effective rescue.

In this situation, the EMT crew should remain at a safe location, establish or maintain appropriate scene control, request or confirm fire-department response, and wait until firefighters have mitigated the fire hazard and indicate that access is safe. Once the scene is secured, EMS can coordinate rescue and begin assessment and treatment as quickly as conditions permit. This approach follows the foundational EMS principle that provider safety comes before patient access: rescuers must not become casualties. The National Highway Traffic Safety Administration's EMS education guidance emphasizes scene safety as an essential component of the initial scene size-up, while the U.S. Fire Administration provides guidance on hazards at vehicle-fire incidents. See NHTSA EMT Instructional Guidelines and U.S. Fire Administration vehicle-fire resources.

QUESTION NO: 9

A 34-year-old patient has a possible midshaft fracture to their right femur. The EMT is considering what the best time to assess distal neurological function would be:

â€¢ Time 1: Before the splint has been applied

â€¢ Time 2: After the splint has been applied

At which of these times, if either, should the EMT assess distal neurological function?

A. Time 1 only

B. Time 2 only

C. Both times

D. Neither time

ANSWER: C

Explanation:

Both times is correct because distal neurovascular status must be evaluated before and after splinting a suspected femur fracture. Before the splint is applied, the EMT should assess and document distal circulation, sensation, and motor function in the injured extremity. This creates an essential baseline describing the patient's condition before any intervention. Assessment includes checking a distal pulse when accessible, evaluating skin color and temperature, asking about numbness or tingling, and assessing the patient's ability to move the distal extremity when appropriate.

After the splint is applied and secured, the EMT must repeat the distal assessment. Reassessment confirms that positioning, traction when indicated and within protocol, padding, and securing devices have not impaired perfusion or compressed a nerve. It also identifies any change requiring prompt adjustment of the splint and communication to the receiving facility. This pre- and post-intervention reassessment is part of ongoing trauma care and should be documented clearly. The National EMS Education Standards include assessment and management of musculoskeletal injuries within EMT trauma care, while standard first-aid guidance likewise emphasizes checking circulation after splinting. See the National EMS Education Standards EMT Instructional Guidelines and the American Red Cross guidance on splints.

QUESTION NO: 10

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_2 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

Explanation:

Blood pressure, **Respiratory rate**, and **Nausea and vomiting** identify circumstances in which CPAP should not be initiated by an EMT in this scenario. CPAP raises intrathoracic pressure, which can reduce venous return to the heart and lower cardiac output. With a blood pressure of 90/40 mm Hg, the patient is already hypotensive, so positive-pressure support could worsen perfusion and precipitate shock. CPAP also requires an alert patient with adequate spontaneous respiratory effort who can cooperate with the mask and maintain their airway. A respiratory rate of 10/min is abnormally slow in a patient with acute respiratory distress and is inadequate for safe reliance on noninvasive positive-pressure ventilation in typical EMT protocols. Finally, active nausea and recent vomiting create a major aspiration hazard because the tight-fitting CPAP mask may delay removal of emesis and the patient may not protect the airway. These findings take priority even though pulmonary edema, crackles, dyspnea, and low oxygen saturation would otherwise make CPAP potentially beneficial. See StatPearls: Continuous Positive Airway Pressure and StatPearls: Noninvasive Ventilation.

QUESTION NO: 11

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_2 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: C

Explanation:

Obstructive shock is the most likely cause of this presentation. A gurgling penetrating chest wound is consistent with an open pneumothorax, often called a sucking chest wound. Air may enter the pleural space through the wound and, if pressure accumulates, the injury can progress to a tension pneumothorax. In tension pneumothorax, increasing intrathoracic pressure compresses the affected lung and shifts or compresses mediastinal structures, including the great veins. This impairs venous return to the heart, reduces preload and cardiac output, and produces obstructive shock.

The patient’s profound hypotension, marked tachycardia, tachypnea, reduced oxygen saturation, and altered mental status are compatible with severely impaired oxygen delivery and circulation in this setting. For EMT care, this pattern requires immediate management of the open chest wound with an appropriate vented occlusive dressing when available, ongoing reassessment for worsening tension physiology, oxygenation and ventilatory support as indicated, and rapid transport. The American College of Surgeons describes tension pneumothorax as a life-threatening condition in which intrathoracic pressure compromises cardiopulmonary function. See the American College of Surgeons Advanced Trauma Life Support resources and the NCBI StatPearls review of tension pneumothorax.

QUESTION NO: 12

A 2-month-old patient is drowsy following generalized tonic-clonic activity. The baby has no medical history and feels warm to the touch. There is a petechial rash on the baby's trunk and extremities. The vital signs are BP 76/50 mmHg, P 120/min, R 24/min, and SpO_2 99% on room air. The temperature is 103.1°F (39.5°C). Is the patient more likely experiencing febrile seizure or meningitis, and why?

A. Febrile seizure, because the temperature is high.

B. Febrile seizure, because of the lack of medical history.

C. Meningitis, because the child is too young for simple febrile seizure.

D. Meningitis, because lethargy is associated with this type of infection.

ANSWER: C

Explanation:

Meningitis, because the child is too young for simple febrile seizure. A simple febrile seizure is typically defined as a seizure associated with fever in a neurologically healthy child from approximately 6 months through 5 years of age. At 2 months old, this infant is well outside that usual age range, so seizure activity with fever requires evaluation and treatment as a possible serious bacterial infection rather than being presumed to be a benign febrile seizure.

The clinical presentation further supports concern for meningitis with associated sepsis or meningococcal disease. A very high fever, postictal drowsiness or altered mental status, and a petechial rash are high-risk findings in a young infant. Petechiae can occur with invasive meningococcal infection, while hypotension may indicate impaired perfusion from evolving septic shock. In the prehospital setting, the EMT should prioritize airway and breathing assessment, oxygenation or ventilation as needed, circulation and perfusion support within scope and protocol, seizure precautions, prevention of heat loss, prompt recognition of possible sepsis, and rapid transport with early notification to the receiving facility. The Centers for Disease Control and Prevention notes that meningococcal disease can progress rapidly and may present with fever, altered mental status, and a petechial or purpuric rash. See the CDC overview of meningococcal disease and the AAFP review of febrile seizures.

QUESTION NO: 13

You come on the scene of a 2-year-old patient with her grandparents. The child has no pulse, is unresponsive, and does not have a history of heart problems. No CPR has been initiated.

Select the best option for the next steps.

A. Shake and shout.

B. Begin the CPR process and attach an AED.

C. Attach AED and use chest thrust in case of aspiration.

D. Attach AED and perform four back slaps.

ANSWER: B

Explanation:

“Begin the CPR process and attach an AED.” is the appropriate immediate response for a 2-year-old who is unresponsive and has no pulse. These findings indicate cardiac arrest, so high-quality pediatric CPR must begin without delay. For a child, rescuers provide chest compressions at a rate of 100–120 per minute, allowing full chest recoil and minimizing interruptions. If another person is present, that person should activate the emergency response system and obtain an AED while CPR is underway. In this scenario, the grandparents can be directed to call 911 and retrieve an AED if one is available.

An AED should be applied as soon as it arrives because early defibrillation is a critical part of the pediatric cardiac-arrest response. Pediatric pads or a pediatric dose attenuator should be used when available for children, but an AED should not be delayed if only standard adult pads are available. Follow the device prompts, ensure nobody is touching the child during

rhythm analysis or shock delivery, and immediately resume CPR after any analysis or shock. The American Heart Association's pediatric basic life support guidance emphasizes prompt CPR, rapid AED use, and coordinated activation of emergency care. See the American Heart Association CPR and ECC Guidelines and American Red Cross child and baby CPR guidance.

QUESTION NO: 14

Pulse pressure is considered as the _____.

A. The inverse of the blood pressure

B. Difference between the systolic and diastolic pressure

C. Half of the systolic pressure

D. The sum of the systolic and diastolic pressure

ANSWER: B

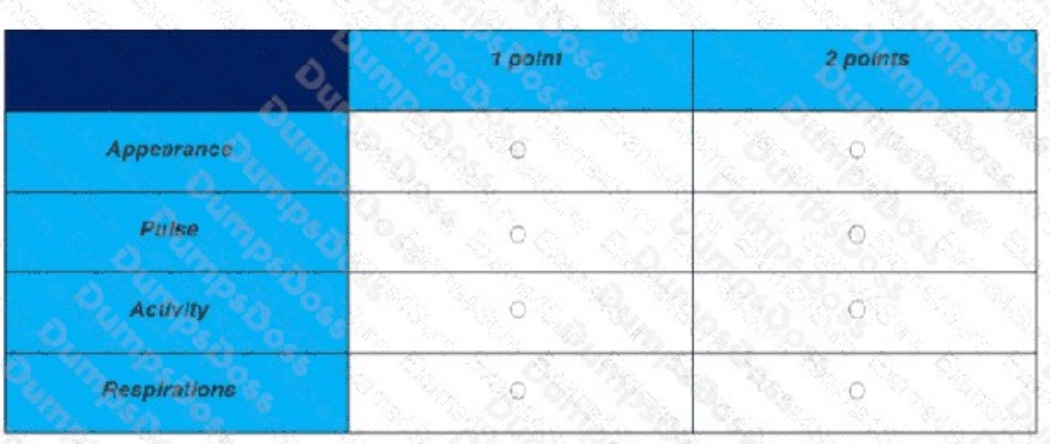
Explanation:

Pulse pressure is the difference between systolic and diastolic blood pressure. It is calculated by subtracting the diastolic value (the arterial pressure while the heart relaxes between beats) from the systolic value (the arterial pressure generated when the ventricles contract). For example, a blood pressure of 120/80 mm Hg has a pulse pressure of 40 mm Hg. In EMT assessment, this value can provide useful context about a patient's circulatory status when considered alongside the complete set of vital signs, clinical presentation, perfusion, and trends over time. A narrowing pulse pressure may occur when stroke volume is reduced, while a widened pulse pressure can be associated with several physiologic or pathologic states. Pulse pressure is distinct from mean arterial pressure, which is an estimate of average arterial pressure across the cardiac cycle and is calculated differently. The American Heart Association describes blood pressure using systolic and diastolic measurements, and standard cardiovascular references define pulse pressure as their numerical difference. See the American Heart Association's guide to understanding blood pressure readings and the NCBI StatPearls review of physiology and pulse pressure.

QUESTION NO: 15 - (SIMULATION)

An EMT has just assisted with the delivery of a newborn. At the five-minute mark, the neonate is completely pink with a pulse of 108/min. The neonate has some flexion of their extremities, but the breathing is still slow. How should the EMT score the following categories of the APGAR scale? Select the correct value for each sign.

Answer Area



ANSWER: See the explanation for the answer

Explanation:

Select the following APGAR values:

The APGAR total for the listed categories is **6** (the reflex-irritability category was not provided).

QUESTION NO: 16

What does the acronym HAPE mean?

A. high altitude pulmonary edema

B. high atmosphere physical exposure

C. high atmosphere pulmonary edema

D. high altitude pulmonary ecchymosis

ANSWER: A

Explanation:

High altitude pulmonary edema is correct. HAPE is a potentially life-threatening form of altitude illness in which fluid accumulates in the lungs after ascent to high elevation, most often when ascent is rapid and acclimatization is inadequate. The reduced oxygen availability at altitude can trigger increased pressure in the lung circulation, causing fluid to leak into air spaces and impair oxygen exchange. Common field findings include shortness of breath that is disproportionate to exertion, reduced exercise tolerance, cough, weakness, and—when severe—breathlessness at rest, cyanosis, or pink/frothy sputum. For EMT-level recognition, suspected HAPE is an emergency: minimize exertion, provide supplemental oxygen when available, keep the patient warm, and arrange prompt descent and advanced medical care. Descent is the key definitive intervention because it increases available oxygen pressure and helps reverse the altitude-related physiologic stress. HAPE can worsen quickly, so early identification and evacuation are important. The Centers for Disease Control and Prevention provides clinical travel guidance on high-altitude illness, including HAPE, at CDC: High-Altitude Travel and Altitude Illness. Additional evidence-based wilderness-medicine guidance is available from the Wilderness Medical Society.

QUESTION NO: 17

Your patient is a 16-year-old male, who fell approximately 15 feet. This call should be considered:

A. Not a traumatic emergency

B. A traumatic emergency, that requires airlifting the patient to the nearest level 1 trauma center

C. A significant mechanism of injury

D. Not a significant mechanism of injury

ANSWER: C

Explanation:

A fall of approximately 15 feet in a 16-year-old patient is a significant mechanism of injury. Falls from height can transfer substantial energy to the body and may produce serious injuries that are not immediately apparent during the initial assessment, including head, spinal, thoracic, abdominal, pelvic, and extremity trauma. The patient's age is also important: at 16 years old, he meets the age group addressed by adult fall-height criteria in national field-triage guidance. A fall greater than 10 feet is identified as a mechanism associated with increased risk for serious injury and should prompt a careful trauma evaluation, serial assessment, and consideration of trauma-system transport decisions based on the complete clinical picture.

Mechanism alone does not establish a specific injury or automatically dictate helicopter transport; however, it appropriately raises suspicion and helps the EMT recognize the need for thorough assessment and trauma-triage consideration. The CDC's national field triage guideline discusses falls greater than 10 feet as a relevant mechanism criterion for patients aged 15 years and older: CDC National Guideline for the Field Triage of Injured Patients. Additional trauma-triage resources are available from the American College of Surgeons.

QUESTION NO: 18

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_2 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

Explanation:

The combination of advanced age, severe progressive back pain, a palpable pulsating abdominal mass, and relatively low blood pressure is highly concerning for a symptomatic abdominal aortic aneurysm. This is a time-critical condition in which EMT care focuses on minimizing physiologic stress, supporting oxygenation, maintaining warmth, and arranging prompt transport to an appropriate emergency facility. “Position of comfort” is appropriate because allowing a conscious patient to remain in the position that best relieves pain and anxiety can reduce unnecessary movement and sympathetic stress. The patient should be handled gently, continuously reassessed, and protected from heat loss during rapid transport. “Supplemental oxygen” is also appropriate because an SpO_2 of 89% on room air demonstrates hypoxemia. Oxygen should be administered and titrated according to local protocol and the patient’s clinical response, while maintaining airway and breathing surveillance. Suspected aneurysm patients can deteriorate rapidly if bleeding or rupture occurs, so repeated vital signs and expedited transport are essential components of care. Clinical descriptions of symptomatic abdominal aortic aneurysm, including abdominal or back pain and a pulsatile mass, are available from StatPearls: Abdominal Aortic Aneurysm. Oxygen administration guidance for acutely ill adults is addressed in the American Heart Association CPR and Emergency Cardiovascular Care Guidelines.

QUESTION NO: 19

Your patient is unresponsive, has a pulse of 110 and is breathing at 8 breaths per minute.

What is the next best treatment?

A. Get AED ready, as cardiac arrest is imminent.

B. Assist respirations with BVM and 100% oxygen.

C. Suction the airway, insert OPA, apply high flow oxygen through non-rebreather mask.

D. Ask any bystanders if they know what happened to this patient.

ANSWER: B

Explanation:

Assist respirations with BVM and 100% oxygen is the next best treatment because this patient has a pulse but is unresponsive and breathing too slowly to provide reliable oxygenation and ventilation. A respiratory rate of 8 breaths per minute in an unresponsive patient indicates inadequate breathing and requires immediate positive-pressure ventilation rather than waiting for respiratory arrest. The priority is to support airway and breathing while preserving the patient’s existing circulation.

For an adult with a pulse who is not breathing normally or is breathing inadequately, EMS providers should provide rescue ventilations using a bag-valve mask connected to high-concentration oxygen. Ventilations should be delivered at an appropriate rate, generally one breath every 6 seconds, with enough volume to produce visible chest rise. A properly sized

airway adjunct may be used when indicated to help maintain airway patency and improve BVM effectiveness, while pulse, chest rise, oxygenation, and clinical status are reassessed continuously. This approach follows adult basic life support guidance for respiratory arrest or failure with a maintained pulse. See the American Heart Association Adult Basic and Advanced Life Support Guidelines and the AHA resuscitation algorithms.

QUESTION NO: 20

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_2 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: C E

Explanation:

Hypovolemic and **Decompensated** are correct. Hypovolemic shock results from inadequate circulating blood volume, and major trauma is a common cause. An open femur fracture can involve substantial hemorrhage into the thigh, while an unstable pelvic fracture may produce severe, initially concealed retroperitoneal bleeding. Together, these injuries make acute traumatic blood loss the most likely cause of the patient's shock state. The National Association of Emergency Medical Technicians emphasizes that femur and pelvic fractures are high-risk sources of life-threatening hemorrhage in trauma care; see NAEMT Prehospital Trauma Life Support.

Decompensated shock is supported by the failure of compensatory mechanisms to maintain adequate perfusion. The blood pressure of 86/42 mm Hg demonstrates hypotension, while a pulse of 136/min reflects a strong compensatory tachycardic response. Responsiveness only to verbal stimuli indicates impaired cerebral perfusion and worsening shock. In trauma patients, hypotension with altered mental status should be treated as evidence of serious hemorrhagic shock requiring immediate hemorrhage control, supportive resuscitation, and rapid transport to definitive trauma care. The physiologic effects of hemorrhage and shock are summarized in the NCBI StatPearls review of hypovolemic shock.

QUESTION NO: 21

An 18-year-old patient is 40 weeks pregnant, and delivery is imminent. Which of the following actions should the EMT anticipate performing for the newborn? Select the three answer options that are correct.

A. Drying

B. Warming

C. Suctioning

D. Stimulating

E. Providing ventilations

F. Initiating chest compressions

ANSWER: A B D

Explanation:

Drying, **Warming**, and **Stimulating** are the appropriate routine immediate-care actions for a newly delivered infant who does not initially require resuscitation. The EMT should receive the newborn, place the infant in a warm environment, thoroughly dry the skin and hair, remove wet linens, and cover the infant with a dry towel or blanket. These measures reduce evaporative and convective heat loss, which is especially important because newborns lose heat quickly and hypothermia can impair normal transition after birth.

Drying also supplies gentle tactile stimulation. If additional stimulation is needed, the EMT may gently rub the infant's back or trunk while assessing breathing, tone, and overall transition. These steps occur as part of the initial newborn assessment and support the establishment of effective spontaneous respirations without delaying routine warmth and positioning measures. The American Heart Association's neonatal resuscitation guidance emphasizes providing warmth, drying, and stimulation during initial care while rapidly evaluating the newborn's breathing and heart rate. Care should follow local EMS protocols and include ongoing reassessment of respirations, color, muscle tone, and temperature. See the American Heart Association neonatal resuscitation guidelines and the Merck Manual's neonatal resuscitation overview.

QUESTION NO: 22

A 28-year-old patient was in a physical altercation. Which of the following signs or symptoms would most likely indicate this patient has a significant brain injury? Select the two answer options that are correct.

A. Bradycardia

B. Hypotension

C. Unequal pupils

D. Cold, clammy skin

E. Delayed capillary refill

ANSWER: A C

Explanation:

Bradycardia and **unequal pupils** are concerning findings after trauma because they can signal elevated intracranial pressure and neurologic deterioration from a significant brain injury. As pressure rises within the fixed space of the skull, cerebral perfusion may become threatened. A late, dangerous physiologic response can include bradycardia, typically occurring with hypertension and abnormal respirations as part of Cushing's response. Although this is not an early or isolated screening finding, bradycardia in the setting of head trauma warrants urgent assessment and rapid transport.

Unequal pupils, particularly when new after injury or accompanied by reduced responsiveness, may indicate compression of cranial nerve III from intracranial bleeding, swelling, or brain herniation. EMT assessment should document pupil size, equality, and reactivity, along with serial mental-status findings and vital signs. These signs support prioritizing airway and oxygenation, avoiding hypotension and hypoxia, performing frequent reassessment, and expediting transport to an appropriate trauma-capable facility. The U.S. Centers for Disease Control and Prevention identifies unequal pupils as a danger sign requiring immediate emergency evaluation after traumatic brain injury. See the CDC traumatic brain injury danger signs and the NCBI StatPearls review of increased intracranial pressure.

QUESTION NO: 23

A 65-year-old patient is unresponsive after falling from standing. Which of the following signs would be most indicative of increasing intracranial pressure? Select the three answer options that are correct.

A. Tachycardia

B. Bradycardia

C. Hypertension

D. Hypotension

E. Kussmaul respirations

F. Cheyne-Stokes respirations

ANSWER: B C F

Explanation:

Bradycardia, hypertension, and Cheyne-Stokes respirations are characteristic late findings of rising intracranial pressure (ICP). As intracranial volume increases and cerebral perfusion becomes threatened, the body may produce the Cushing reflex. This compensatory response includes systemic hypertension, often with a widening pulse pressure, and reflex bradycardia. These cardiovascular changes are especially concerning in an unresponsive trauma patient because they can signal critically impaired cerebral perfusion and possible progression toward brain herniation.

Cheyne-Stokes respirations are an abnormal, periodic breathing pattern in which respirations wax and wane and may be interrupted by apnea. Abnormal or irregular respirations are the respiratory component associated with the Cushing response and can occur with central neurologic injury, including elevated ICP. In the setting of a fall and decreased level of consciousness, the combination of bradycardia, hypertension, and abnormal periodic respirations should prompt immediate airway, ventilation, oxygenation, neurologic reassessment, rapid transport, and early notification of the receiving facility. These signs are generally late indicators, so EMT care should not wait for all of them to appear before treating suspected traumatic brain injury as time-critical. See the Merck Manual overview of increased intracranial pressure and NCBI StatPearls review of the Cushing reflex.

QUESTION NO: 24

You are transporting an unconscious patient.

How often should you check their vitals?

A. 5 minutes

B. 2-3 minutes

C. 10 minutes

D. 15 minutes

ANSWER: A

Explanation:

5 minutes is correct because an unconscious patient should be treated as unstable during transport unless a cause is identified and the patient has clearly demonstrated sustained stability. EMT reassessment includes repeating and trending vital signs—such as pulse, respiratory rate and quality, blood pressure, skin signs, oxygen saturation when available, and level of responsiveness—while also reassessing the airway, breathing, circulation, and effectiveness of any interventions. A five-minute reassessment interval helps the EMT identify deterioration promptly, particularly because an unconscious patient may lose airway protection, develop inadequate ventilation, or experience worsening circulatory compromise without being able to report symptoms. Documenting serial vital signs also provides the receiving facility with an important picture of the patient's clinical trend and response to care. The National EMS Education Standards emphasize ongoing patient assessment and reassessment as part of EMT practice; see the National EMS Education Standards EMT instructional guidelines. The National Highway Traffic Safety Administration's EMS resources likewise support systematic assessment and continued monitoring throughout patient care and transport: EMS Education Standards.

QUESTION NO: 25

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: A C F

Explanation:

“Clavicle deformity,” “Unequal rise and fall,” and “Subcutaneous emphysema” are concerning findings following blunt trauma because they can identify injury to the bony thorax, chest-wall mechanics, or underlying lung and pleural structures. A clavicle deformity indicates substantial force to the shoulder girdle and upper chest and should prompt careful assessment for adjacent rib, chest-wall, pulmonary, and neurovascular injury. Unequal rise and fall reflects asymmetric chest expansion, which may occur when pain, rib injury, an unstable chest-wall segment, or intrathoracic injury limits movement on one side. In a dyspneic trauma patient, this is an important visual finding during the primary assessment. Subcutaneous emphysema is palpable or visible air in the soft tissues, often producing a crackling sensation; after trauma, it is a significant clue to air escaping from the lung or airway and may accompany pneumothorax or other thoracic injury. These findings support rapid assessment of airway and breathing, oxygenation and ventilation as indicated, repeated reassessment, and prompt transport. The Merck Manual overview of thoracic trauma discusses asymmetric chest movement and subcutaneous emphysema as key trauma findings. The NCBI StatPearls review of chest trauma also describes examination for chest-wall deformity, asymmetric expansion, and crepitus.

QUESTION NO: 26

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: B

Explanation:

Crackles are the expected finding because missing several hemodialysis treatments allows excess fluid and sodium to accumulate in the body. In a patient with severely reduced or absent kidney function, this retained fluid increases intravascular volume and may move into the lungs. Fluid in the alveoli and interstitial lung tissue produces pulmonary congestion or pulmonary edema, which an EMT may detect as crackles during lung auscultation. The patient’s difficulty breathing is consistent with this process, and chest discomfort can occur in the setting of significant fluid overload and increased cardiac workload.

Assessment should focus on respiratory status, including work of breathing, oxygen saturation, lung sounds, mental status, and signs of poor oxygenation. The EMT should position the patient to support breathing when appropriate, provide oxygen or ventilatory support according to local protocols and the patient’s clinical condition, and arrange prompt transport. Missed dialysis can also be associated with dangerous electrolyte abnormalities, particularly hyperkalemia, so cardiac monitoring is important when available. The National Kidney Foundation describes dialysis as a treatment that removes waste products and extra fluid when the kidneys cannot do so adequately: National Kidney Foundation: Hemodialysis. Additional clinical information on pulmonary edema is available from Merck Manual: Pulmonary Edema.

QUESTION NO: 27

A 78-year-old patient has chest pain that began upon awakening. The vital signs are BP 92/72 mmHg, P 82/min, R 22/min, and SpO_2 88% on room air. Which of the following actions should the EMT perform? Select the three answer options that are correct.

A. Give aspirin.

B. Apply an AED.

C. Administer oxygen.

D. Loosen tight clothing.

E. Place in a position of comfort.

F. Provide continuous positive airway pressure.

ANSWER: A C E

Explanation:

Give aspirin, administer oxygen, and place in a position of comfort. This presentation should be managed as suspected acute coronary syndrome while the EMT supports oxygenation, minimizes cardiac demand, obtains further assessment information, and expedites transport. Aspirin is an important early EMS intervention for suspected ischemic chest discomfort when the patient has no aspirin allergy, active bleeding, or other protocol-defined contraindication. It inhibits platelet aggregation, helping limit further thrombus formation in an acute coronary event. The patient's room-air SpO_2 of 88% demonstrates hypoxemia; supplemental oxygen is appropriate and should be titrated according to local protocol and the patient's clinical response. A position of comfort can ease dyspnea and anxiety and may reduce discomfort and work of breathing. The position should be individualized: if the patient becomes more hypotensive or symptomatic while upright, the EMT should adjust positioning to support perfusion while maintaining airway and breathing comfort. These interventions should occur alongside prompt reassessment, cardiac monitoring when available, and rapid transport. The American Heart Association supports aspirin for suspected ACS when appropriate and oxygen for hypoxemia; see the American Heart Association CPR and ECC Guidelines and the NCBI overview of acute coronary syndrome management.

QUESTION NO: 28

What finding indicates that a mild airway obstruction has become a severe obstruction?

A. Ineffective cough

B. Central cyanosis

C. Vomiting

D. Patient is able to speak

ANSWER: A

Explanation:

An **ineffective cough** indicates that a mild foreign-body airway obstruction has progressed to a severe obstruction. With a mild obstruction, the patient can generally move enough air to cough forcefully, speak, and breathe; a strong cough is the body's most effective initial mechanism for expelling the object. As the obstruction becomes severe, airflow is critically reduced or absent. The cough may become weak, quiet, or silent because the patient no longer has sufficient air movement to generate an effective cough. This finding calls for immediate intervention for severe choking in a responsive patient, using the applicable age-appropriate protocol, while activating emergency response resources as needed. EMT assessment should also continually evaluate the patient's ability to speak, breathe, cough, and maintain mental status, because airway obstruction can deteriorate rapidly. The American Heart Association identifies an ineffective cough as a sign of severe airway obstruction and distinguishes it from the forceful cough associated with mild obstruction. See the American Heart Association resuscitation algorithms and the American Red Cross choking first-aid guidance.

QUESTION NO: 29

Defusing sessions should do which of the following in order to be successful? Select the two correct options.

A. Be held within hours of an incident, ideally during the same shift

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

Explanation:

“Be held within hours of an incident, ideally during the same shift” and “Allow the open sharing of information” describe the core features of a defusing session. Defusing is a brief, early intervention used after a critical incident to give involved EMS personnel an opportunity to discuss immediate reactions, clarify facts, identify pressing practical needs, and receive support. It is most useful when it occurs promptly, after personnel are safe and operationally able to participate, rather than being delayed for several days. Prompt timing helps address acute stress reactions while details and support needs are current.

The conversation must also permit voluntary, respectful, confidential sharing. Participants should be able to describe what they experienced and ask questions without pressure to disclose more than they wish. This supportive exchange can normalize common post-incident reactions, strengthen peer connection, and help identify individuals who may benefit from additional follow-up or professional resources. Defusing is not intended to replace clinical mental-health care; it is an early peer-support and information-sharing process within a broader critical-incident stress-management approach. The International Critical Incident Stress Foundation describes defusing as a short, structured intervention conducted soon after an event: ICISF: Critical Incident Stress Management. EMS wellness resources also emphasize early support and connection following stressful events: EMS.gov Mental Health and Wellness.

QUESTION NO: 30

You observe your partner as he completes a patient care report. He documents giving a medication that you know he did not administer. You should first

A. report it to the medical director.

B. inform the patient ' s family.

C. contact your supervisor.

D. ask him to correct his report.

ANSWER: D

Explanation:

“ask him to correct his report.” is the appropriate first action because a patient care report must be an accurate, factual record of the care actually provided. Recording administration of a medication that was not given creates a false clinical and legal record, can mislead receiving clinicians, and may expose the patient to unsafe duplicate treatment or incorrect follow-up decisions. Addressing the discrepancy immediately gives the EMT who completed the report the opportunity to correct the documentation before it is finalized, transmitted, or relied upon for continuing care. The correction should follow the service’s approved documentation process so that the original entry is not improperly concealed and the amended record remains attributable and auditable. Accurate documentation is an essential EMS professional responsibility because the PCR communicates assessment findings, interventions, patient response, and the transfer of care. If the partner refuses to make the needed correction, or if agency policy requires immediate escalation for suspected falsification, the EMT should then use the established supervisory and reporting process. The National Highway Traffic Safety Administration identifies patient care documentation as a core component of EMS data and clinical information exchange; see NHTSA’s NEMSIS overview. Guidance on maintaining trustworthy medical records is also available from CMS.

QUESTION NO: 31

The police have placed a 20-year-old patient into custody. The patient is in handcuffs, is agitated, and is angry. The skin is hot and diaphoretic. The vital signs are BP 180/98, P 150, R 28, and SpO? 97% on room air. Which of the following actions would be appropriate for the EMT to take while transporting this patient? Select the two answer options that are correct.

A. Release the patient from all restraints.

B. Allow law enforcement to transport the patient.

C. Remove the handcuffs and apply soft restraints.

D. Transport the officer with the keys to the handcuffs.

E. Secure the patient face down on the stretcher if they are spitting.

ANSWER: C D

Explanation:

Remove the handcuffs and apply soft restraints. is appropriate because EMS must be able to safely assess, treat, position, and continuously monitor a patient during transport. When restraint is required because of agitation or risk of harm, EMS-applied soft restraints allow appropriate medical positioning and monitoring while maintaining control of the patient. The transition from law-enforcement restraints must be coordinated with law enforcement and performed safely; the patient should not be left unsecured during that transition. The patient's marked agitation, diaphoresis, tachycardia, tachypnea, and hypertension also require ongoing medical observation during transport, including reassessment of airway, breathing, circulation, mental status, and restraint-related circulation.

Transport the officer with the keys to the handcuffs. is also appropriate when the patient remains in law-enforcement custody and handcuffs are present or may need to be reapplied. The officer provides custody and scene-security support, retains control of law-enforcement equipment, and can promptly unlock the cuffs if emergency access to the patient is necessary. EMS should coordinate custody and restraint procedures with law enforcement while retaining responsibility for the patient's medical care and safe transport. These principles align with the national EMS educational framework and published prehospital guidance concerning the monitoring and safe management of physically restrained patients. See EMS Education Standards and Prehospital physical restraint safety review.

QUESTION NO: 32

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 mouth

D. Do not ventilate until the foreign body is removed

E. Position the patient in recovery and administer back blows

ANSWER: A B

Explanation:

"Check for a pulse" is appropriate because an EMT assessing an unresponsive patient must rapidly determine whether cardiac arrest is present. The pulse check should be brief—no more than 10 seconds—so that resuscitation is not delayed. If no definite pulse is identified, "Begin chest compressions" is the immediate treatment. For an unresponsive patient with suspected foreign-body airway obstruction, CPR begins with chest compressions; compressions create intrathoracic pressure that may move or expel the obstruction while also maintaining some circulatory support during cardiac arrest.

During CPR, the EMT opens the airway for attempted ventilations and looks for a visible object. A visible object may be removed, but blind finger sweeps are avoided. Compressions should continue in standard CPR cycles, with ventilation

attempts made after the airway check. This approach prioritizes rapid recognition of pulselessness and prompt high-quality CPR, consistent with the American Heart Association's adult choking and basic life support guidance. See the American Heart Association CPR and ECC Guidelines and the American Red Cross choking response guidance.

QUESTION NO: 33

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: C E

Explanation:

"Flashback phenomena" and "Difficulty concentrating" accurately describe common manifestations of posttraumatic stress disorder (PTSD). PTSD can occur after a person experiences or witnesses a traumatic event and is characterized by symptom clusters that may disrupt daily functioning, relationships, sleep, and emotional regulation. Flashbacks are intrusive re-experiencing episodes in which memories of the trauma become intensely vivid; an affected person may feel or act as if the event is recurring. Cues such as sounds, odors, locations, or situations associated with the event can trigger these episodes. Difficulty concentrating is also a recognized PTSD symptom. It may arise in the setting of persistent hyperarousal, heightened vigilance, intrusive memories, poor sleep, and distress, making it hard for the person to focus, remember details, or complete routine tasks. In the EMT setting, recognizing these symptoms supports a calm, trauma-informed approach: maintain safety, communicate clearly, reduce unnecessary stimulation, and provide appropriate assessment and referral or transport when indicated. The National Institute of Mental Health lists reliving symptoms, including flashbacks, and cognition-related symptoms, including trouble concentrating, among PTSD symptoms. See the National Institute of Mental Health PTSD overview and the American Psychiatric Association PTSD resource.

QUESTION NO: 34

A program whose efforts are to limit the effects of an injury or illness that you cannot completely prevent is called:

A. secondary prevention

B. primary prevention

C. reactive prevention

D. proactive prevention

ANSWER: A

Explanation:

Secondary prevention is the correct term because it focuses on reducing the severity, consequences, or progression of an injury or illness once the risk cannot be entirely eliminated or the condition has begun. In EMS and public health, prevention is commonly organized by the point at which an intervention occurs. Secondary prevention includes measures that identify a condition early and provide prompt intervention to limit harm. For example, screening programs can identify disease before serious symptoms develop, while early treatment and injury-focused interventions can reduce complications and preserve function.

The wording "limit the effects" is the key distinction: the program is not solely trying to stop every case from occurring; it is trying to minimize the impact when complete prevention is not possible. This approach aligns with the role of EMS systems

and community health programs in recognizing risks, promoting early access to care, and reducing morbidity. The U.S. National Library of Medicine's MeSH definition describes secondary prevention as procedures intended to halt progression of disease at an early stage and prevent complications. The CDC also provides public-health resources addressing prevention strategies across injury and disease contexts. See National Library of Medicine MeSH: Secondary Prevention and CDC: Chronic Disease Prevention.

QUESTION NO: 35

A 67-year-old patient reports crushing chest pressure. The vital signs are BP 156/98, P 64, R 14, and SpO2 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 E

Explanation:

"Give aspirin" is appropriate because suspected acute coronary syndrome with ischemic-type chest pressure warrants early antiplatelet therapy when the patient has no aspirin allergy, active gastrointestinal bleeding, or other protocol-specific contraindication. EMS administration of chewable aspirin is intended to inhibit platelet aggregation early in a potential coronary-artery occlusion. "Assist with nitroglycerin" is also appropriate after the EMT verifies that the medication is prescribed to the patient and screens for contraindications, including recent phosphodiesterase-5 inhibitor use, suspected right-ventricular infarction when addressed by local protocol, and inadequate blood pressure. This patient's systolic pressure of 156 mm Hg is well above the usual hypotension threshold, so the reported vital signs support nitroglycerin assistance if no contraindication is identified. Supplemental oxygen is not a routine first treatment for a stable patient with an oxygen saturation of 94% and no respiratory distress; current ACS guidance reserves oxygen for hypoxemia or respiratory compromise. Aspirin and nitroglycerin address the suspected ischemic process and chest discomfort while the EMT continues assessment, obtains a 12-lead ECG when available, and expedites transport. See the American Heart Association guideline for chest pain evaluation and the NCBI review of acute coronary syndrome management.

QUESTION NO: 36

You are transporting a febrile 62-year-old male who has a cough and body aches. His vital signs are BP 136/80, P 100, R 16, and his SpO? is 99% on room air. You should first:

A. Place a surgical mask on him.

B. Administer oxygen.

C. Place an N95 mask on him.

D. Transport him in the recovery position.

ANSWER: A

Explanation:

Place a surgical mask on him. Fever, cough, and body aches indicate a possible transmissible respiratory infection. During ambulance transport, prompt source control is an important infection-prevention action because it reduces the release of potentially infectious respiratory particles from the patient into the confined patient compartment. A well-fitting surgical or procedure mask placed on a cooperative patient with respiratory symptoms is appropriate source control and should be implemented early, alongside the EMT's routine use of standard precautions and appropriate personal protective equipment.

The patient is awake enough to be described with stable vital signs, has a normal respiratory rate, and has an oxygen saturation of 99% while breathing room air. Therefore, the immediate priority is limiting exposure during transport rather than correcting an apparent oxygenation problem. This approach aligns with CDC guidance that people with suspected respiratory infection use source control in healthcare settings, while healthcare personnel select their own protective equipment based on the anticipated infectious risk and local protocols. EMTs should also perform hand hygiene, use appropriate PPE, notify the receiving facility as required, and follow agency policy for cleaning and disinfecting the ambulance after the call.

References: CDC: Masks and Respiratory Viruses Prevention; CDC: Infection Control Basics.

QUESTION NO: 37

A 30-year-old patient has a gunshot wound to the chest and is unconscious. The skin is pale and cool, and capillary refill is 2 seconds. Lung sounds are absent on the right side. The vital signs are BP 100/50, P 140, R 18 and shallow, and SpO_2 88% on room air.

Which of the following signs or symptoms are the strongest indicators of hypovolemic shock? Select the three answer options that are correct.

A. Heart rate

B. Lung sounds

C. Mental status

D. Skin color and temperature

ANSWER: A C D

Explanation:

Heart rate, **Mental status**, and **Skin color and temperature** are the strongest indicators of hypovolemic shock in this patient. A pulse of 140 beats/minute is marked tachycardia, a key compensatory response to reduced circulating blood volume. By increasing the heart rate, the body attempts to maintain cardiac output and perfusion while volume is lost. In penetrating trauma, this finding should raise immediate concern for hemorrhage, including bleeding that may not be externally visible.

Unconsciousness represents severely altered mental status and signals inadequate cerebral perfusion in the shock setting. Although multiple problems may affect consciousness in chest trauma, altered mental status is a critical clinical marker of worsening systemic perfusion and requires urgent intervention.

Pale, cool skin reflects peripheral vasoconstriction. During hypovolemia, the body redirects limited blood flow away from the skin and toward vital organs such as the heart and brain. These skin findings, combined with tachycardia and altered mental status after a gunshot wound, support recognition of significant shock and the need for rapid resuscitative care and transport. See the Merck Manual overview of shock and the NCBI review of hypovolemic shock.

QUESTION NO: 38

Which of the following actions are steps for inserting a nasopharyngeal airway? Select the two answer options that are correct.

A. Measure from the corner of the mouth to the tip of the ear.

B. Follow the base of the tongue during insertion.

C. Insert the bevel away from the septum.

D. Place the device in the larger nostril.

E. Lubricate the distal tip.

ANSWER: D E

Explanation:

“Place the device in the larger nostril” and “Lubricate the distal tip” are appropriate steps for nasopharyngeal airway placement. Before insertion, the EMT should assess nasal patency when feasible and select the nostril that is larger or has better airflow. Using the more patent nostril supports gentler passage of the airway along the floor of the nasal cavity and may reduce resistance and mucosal trauma. If one nostril is obstructed or insertion does not proceed smoothly, the provider should not force the device and may assess the other side when clinically appropriate.

“Lubricate the distal tip” is also essential. A water-soluble lubricant should be applied to the airway before placement to reduce friction as the device passes through the nasal passage. This promotes smoother insertion and helps limit irritation and bleeding from the nasal mucosa. The patient’s condition, suspected facial trauma, and signs of basilar skull fracture must be considered before choosing an NPA, and insertion should be performed gently while monitoring airway patency and ventilation. Procedural guidance is available from StatPearls: Nasopharyngeal Airway and the Merck Manual procedure guide.

QUESTION NO: 39

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

E. Assess breathing and the carotid pulse simultaneously for no more than 10 seconds

ANSWER: E

Explanation:

Assess breathing and the carotid pulse simultaneously for no more than 10 seconds. An unconscious adult with gasping, slow, or shallow respirations may be in cardiac arrest; agonal gasps do not constitute normal breathing. The immediate priority is therefore to rapidly determine whether a definite central pulse is present while confirming that breathing is absent or not normal. This assessment identifies whether the patient requires immediate cardiopulmonary resuscitation or assisted ventilations with a bag-valve mask if a pulse remains present. Current resuscitation guidance directs trained healthcare professionals to check breathing and a pulse at the same time and to limit that check to no more than 10 seconds. If no definite pulse is identified, the EMT should begin high-quality chest compressions without delay. If a pulse is present but respirations are inadequate, the EMT should maintain airway patency and provide appropriate positive-pressure ventilation. This combined assessment is more clinically precise than assessing the airway alone because it rapidly distinguishes respiratory failure from cardiac arrest, which determines the next lifesaving intervention. See the American Heart Association CPR and ECC Guidelines and the American Red Cross adult CPR steps.

QUESTION NO: 40

You are assessing a 53-year-old female who neighbors discovered acting funny. The patient appears to be fatigued and confused and exhibiting slurred speech. She is breathing and has a pulse and skin that is cool and mottled. Vital signs are pulse 68 beats per minute, respirations 14 per minute, blood pressure 108/60 mmHg, and temperature 92.7 degrees Fahrenheit. There are no signs of trauma to the patient. Patient prescriptions of Verapamil, Digoxin, Synthroid, and nitroglycerin are found in the bedroom. Allergies are unknown. The temperature in her apartment is 55 degrees Fahrenheit.

Based on the assessment findings, which of the following conditions is most likely a contributing factor to the patient's condition?

A. Hypothyroidism

B. Hypertension

C. Atrial fibrillation

D. Seizure

ANSWER: A

Explanation:

Hypothyroidism is the most likely contributing condition. The patient has clinically significant hypothermia, with a core temperature of 92.7°F, along with confusion, fatigue, slurred speech, and cool, mottled skin. Hypothermia commonly causes altered mental status, impaired coordination or speech, and progressive depression of body functions. Her prolonged exposure to a cool apartment is an immediate environmental cause, but underlying hypothyroidism can substantially reduce heat production and impair the body's ability to compensate for cold exposure.

The presence of Synthroid, a levothyroxine preparation used to replace thyroid hormone, supports a known history of hypothyroidism. If thyroid hormone replacement is inadequate, missed, or if the patient is otherwise physiologically stressed, reduced metabolic activity can predispose her to hypothermia and mental-status changes. Severe decompensated hypothyroidism may present with hypothermia and altered consciousness, making this condition particularly relevant during the EMT assessment. Management should prioritize gentle handling, prevention of further heat loss, appropriate rewarming, glucose assessment when available, and prompt transport for definitive evaluation. The CDC's winter-weather guidance describes confusion and slurred speech as hypothermia symptoms, and the Merck Manual's hypothyroidism review identifies hypothermia and altered mental status as important features of severe hypothyroidism.

QUESTION NO: 41

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

Explanation:

Assessing the mechanism of injury helps an EMT anticipate the **extent of injury** that may be present, including occult trauma not immediately apparent during the primary assessment. The energy involved, the forces exerted on the body, and the type of event—such as a high-speed motor-vehicle collision, significant fall, ejection, rollover, blast, or penetrating mechanism—provide important clues about possible injuries and the need for a careful trauma evaluation. MOI does not diagnose an injury by itself; rather, it raises or lowers suspicion for specific patterns of injury and guides assessment priorities.

MOI can also identify a potential **need for additional resources**. Scene conditions and injury potential may warrant requesting advanced life support, extrication or specialized rescue personnel, additional ambulances, air medical transport, or coordination with a trauma center. EMTs should integrate MOI with patient findings, vital signs, and local trauma-triage guidelines when making decisions. This approach supports early recognition of patients who may require time-sensitive interventions or higher-level trauma resources. The National Highway Traffic Safety Administration's EMS education resources discuss using mechanism and kinematics in trauma assessment, while the CDC provides national guidance on field trauma triage: EMS.gov and CDC Field Triage Guidelines.

QUESTION NO: 42

A 96-year-old patient is apneic and pulseless. The family is attempting to cope with the perceived hopelessness of the situation. Which stage of grief should the EMT suspect the family has reached?

A. Anger

B. Denial

C. Bargaining

D. Depression

ANSWER: D

Explanation:

Depression is the stage of grief most closely associated with a perceived sense of hopelessness. In the commonly taught Kübler-Ross framework, depression can emerge as people begin to recognize the gravity and likely finality of a loss. Family members may show profound sadness, despair, quietness, withdrawal, tearfulness, or resignation while trying to process what is happening. In this situation, the patient is apneic and pulseless, and the family's efforts to cope with the apparent hopelessness indicate that they are confronting the emotional reality and impact of the event. An EMT should respond with calm, compassionate communication, respect for the family's emotions, and appropriate support while continuing to provide patient care within local protocols and the patient's resuscitation status. Grief responses are individual and do not always occur in a fixed sequence, so the stages are best used as a general framework rather than a diagnostic label. Still, when a question specifically identifies hopelessness in the traditional stages-of-grief model, depression is the intended stage. See the American Psychiatric Association's overview of grief and loss and the National Institute of Mental Health resource on coping with stress.

QUESTION NO: 43

The average concentration of oxygen in a titration for treatment is between ____.

A. 94% and 96%

B. 93% and 95%

C. 95% and 99%

D. 92% and 96%

ANSWER: C

Explanation:

95% and 99% is correct because oxygen administered in the prehospital setting should generally be titrated according to pulse-oximetry readings rather than automatically delivered at the highest possible flow or concentration. For many EMT patients who require supplemental oxygen and do not have a condition requiring a different target, the customary goal is an oxygen saturation in the mid-to-high 90s, commonly expressed as 95% to 99%. This range supports adequate oxygen delivery while emphasizing reassessment and adjustment of therapy based on the patient's respiratory effort, mental status, skin signs, and pulse-oximeter trend.

In this question, "concentration" is best understood as the oxygen-saturation target measured by pulse oximetry. Titration means increasing or decreasing oxygen delivery as needed to reach and maintain that target, while continuing to treat immediate threats to airway and breathing. EMTs should also recognize that a pulse-oximeter value must be interpreted in clinical context; poor perfusion, motion, cold extremities, and other factors can affect readings. National EMS education guidance includes oxygen therapy and pulse oximetry as core EMT respiratory-care competencies, and clinical oxygen references emphasize titrating treatment to a monitored saturation goal. See the National EMS Education Standards and NCBI StatPearls: Oxygen Administration.

QUESTION NO: 44

What sign is the best indication that an 8-year-old is in hypovolemic shock?

A. Pale skin

B. Cyanotic skin

C. Tachypnea

D. BP of 90/60

ANSWER: C

Explanation:

Tachypnea is the best indication among the listed findings because children commonly compensate for reduced circulating blood volume before they develop overt cardiovascular failure. As tissue perfusion falls, anaerobic metabolism and metabolic acidosis increase. The child compensates in part by increasing respiratory rate to eliminate carbon dioxide and help buffer the acidosis. This makes an abnormally rapid respiratory rate an important early clinical clue to inadequate perfusion in a child with suspected blood loss or fluid loss.

Pediatric shock assessment requires attention to the overall trend and clinical context, including respiratory effort, mental status, skin perfusion, pulse quality, heart rate, and capillary refill. A child can appear relatively stable while significant compensatory mechanisms are active, so early recognition of tachypnea supports prompt oxygenation, temperature control, identification of the cause of volume loss, and rapid transport or resuscitation according to local protocols. The American Heart Association notes that respiratory abnormalities may accompany pediatric shock, and pediatric emergency references emphasize that compensation can preserve apparent circulatory stability until late in the course. See the American Heart Association resuscitation guidelines and MSD Manual: Shock in Children.

QUESTION NO: 45

A patient is having a stroke. Which of the following details are most important to report to the receiving hospital? Select the two answer options that are correct.

A. Weight of the patient

B. Patient ' s family physician

C. Patient ' s denial of a headache

D. Time of first signs or symptoms

E. History of autoimmune disorder

ANSWER: C D

Explanation:

Time of first signs or symptoms is essential because acute stroke care is highly time dependent. EMS should determine and communicate the time the patient was last known to be at their normal neurologic baseline, or the onset time if it was witnessed. This information allows the stroke team to rapidly evaluate potential eligibility for time-sensitive reperfusion treatment and to prioritize imaging and specialist evaluation. Early stroke-center notification that includes the last-known-well time is a core component of prehospital stroke systems of care.

Patient ' s denial of a headache is also useful focused clinical information to communicate as part of the patient's symptom history. A sudden severe headache can accompany intracranial hemorrhage, so whether headache is present or absent helps the receiving team build an early clinical picture while preparing for definitive brain imaging. EMS should report this finding along with the observed neurologic deficits, symptom progression, glucose result, vital signs, medications when known, and relevant history. The American Stroke Association emphasizes rapid recognition, documentation of symptom onset, and advance hospital notification to reduce delays in stroke evaluation and treatment. See the American Stroke Association stroke treatment information and the CDC stroke signs and symptoms guidance.

QUESTION NO: 46

A 25-year-old patient had ingested an unknown quantity of a household cleaner one hour earlier. The patient has swelling around the mouth and stridor. Which of the following actions should the EMT prioritize? Select the two answer options that are correct.

A. Prevent hypoxemia.

B. Identify the chemical.

C. Maintain airway patency.

D. Irrigate the affected area.

E. Administer activated charcoal.

ANSWER: A C

Explanation:

Prevent hypoxemia. and **Maintain airway patency.** are the immediate priorities because perioral swelling and stridor indicate upper-airway edema and possible impending obstruction after a suspected caustic ingestion. Airway swelling can worsen rapidly, so the EMT should promptly assess airway adequacy, position the patient as tolerated, provide oxygen as clinically indicated, suction secretions if necessary, and continuously reassess respiratory effort, oxygen saturation, mental status, and the ability to maintain the airway. Early notification of advanced life support and the receiving facility is appropriate when stridor or progressive swelling is present, since definitive airway management may become necessary before complete obstruction occurs. Preventing hypoxemia is inseparable from airway management in this setting: adequate oxygenation must be supported while the EMT monitors for deterioration and prepares for escalation within local protocols. Caustic substances can injure the lips, oropharynx, larynx, and esophagus; visible oral injury and stridor warrant particular concern for laryngeal involvement. Authoritative clinical guidance emphasizes securing and protecting a threatened airway before addressing other ingestion-management considerations. See the Merck Manual guidance on caustic substance ingestion and StatPearls: Caustic Ingestions.

QUESTION NO: 47

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

Explanation:

Blood pressure, respiratory rate, and nausea and vomiting are the findings that prevent or strongly contraindicate CPAP use in this patient. A blood pressure of 90/40 mm Hg is at the threshold for clinically important hypotension. Positive airway pressure raises intrathoracic pressure and can reduce venous return (preload), which may further reduce cardiac output and worsen perfusion in a patient with marginal blood pressure. A respiratory rate of 10 breaths/min suggests inadequate spontaneous ventilatory effort. CPAP supports an alert patient who is breathing spontaneously and adequately; it does not provide mandatory breaths for hypoventilation or impending respiratory failure. Nausea and vomiting create a substantial aspiration risk because the sealed CPAP mask can delay removal or clearing of emesis. The patient must be able to protect

their airway and tolerate the mask safely before noninvasive positive-pressure ventilation is used. These safety concerns take priority even when pulmonary edema and low oxygen saturation would otherwise make CPAP clinically useful. See StatPearls: Continuous Positive Airway Pressure and StatPearls: Noninvasive Ventilation.

QUESTION NO: 48

A 52-year-old patient is in cardiac arrest. During CPR, the patient begins to groan. There is a strong carotid pulse at a rate of 67. Which of the following actions should the EMT perform next?

A. Initiate rapid transport.

B. Hyperventilate the patient.

C. Assess ventilatory adequacy.

D. Place the patient on a long backboard.

ANSWER: C

Explanation:

“Assess ventilatory adequacy.” is the appropriate next action because the strong carotid pulse indicates return of spontaneous circulation. The patient is no longer in cardiac arrest, so chest compressions should be stopped and the EMT’s immediate priority becomes assessment and support of airway and breathing. Groaning demonstrates some neurologic activity but does not establish that the patient is moving adequate air or maintaining oxygenation. The EMT should assess the rate, depth, and quality of respirations; observe chest rise; evaluate airway patency; and use oxygenation and ventilation adjuncts as indicated by local protocol. If breathing is absent or inadequate despite the pulse, the patient requires assisted ventilation rather than continued CPR. If respirations are adequate, the EMT should provide appropriate oxygen support, continue close reassessment, obtain vital signs, and prepare for prompt transport and post–cardiac-arrest care. This sequence follows resuscitation guidance: once a pulse returns, ventilation and oxygenation must be evaluated and managed while monitoring for recurrent arrest. The American Heart Association’s adult basic life support guidance addresses reassessment after return of circulation and respiratory support when a pulse is present: AHA CPR and ECC Algorithms. Additional post–cardiac-arrest care principles are available from the American Heart Association.

QUESTION NO: 49

A patient has a penetrating injury to the chest. You observe an open wound that makes a sucking sound during inspiration.

What should you do?

A. Apply an occlusive dressing to the wound.

B. Pack the wound tightly with dry gauze.

C. Place the patient flat and elevate the legs.

D. Remove any clots from the wound with a finger sweep.

ANSWER: A

Explanation:

Apply an occlusive dressing to the wound. A sucking chest wound may allow air to enter the pleural space through the chest-wall injury, causing or worsening a pneumothorax. An occlusive dressing helps limit additional air entry through the wound while the patient is monitored and transported for definitive care.

EMTs should assess airway, breathing, circulation, mental status, and breath sounds; provide oxygen or ventilation support as indicated; and reassess frequently for signs of worsening respiratory distress. Follow local protocol for the type of chest seal or dressing used. A patient with penetrating chest trauma requires prompt transport because internal injury may not be apparent externally. See the Merck Manual: Pneumothorax.

QUESTION NO: 50

A 20-year-old patient has shortness of breath and audible wheezes that began suddenly. Urticaria is present. The vital signs are BP 82/48, P 104, R 24, and SpO_2 91% on room air. Which of the following interventions should the EMT perform next?

A. Give nebulized albuterol.

B. Administer epinephrine.

C. Apply high-flow oxygen.

D. Immediately transport.

ANSWER: B

Explanation:

Administer epinephrine is correct because this presentation meets the clinical criteria for anaphylaxis: an acute skin manifestation (urticaria) accompanied by respiratory compromise (sudden dyspnea and wheezing) and cardiovascular compromise (profound hypotension). Anaphylaxis is a rapidly progressive, life-threatening allergic reaction in which airway swelling, bronchospasm, vasodilation, and capillary leakage can quickly lead to respiratory failure or shock. For an EMT, intramuscular epinephrine is the priority medication when permitted by local protocol and within the provider's scope of practice. Epinephrine stimulates alpha-adrenergic receptors to increase vascular tone and support blood pressure, while beta-adrenergic effects relax bronchial smooth muscle and reduce further mediator release. These combined actions directly address the patient's shock and bronchospasm during the time-critical early phase of anaphylaxis. The usual adult IM dose is 0.3 mg of epinephrine 1 mg/mL (1:1,000) in the anterolateral thigh, with reassessment and repeat dosing governed by local protocol. Prompt recognition and early IM epinephrine are emphasized in national emergency-care guidance. See the American Heart Association overview of anaphylaxis and the CDC guidance for managing anaphylaxis.

QUESTION NO: 51

What are the dangers of delivering excessive ventilations to a patient who achieves ROSC following cardiac arrest? Select the two answer options that are correct.

A. Lowers cardiac output

B. Depletes oxygen stores

C. Reduces cerebral perfusion

D. Increases pulmonary edema

E. Increases intracranial hemorrhage

ANSWER: A C

Explanation:

Lowers cardiac output and **Reduces cerebral perfusion** are correct. Following return of spontaneous circulation, ventilation should be controlled to maintain normal oxygenation and carbon dioxide levels while avoiding excessive airway pressure and rate. Positive-pressure breaths raise intrathoracic pressure; when delivered too rapidly or with excessive volume, this can impede venous return to the heart. Reduced venous return decreases preload and can consequently lower cardiac output, which is particularly harmful during the hemodynamically fragile post-arrest period.

Excessive ventilation can also lower arterial carbon dioxide ($PaCO_2$) below the normal range. Carbon dioxide is a major regulator of cerebral vascular tone. Hypocapnia causes cerebral vasoconstriction, reducing cerebral blood flow and therefore cerebral perfusion. This may compound anoxic-ischemic brain injury after cardiac arrest. Post-cardiac-arrest care therefore emphasizes titrating ventilation to normocapnia rather than routinely hyperventilating, alongside avoiding both hypoxemia and hyperoxemia. The American Heart Association's post-cardiac-arrest guidance addresses physiologic optimization after ROSC, including ventilatory and oxygenation targets. See the American Heart Association post-cardiac-arrest care guidelines and the NCBI review of post-cardiac-arrest care.

QUESTION NO: 52

At which of the following anatomic locations can wound packing be performed to stop bleeding? Select the three answer options that are correct.

A. Left hip

B. Left axilla

C. Left shoulder

D. Right temple

E. Right forearm

F. Right upper abdominal quadrant

ANSWER: A B C

Explanation:

Wound packing is an immediate hemorrhage-control technique for a deep, externally accessible wound with life-threatening bleeding, especially when direct pressure alone is insufficient and a tourniquet cannot be effectively positioned. The correct locations are **Left hip**, **Left axilla**, and **Left shoulder**. These sites can involve wounds near the torso or at an extremity's proximal junction, where major blood vessels may be injured and conventional limb-tourniquet placement may be impractical or ineffective. For these wounds, the EMT exposes the wound, places hemostatic gauze when available (or plain gauze if necessary) directly into the wound cavity, packs firmly and completely, then maintains sustained direct pressure and secures a pressure dressing. Care must continue with reassessment for ongoing bleeding and treatment for shock as indicated. The American College of Surgeons' Stop the Bleed program identifies wound packing as a core intervention for severe external bleeding in areas such as the groin, armpit, and shoulder region. EMS trauma care likewise prioritizes rapid control of catastrophic external hemorrhage because it is a preventable cause of traumatic death. See the American College of Surgeons Stop the Bleed program and the Stop the Bleed training resources.

QUESTION NO: 53

What is the final step you should take when performing an initial assessment?

A. Assess the patient's circulation.

B. Make the transport decision or identify which patient is a priority.

C. Assess the patient's airway and breathing.

D. Determine the patient's level of consciousness.

ANSWER: B

Explanation:

Make the transport decision or identify which patient is a priority is the final step of the initial assessment. The initial assessment is a rapid, structured evaluation intended to identify immediate life threats, establish how sick or injured the patient appears, and determine the urgency of care and transportation. After forming a general impression, assessing responsiveness, and evaluating and managing immediate problems involving the airway, breathing, and circulation, the EMT integrates those findings into a patient-priority decision.

This decision guides the remainder of prehospital care: whether the patient requires immediate transport, whether lifesaving interventions should continue while moving toward the ambulance, and, in a multiple-patient incident, which patient needs care and transport first. A patient with an actual or suspected life threat, abnormal vital functions, altered responsiveness, or significant mechanism of injury or illness is typically managed as high priority. The decision is not merely administrative; it ensures that time-sensitive patients reach an appropriate receiving facility without unnecessary delay. This sequence is consistent with the national EMT education framework, which emphasizes recognizing life threats and making appropriate

transport decisions during patient assessment. See the National EMS Education Standards EMT Instructional Guidelines and the National Registry cognitive examination resources.

QUESTION NO: 54

A 48-year-old patient has fever and bloody stools. The vital signs are BP 92/60 mmHg, P 118/min, R 20/min, and SpO? 92% on room air. What additional finding most strongly indicates bowel perforation as the cause of the patient ' s presentation?

A. Lack of appetite

B. Unequal distal pulses

C. Focal right lower quadrant pain

D. Diffuse abdominal tenderness on palpation

ANSWER: D

Explanation:

Diffuse abdominal tenderness on palpation is the finding most consistent with bowel perforation because a perforation allows bowel contents, bacteria, and air to escape into the peritoneal cavity. This produces peritoneal irritation and inflammation (peritonitis), which commonly causes generalized rather than isolated abdominal pain and tenderness. As inflammation progresses, the abdomen may also become rigid or guarded, and movement, coughing, or palpation can markedly worsen pain.

In this patient, fever, hypotension, and tachycardia already raise concern for a severe intra-abdominal infection with evolving shock. Adding diffuse tenderness supports that the disease process has spread across the peritoneal lining, a dangerous presentation requiring rapid recognition, supportive EMT care within scope, prompt transport, and early notification of the receiving facility. Perforation with peritonitis can rapidly lead to sepsis and circulatory collapse, so generalized tenderness in the setting of abnormal vital signs is a high-acuity finding. The Merck Manual's overview of gastrointestinal perforation describes peritonitis and abdominal tenderness as characteristic consequences. The NCBI StatPearls review of peritonitis likewise notes diffuse abdominal tenderness as a typical clinical feature.

QUESTION NO: 55

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

Explanation:

The rapid assessment priorities are **Pallor**, **Accessory muscle use**, and **Response to environment**, because together they correspond to the three components of the Pediatric Assessment Triangle: circulation to the skin, work of breathing, and appearance. The triangle is an immediate, hands-off observation used to form a general impression of a pediatric patient before conducting a more detailed assessment.

Pallor is an observable skin-color finding that can indicate impaired peripheral perfusion and therefore helps evaluate circulation to the skin. **Accessory muscle use** is a visible sign of increased respiratory effort, making it an important indicator of work of breathing. **Response to environment** helps assess appearance, including the child's alertness, interaction, and awareness of surroundings. In a child who is confused or disoriented, this observation is especially important because abnormal appearance may signal serious neurologic, respiratory, circulatory, metabolic, or toxicologic illness.

By rapidly observing these findings, the EMT can recognize physiologic compromise, determine urgency, and prioritize immediate interventions and transport. See the American Academy of Pediatrics discussion of the Pediatric Assessment Triangle at Pediatrics in Review and the EMS for Children resource at EMS for Children.

QUESTION NO: 56

Diabetic Ketoacidosis has the following signs and symptoms: acetone on breath, dry skin, poor skin tugor, altered mental status, confusion, thirst and frequent urination.

What other symptoms are associated with DKA?

A. Normal mental status

B. Appearance of intoxication

C. Tremors

D. Diaphoresis

ANSWER: B

Explanation:

Appearance of intoxication is associated with diabetic ketoacidosis because severe DKA can progressively impair brain function. A person may seem drunk, unsteady, inattentive, slow to respond, confused, or have slurred speech because marked hyperglycemia causes osmotic diuresis, substantial fluid loss, and electrolyte disturbances. At the same time, ketone production produces metabolic acidosis. The combined effects of dehydration, hyperosmolality, acidosis, and reduced perfusion can cause altered mental status ranging from mild confusion to lethargy or coma. For an EMT, this appearance is especially important because it can be mistaken for alcohol or drug intoxication. A patient who appears intoxicated but has abnormal breathing, dehydration findings, a fruity or acetone breath odor, polyuria, polydipsia, or a history of diabetes should be assessed promptly for a diabetic emergency, including blood glucose measurement when permitted by local protocol. DKA is a life-threatening emergency requiring rapid recognition, supportive care, and transport for definitive treatment. The CDC describes DKA as a serious complication of diabetes associated with excessive ketones and potentially severe illness: CDC: Diabetic Ketoacidosis. Additional clinical information is available from American Diabetes Association Standards of Care.

QUESTION NO: 57

A 68-year-old patient has pain across the chest, radiating to the neck and arms. What additional signs or symptoms could indicate the patient may be having an acute myocardial infarction, and not angina? Select the three answer options that are correct.

A. Having pale or grayish skin

B. Pain subsiding when at rest

C. Being induced by extreme stress

D. Pain lasting longer than 10 minutes

E. Pain being relieved with nitroglycerin

F. Nitroglycerin providing little or no relief

ANSWER: A D F

Explanation:

Having pale or grayish skin, pain lasting longer than 10 minutes, and nitroglycerin providing little or no relief are concerning features that support suspected acute myocardial infarction in a patient with ischemic-sounding chest pain. An infarction results from prolonged reduction or interruption of coronary blood flow, so discomfort is often persistent rather than brief and may not improve with the measures that commonly relieve predictable stable angina. In the field, a patient may also appear pale, cool, clammy, or gray because sympathetic activation and impaired cardiac output can reduce skin perfusion. These findings should be interpreted as part of the overall presentation, especially when chest pressure radiates to the neck or arms in an older patient. EMS clinicians should treat this as a potentially time-critical cardiac emergency: assess airway, breathing, circulation, vital signs, and oxygenation; obtain or facilitate a 12-lead ECG as available; give aspirin when indicated by protocol; and expedite transport. Response to nitroglycerin is a clinical clue rather than a definitive diagnostic test, but persistent pain despite nitroglycerin and rest warrants a high index of suspicion. The American Heart Association describes heart-attack discomfort as lasting more than a few minutes or recurring, often with associated symptoms such as cold sweat or lightheadedness. See American Heart Association warning signs and Merck Manual: Acute Myocardial Infarction.

QUESTION NO: 58

What is the correct placement of the color coded ECG cables?

A. white-pt right shoulder, black-pt left shoulder, red-pt right hip, green-pt left hip

B. white-pt right shoulder, black-pt left shoulder, red-pt left hip, green-pt right hip

C. white-pt right hip, black-pt left shoulder, red-pt left hip, green-pt right shoulder

D. white-pt right shoulder, black-pt right hip, red-pt left hip, green-pt left shoulder

ANSWER: B

Explanation:

The correct placement is **white-pt right shoulder, black-pt left shoulder, red-pt left hip, green-pt right hip**. This follows the commonly used American Heart Association color convention for a four-lead ECG monitoring setup. The white electrode is the right-arm lead and is placed on the patient's right upper chest, near the shoulder or infraclavicular area. The black electrode is the left-arm lead and is placed symmetrically on the left upper chest. The red electrode represents the left-leg lead and is placed on the left lower torso, commonly near the left hip. The green electrode represents the right-leg lead and is placed on the right lower torso near the right hip.

Although these are often described using shoulder and hip landmarks, electrodes should be applied to clean, dry, intact skin on the torso rather than directly over bony prominences or moving limb muscles. Correct limb-lead placement is important because lead position determines the electrical viewpoint used by the monitor; consistent placement supports accurate rhythm interpretation and helps avoid misleading waveform changes. See the ECG monitoring overview in StatPearls: Electrocardiogram and electrode-placement guidance from LIFEPAK.

QUESTION NO: 59

A 45-year-old male complains of a sudden onset of right flank pain that radiates to his right groin. He is pale, diaphoretic, and restless. You should suspect

A. a ruptured spleen.

B. kidney stones.

C. appendicitis.

D. gallbladder disease

ANSWER: B

Explanation:

kidney stones. is the correct answer because acute ureteral obstruction from a renal calculus produces renal colic: severe, abrupt flank pain that commonly radiates downward toward the lower abdomen, groin, or genital area as the stone travels through the ureter. The pain is often intense and comes in waves due to ureteral smooth-muscle spasm. A patient with renal colic typically cannot find a comfortable position and may pace, shift, or writhe rather than remain still. Pallor, diaphoresis, nausea, and vomiting can occur as autonomic responses to severe visceral pain. In the prehospital setting, this presentation warrants assessment of airway, breathing, circulation, vital signs, pain severity, associated urinary symptoms, and possible complications such as fever or signs of shock. Although EMTs do not definitively diagnose a stone in the field, recognizing this characteristic flank-to-groin pain pattern supports suspicion of renal colic and appropriate transport and monitoring. The National Institute of Diabetes and Digestive and Kidney Diseases describes kidney-stone symptoms as sharp pain in the back, side, lower abdomen, or groin, while Merck Manual notes that ureteral stones commonly cause severe colicky flank pain radiating to the groin. See NIDDK: Symptoms & Causes of Kidney Stones and Merck Manual: Urinary Calculi.

QUESTION NO: 60

A 60-year-old patient has crushing, midsternal chest pain that began about 5 minutes ago with exercise. The patient has no prescription medications. The vital signs are BP 142/102 mmHg, P 90/min, R 16/min, and SpO_2 95% on room air. What treatments should the EMT provide? Select the two answer options that are correct.

A. Sublingual nitroglycerin administration

B. 12-lead acquisition and transmission

C. Applying supplemental oxygen

D. Aspirin administration

E. Attaching AED pads

ANSWER: D E

Explanation:

“Aspirin administration” is indicated because this presentation is highly concerning for acute coronary syndrome: the pain is crushing and substernal, began with exertion, and is occurring in an older adult. In the absence of a known aspirin allergy, active gastrointestinal bleeding, or another applicable contraindication, an EMT should administer chewable aspirin under local protocol and medical direction. Aspirin inhibits platelet activation and aggregation, helping limit thrombus growth in suspected coronary ischemia. Current American Heart Association guidance supports early aspirin for patients with suspected acute coronary syndrome when it is not contraindicated.

“Attaching AED pads” is appropriate preparation for a patient with suspected cardiac ischemia who could deteriorate abruptly into a life-threatening dysrhythmia or cardiac arrest. Applying the pads early, while maintaining patient dignity and following agency protocol, makes immediate rhythm analysis and defibrillation possible if the patient becomes unresponsive, apneic, and pulseless. The EMT should also continue frequent reassessment, provide reassurance, minimize exertion, and expedite transport. These actions align with the need for rapid recognition and response to cardiac arrest described in the American Heart Association CPR and ECC Guidelines and the EMS-focused recommendations in the American Heart Association Mission: Lifeline EMS resources.