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QUESTION 1

You have responded to a local residence of a 37-year-old male who had lacerated his leg while using a chainsaw in the back of his house. Prior to your arrival, the patient's wife, who is a nurse, applied pressure to the wound and has the patient in Trendelenburg position. Your assessment of the patient reveals him to be responsive to painful stimuli with a weak carotid pulse and the blood pressure unobtainable. There is a massive amount of blood surrounding the patient on the ground. The wife tells you that the wound is arterial and the injury occurred about 10 to 15 minutes ago. In addition to oxygen therapy, what are your treatment priorities for this patient?

- A. Continue applying direct pressure to the wound and call for ALS support.
- B. Apply an arterial tourniquet and call for ALS support.
- C. Apply an arterial tourniquet and call for ALS support.
- D. Continue applying direct pressure to the wound and transport.

Correct Answer: A

Direct pressure and fluids are this patient's best chance for survival and prevention of decompensated shock. ALS should be activated to administer fluids as soon as possible

QUESTION 2

You are in charge of devising an ambulance deployment plan for the EMS system within your community.

Your goal is to minimize response times while simultaneously using all of the EMS resources in an efficient and cost effective manner.

As such, which of the following information would be most valuable in formulating a plan?

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

Correct Answer: B

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

QUESTION 3



Your patient has a laceration to the right leg which has intersected the femoral artery. You have applied direct pressure to the wound, but it continues to soak through the bandages. What should you do next.

- A. Apply a tourniquet
- B. Elevate the Leg
- C. Remove the old bandage and apply new ones
- D. Apply pressure to the pressure point just above the injury

Correct Answer: B

Elevating the leg above the heart can help control bleeding. IF that fails the next step would be to use a pressure point. When applying bandages you should not remove the old ones, just apply the new ones over the old ones.

QUESTION 4

Arriving on scene of any allergic reaction what is the clinicians first concern regarding the patient?

- A. What caused the reaction
- B. Is the airway swelling and respiratory effort
- C. Will I get stung
- D. Are there hives

Correct Answer: B

Airway edema and bronchial constriction/ edema (reactive airway) should be the first concern for the EMT to attend. With out an airway the patient will die, with out the ability to ventilate the patient then the patient will become hypoxic which may cause brain damage and death.

QUESTION 5

There are two types of cerebral vascular accident, CVA, (Stroke), the most common is an ischemic stroke. What is the other type?

- A. Transient ischemic attack
- B. Hemorrhagic
- C. Thrombotic
- D. Embolic

Correct Answer: B

The second type of cerebral vascular accident is a ,hemorrhagic stroke, a bleed. Thrombotic and embolic stroke are all clots or ischemic strokes where the blood flow is stopped by a clot. A transient ischemic attack is most often referred as a mini stroke, a prelude to a full on CVA.



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