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QUESTION 1

Statements from patients are used as assessment tools, which of the following statements about stroke symptoms should cause the clinician to use a higher index of suspicion?

- A. This is the worst head ache I have ever had.
- B. This head ache is behind my right eye.
- C. My head is throbbing.
- D. Bright light causes my head to hurt worse.

Correct Answer: A

"This is the worst head ache I have ever had." this statement should not be ignored or considered to the dramatic, it should cause the clinician to modify their assessment to include a hemorrhagic stroke in their differential. All of the other statements do classify the intensity of their head ach and it may not rule out a stroke, however the statement of the worst head ach should alert you to the possibility of a more acute findings.

QUESTION 2

Loss of tissue in a traumatic event can either be just soft tissue, a portion of or an entire extremity. Loss of tissue or a flap type laceration is called an avulsion, if your patient has lost the distal 1/3 of a lower extremity what would that injury be called?

- A. Amplitude
- B. Avulsion
- C. Extremity exodus
- D. Amputation

Correct Answer: D

Loss a partial or entire extremity is classified as an amputation and loss of tissue from any area is considered as an avulsion. Any lost tissue must be protected with moist dressings and then placed in cold saline.

QUESTION 3

You are transporting an elderly male patient in respiratory distress with a history of COPD...

The patient has very shallow, rapid respirations with minimal chest wall motion and slight wheezing in the upper lung fields. Given this situation, what would you expect the arterial carbon dioxide levels to be?

- A. Not enough information to determine
- B. Normal



- C. Lowered
- D. Elevated

Correct Answer: C

The patient would be hypercapnic as he is probably only ventilating dead space. The patient is not breathing deep enough for air exchange to occur in the alveoli, hence the elevated levels of carbon dioxide.

QUESTION 4

"You are planning a continuing education seminar with your service's medical director. After you both decide that behavioral emergencies need to be addressed, he asks you to define normal behavior. You would reply: "

- A. Behavior that the person believes is normal
- B. A person's observable conduct or activity
- C. Behavior that society views as acceptable
- D. Behavior that does not hurt anyone

Correct Answer: C

Although a universal definition is difficult to establish, normal behavior is generally defined as behavior that is readily accepted within a society. Behavior that a person thinks is normal for him or herself may not be accepted by society and therefore is not considered normal. An example would be a person who thinks that clothing is optional to wear in a public setting. Just because a particular behavior does not hurt anyone does not make it normal. Again, not wearing clothes in public does not hurt anyone, but is typically frowned upon in modern society. A person's observable conduct or activity describes behavior in a general sense and does not distinguish between normal and abnormal.

QUESTION 5

Stroke symptoms often the same as other medical problems to prevent miss treatment for the signs and symptoms working through the differentials is a must. One of the most common other medical problems which is often mistaken for a CVA is hypoglycemia. How can a clinician rule in or out this differential?

- A. Check pupils
- B. Check blood sugar
- C. Check grips
- D. Check arm drift

Correct Answer: B

One of the easiest and most often over looked diagnosis tools is the glucometer check the blood sugar. The other screening info in this question are not ruling in or out hypoglycemia.