

NREMT PARAMEDIC PRACTICE EXAMINATION

150 Questions

INSTRUCTIONS:

- This examination contains 150 multiple-choice questions covering all major paramedic domains
 - Choose the BEST answer for each question
 - Mark your answers clearly
 - Allow approximately 2.5 hours to complete
 - Do not refer to the answer key until you have completed all questions
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SECTION 1: AIRWAY, RESPIRATION & VENTILATION

Questions 1-20

1. What is the most appropriate method for opening the airway of an unconscious trauma patient?
A. Head tilt-chin lift
B. Jaw-thrust maneuver
C. Abdominal thrust
D. Nasopharyngeal airway insertion
2. At what rate should rescue breaths be delivered to an adult patient with a pulse but not breathing?
A. 5-6 breaths per minute
B. 10-12 breaths per minute
C. 20-24 breaths per minute
D. 30 breaths per minute
3. A 52-year-old man is choking and cannot speak. What is your first action?
A. Encourage to cough
B. Begin abdominal thrusts
C. Start CPR
D. Give back blows
4. Which airway device is best for a responsive, spontaneously breathing patient with upper airway obstruction?
A. Oropharyngeal airway
B. Nasopharyngeal airway
C. Endotracheal tube
D. Supraglottic airway

5. Which of the following is a sign of adequate ventilation?

- A. Cyanosis
- B. Chest rise
- C. Intercostal retractions
- D. Asymmetrical movement

6. What is the suction catheter size recommended for adult patients?

- A. 8-10 French
- B. 12-14 French
- C. 16-18 French
- D. 20-24 French

7. When should you insert an oropharyngeal airway?

- A. In a responsive patient
- B. Only in patients with gag reflex
- C. In unconscious patients without gag reflex
- D. Always in trauma patients

8. What oxygen concentration does a non-rebreather mask deliver?

- A. 21-30%
- B. 40-60%
- C. 80-100%
- D. 100%

9. Which of the following indicates the need for advanced airway management?

- A. Patient with a weak cough
- B. Respiratory rate of 20 bpm
- C. Alert and oriented patient
- D. Normal pulse oximetry

10. What is the preferred method of oxygen delivery for a patient in respiratory distress with SpO₂ of 85%?

- A. Nasal cannula at 2 lpm
- B. Simple face mask at 6 lpm
- C. Non-rebreather mask at 15 lpm
- D. Room air

11. What is the correct placement depth of an endotracheal tube in adult patients?

- A. 18-20 cm at the teeth
- B. 22-24 cm at the teeth
- C. 28-30 cm at the teeth
- D. 10-12 cm at the teeth

12. Which drug is used to facilitate rapid sequence intubation (RSI)?

- A. Epinephrine
- B. Succinylcholine
- C. Naloxone
- D. Atropine

13. What is the normal respiratory rate for an adult?

- A. 8-12 breaths/min
- B. 12-20 breaths/min
- C. 20-28 breaths/min
- D. 28-36 breaths/min

14. What is the most critical complication of hyperventilation during CPR?

- A. Hypoxia
- B. Decreased cardiac output
- C. Hypotension
- D. Hyperkalemia

15. Which of the following is a contraindication for nasopharyngeal airway?

- A. Facial trauma with suspected basilar skull fracture
- B. Respiratory distress
- C. Loss of gag reflex
- D. Responsive patient

16. The head tilt-chin lift maneuver is contraindicated in which patient population?

- A. Pediatric patients
- B. Trauma patients with suspected cervical spine injury
- C. Adults with depressed mental status
- D. Patients with airway obstruction

17. How often should you reassess a patient's airway during transport?

- A. Every 2 minutes
- B. Every 5 minutes
- C. Every 15 minutes
- D. Only if symptoms change

18. What is the first sign of hypoxia?

- A. Bradypnea
- B. Anxiety and restlessness
- C. Cyanosis
- D. Hypertension

19. For an apnea patient w/o pulse, what is the recommended ventilation rate during CPR?

- A. 10 breaths per minute
- B. 30 breaths per minute
- C. 1 breath every 6 seconds
- D. 2 breaths every 30 compressions

20. Which oxygen delivery device is best for a patient requiring low oxygen concentration?

- A. Nasal cannula
 - B. Non-rebreather mask
 - C. Venturi mask
 - D. BVM (bag-valve mask)
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SECTION 2: CARDIOLOGY & RESUSCITATION

Questions 21-40

21. What is the first drug administered in adult ventricular fibrillation cardiac arrest?

- A. Amiodarone
- B. Epinephrine
- C. Atropine
- D. Lidocaine

22. Which cardiac rhythm is characterized by a sawtooth pattern on ECG?

- A. Atrial fibrillation
- B. Ventricular tachycardia
- C. Atrial flutter
- D. Sinus tachycardia

23. During CPR, what is the recommended compression-to-ventilation ratio for a single provider with an adult?

- A. 30:2
- B. 15:2
- C. 5:1
- D. 20:2

24. Your patient presents with ECG changes indicative of STEMI. What is the priority intervention?

- A. Nitroglycerin
- B. Aspirin
- C. High-flow O₂
- D. Defibrillation

25. What heart rate defines bradycardia in an adult?

- A. <40 bpm

- B. <50 bpm
- C. <60 bpm
- D. <70 bpm

26. Which medication is contraindicated for wide-complex tachycardia?

- A. Adenosine
- B. Amiodarone
- C. Lidocaine
- D. Magnesium sulfate

27. What is the recommended joule setting for initial defibrillation in adult VF/VT?

- A. 50 Joules
- B. 100 Joules
- C. 200 Joules
- D. 360 Joules (monophasic) or 120-200 Joules (biphasic)

28. Which of the following is a sign of heart failure?

- A. Jugular venous distension
- B. Bradycardia
- C. Hypertension
- D. Clear lung sounds

29. What rhythm is characterized by chaotic, irregular atrial activity with an irregular ventricular response?

- A. Atrial flutter
- B. Ventricular fibrillation
- C. Atrial fibrillation
- D. Sinus tachycardia

30. In a patient with symptomatic bradycardia, what is the first drug to administer if atropine is ineffective?

- A. Dopamine infusion
- B. Epinephrine infusion
- C. Adenosine
- D. Amiodarone

31. What is the primary cause of pulseless electrical activity (PEA)?

- A. Electrical malfunction
- B. Hypovolemia or other "H's and T's" causes
- C. Ventricular fibrillation
- D. COPD exacerbation

32. What is the dosage of epinephrine during adult cardiac arrest?

- A. 0.1 mg every 5 minutes
- B. 1 mg every 3-5 minutes
- C. 0.5 mg every 10 minutes
- D. 2 mg once

33. What rhythm is treated with synchronized cardioversion?

- A. Ventricular fibrillation
- B. Pulseless ventricular tachycardia
- C. Stable monomorphic ventricular tachycardia with pulse
- D. Asystole

34. When should you administer aspirin to a suspected acute myocardial infarction patient?

- A. Immediately unless contraindicated
- B. After hospital arrival
- C. Only if chest pain persists over 30 minutes
- D. Only with ST elevation on ECG

35. What is the preferred method of confirming tube placement after intubation?

- A. Visualizing the tube passing through vocal cords
- B. Auscultation of bilateral breath sounds
- C. End-tidal CO₂ detection
- D. Palpation of the trachea

36. What is the target oxygen saturation for patients with acute coronary syndrome?

- A. 90-92%
- B. 94-99%
- C. 100%
- D. 85-88%

37. What medication is indicated for torsades de pointes?

- A. Amiodarone
- B. Magnesium sulfate
- C. Lidocaine
- D. Atropine

38. Which leads on ECG represent the inferior wall of the heart?

- A. V1-V4
- B. I, aVL
- C. II, III, aVF
- D. V5-V6

39. Which patient requires immediate defibrillation?

- A. Patient with ventricular fibrillation
- B. Patient with pulseless electrical activity
- C. Patient with asystole
- D. Patient with normal sinus rhythm

40. What rhythm is associated with sudden cardiac death?

- A. Sinus bradycardia
 - B. Ventricular fibrillation
 - C. Atrial flutter
 - D. First-degree AV block
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SECTION 3: TRAUMA

Questions 41-55

41. Which is the most accurate indicator of internal bleeding?

- A. Bradycardia
- B. Hypotension
- C. Tachycardia
- D. Hypertension

42. What is the correct tourniquet placement site?

- A. Directly over the wound
- B. Proximal to the wound
- C. Distal to the wound
- D. On the contralateral limb

43. A 17-year-old falls from height and is unconscious. Which injury is most life-threatening?

- A. Open radius fracture
- B. Flail chest
- C. Tibial laceration
- D. Finger amputation

44. What is the best method to immobilize a suspected spinal injury?

- A. Long spine board and cervical collar
- B. Manual cervical stabilization only
- C. Only a soft cervical collar
- D. Allow patient to sit upright

45. Which type of shock results from loss of blood volume?

- A. Cardiogenic shock
- B. Hypovolemic shock

- C. Obstructive shock
- D. Neurogenic shock

46. What is the first priority in trauma patient assessment?

- A. Detailed secondary survey
- B. Airway maintenance with cervical spine protection
- C. Control bleeding
- D. Rapid transport

47. What is the hallmark sign of a tension pneumothorax?

- A. Diminished breath sounds on one side with hypotension and tracheal deviation
- B. Bilateral wheezing
- C. Crackles in both lungs
- D. Cyanosis without respiratory distress

48. Which burn depth involves the epidermis only?

- A. First-degree burn
- B. Second-degree superficial burn
- C. Third-degree burn
- D. Fourth-degree burn

49. What is the primary complication of pelvic fractures?

- A. Abdominal aortic rupture
- B. Urinary retention
- C. Significant hemorrhage
- D. Femur fracture

50. How much blood loss can adult body generally tolerate without signs of shock?

- A. Up to 10%
- B. Up to 15%
- C. Up to 30%
- D. Up to 50%

51. When should you apply a cervical collar?

- A. Only if patient complains of neck pain
- B. Any patient with mechanism of injury suggesting spinal trauma
- C. Only if neurological deficits are present
- D. Only in unconscious patients

52. What is the initial management for an open chest wound?

- A. Apply occlusive dressing taped on three sides
- B. Leave it open to air

- C. Apply a tight tourniquet
- D. Cover with dry sterile gauze

53. Which of the following indicates shock in pediatric patients?

- A. Hypotension
- B. Tachycardia
- C. Bradycardia
- D. Hypertension

54. What is the purpose of the primary survey in trauma?

- A. Identify and treat life-threatening conditions
- B. Obtain detailed patient history
- C. Perform physical exam head to toe
- D. Obtain vital signs

55. What is the recommended fluid for initial resuscitation in hypovolemic shock?

- A. Blood products
 - B. Lactated Ringer's or normal saline
 - C. Dextrose 5% in water
 - D. Albumin
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SECTION 4: MEDICAL/OBSTETRICS/GYNECOLOGY

Questions 56-100

56. What is the best position for transporting a pregnant trauma patient?

- A. Supine
- B. Left lateral recumbent
- C. Right lateral recumbent
- D. Trendelenburg

57. Which medication is commonly used to treat anaphylaxis?

- A. Diphenhydramine
- B. Epinephrine
- C. Albuterol
- D. Nitroglycerin

58. A 68-year-old diabetic patient is confused, diaphoretic, and tachycardic. What do you suspect?

- A. Hypoglycemia
- B. Hyperglycemia
- C. Stroke
- D. Hypernatremia

59. What is the primary concern in a patient with a suspected stroke?

- A. Airway management
- B. Quick transport to hospital
- C. Administer aspirin pre-hospital
- D. Check pupils

60. What seizure type is characterized by loss of consciousness and generalized convulsions?

- A. Absence seizure
- B. Complex partial seizure
- C. Tonic-clonic seizure
- D. Febrile seizure

61. Which infection is a concern for newborns delivered outside the hospital?

- A. Pneumonia
- B. Neonatal sepsis
- C. Meningitis
- D. All of the above

62. What is the most common cause of altered mental status in diabetic patients?

- A. Hypoglycemia
- B. Hyperglycemia
- C. Ketoacidosis
- D. Stroke

63. What medication should be administered for acute asthma exacerbation?

- A. Oral prednisone
- B. Inhaled albuterol
- C. Epinephrine IM
- D. Nitroglycerin

64. What is the recommended position for a patient experiencing syncope?

- A. Supine with legs elevated
- B. Sitting upright
- C. Semi-Fowler's position
- D. Standing

65. What is the normal fetal heart rate?

- A. 60-80 bpm
- B. 110-160 bpm
- C. 170-200 bpm
- D. 200-220 bpm

66. Which condition is a contraindication to the administration of nitroglycerin?

- A. Chest pain
- B. Hypotension
- C. Headache
- D. Tachycardia

67. Signs of preeclampsia include all EXCEPT:

- A. Hypertension
- B. Proteinuria
- C. Edema
- D. Bradycardia

68. What should be your first action when delivering a baby in the field?

- A. Clamp and cut the cord immediately
- B. Support and guide the head as it crowns
- C. Suction the mouth and nose before delivery
- D. Give the mother oxygen

69. What condition is characterized by high fever, rash, and hypotension often associated with tampon use?

- A. Toxic shock syndrome
- B. Anaphylaxis
- C. Meningitis
- D. Sepsis

70. What is the major sign of upper airway obstruction in children?

- A. Stridor
- B. Wheezing
- C. Crackles
- D. Gurgling

71. What toxin is most associated with "pinpoint pupils"?

- A. Cocaine
- B. Opioids
- C. Amphetamines
- D. Alcohol

72. Which of the following is the priority in managing a pediatric seizure?

- A. Protect airway and prevent injury
- B. Administer anticonvulsants immediately
- C. Cool the patient
- D. Initiate IV fluids

73. What is the cause of diabetic ketoacidosis?

- A. Excess insulin
- B. Insulin deficiency and high blood glucose
- C. Hypoglycemia
- D. Low carbohydrate intake

74. What medication reverses opioid overdose?

- A. Naloxone
- B. Atropine
- C. Glucagon
- D. Epinephrine

75. For a patient with respiratory distress due to acute pulmonary edema, what medication is appropriate?

- A. Albuterol
- B. Furosemide
- C. Nitroglycerin
- D. Diphenhydramine

76. Which electrolyte imbalance commonly causes cardiac arrhythmias?

- A. Hyperkalemia
- B. Hypocalcemia
- C. Hyponatremia
- D. Hypoglycemia

77. What symptom commonly indicates a tension headache?

- A. Sudden severe headache with neck stiffness
- B. Gradual onset dull headache
- C. Unilateral sharp persistent pain
- D. Visual disturbances

78. Which is an early sign of sepsis?

- A. Fever or hypothermia
- B. Bradycardia
- C. Hypotension
- D. Oliguria

79. What clinical feature differentiates diabetic hyperosmolar syndrome from diabetic ketoacidosis?

- A. Ketones in urine
- B. Severe dehydration and hyperglycemia without ketoacidosis
- C. Rapid onset
- D. Fruity breath odor

80. What is the typical duration of a general tonic-clonic seizure?

- A. Seconds
- B. 1-3 minutes
- C. 10-15 minutes
- D. Over 30 minutes

81. The safest place to palpate a pulse in an unresponsive adult is:

- A. Radial artery
- B. Brachial artery
- C. Carotid artery
- D. Femoral artery

82. A patient with COPD shows drowsiness and confusion. What is the likely cause?

- A. Hypoxia
- B. Carbon dioxide retention (hypercapnia)
- C. Hypoglycemia
- D. Hypovolemia

83. What is the recommended blood glucose level during transport in hypoglycemic patients?

- A. 50-70 mg/dL
- B. 70-100 mg/dL
- C. 100-150 mg/dL
- D. Above 150 mg/dL

84. What medication is given for chest pain suspected of myocardial infarction?

- A. Aspirin
- B. Glucose
- C. Atropine
- D. Albuterol

85. What neurological scale is used in prehospital settings to assess level of consciousness?

- A. Glasgow Coma Scale
- B. APGAR score
- C. Pediatric Assessment Triangle
- D. Revised Trauma Score

86. What is the most common cause of seizures in adults?

- A. Trauma
- B. Epilepsy
- C. Hypoxia
- D. Stroke

87. In obstetric emergencies, what does meconium-stained amniotic fluid indicate?

- A. Severe hypoxia of fetus
- B. Infection
- C. Placental abruption
- D. Premature labor

88. What infection is of major concern in immunocompromised patients?

- A. Influenza
- B. HIV/AIDS-related opportunistic infections
- C. Tuberculosis
- D. Hepatitis B

89. What temperature indicates hypothermia?

- A. Less than 36°C (96.8°F)
- B. Less than 35°C (95°F)
- C. Less than 32°C (90°F)
- D. Less than 28°C (82.4°F)

90. How do you treat anaphylaxis in an adult?

- A. IV fluids and antihistamines only
- B. Epinephrine, oxygen, and airway management
- C. Steroids only
- D. Albuterol nebulizer

91. Which medication can cause a life-threatening overdose if given in excess?

- A. Acetaminophen
- B. Lidocaine
- C. Naloxone
- D. Epinephrine

92. What is the priority for a patient with suspected meningitis?

- A. Administer antibiotics
- B. Ensure airway, oxygenation, and rapid transport
- C. Give analgesics
- D. Perform spinal tap

93. Which poison antidote is used for cyanide poisoning?

- A. Naloxone
- B. Atropine
- C. Hydroxocobalamin
- D. Flumazenil

- 94.** What sign differentiates a partial airway obstruction from complete?
- A. Inability to cough or speak
 - B. Cyanosis
 - C. Audible wheezing or coughing
 - D. Loss of consciousness
- 95.** What urine output indicates adequate kidney perfusion?
- A. 0.1 mL/kg/hr
 - B. 0.5 mL/kg/hr
 - C. 1.5 mL/kg/hr
 - D. 2.0 mL/kg/hr
- 96.** What is an early sign of shock?
- A. Profound hypotension
 - B. Restlessness or anxiety
 - C. Bradycardia
 - D. Cyanosis
- 97.** Which condition is most likely to cause sudden severe chest pain radiating to the back?
- A. Myocardial infarction
 - B. Aortic dissection
 - C. Pulmonary embolism
 - D. Pneumonia
- 98.** What does the "rule of nines" estimate in burns?
- A. Burn depth
 - B. Burn surface area
 - C. Burn severity
 - D. Burn infection risk
- 99.** What does the presence of Kussmaul respirations indicate?
- A. Hypoglycemia
 - B. Diabetic ketoacidosis
 - C. Hyperventilation from anxiety
 - D. Pulmonary edema
- 100.** Which of the following is a sign of hypovolemic shock due to dehydration?
- A. Bradycardia
 - B. Poor skin turgor and dry mucous membranes
 - C. Increased urine output
 - D. Warm flushed skin
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SECTION 5: EMS OPERATIONS

Questions 101-120

101. What should be your first action on arrival to an emergency scene?

- A. Begin patient assessment
- B. Call for additional resources
- C. Ensure scene safety
- D. Perform a rapid trauma assessment

102. When documenting a patient refusal, it is important to:

- A. Obtain a signature
- B. Note the time
- C. Include patient's mental status
- D. All of the above

103. Which is the highest priority during mass casualty triage?

- A. Immediate (red)
- B. Delayed (yellow)
- C. Minor (green)
- D. Expectant (black)

104. What is the most effective way to prevent EMS provider injury?

- A. Proper lifting techniques and scene awareness
- B. Wearing gloves only
- C. Using the ambulance as a shield
- D. Rushing to patient

105. How often should the EMS vehicle be inspected?

- A. Weekly
- B. Monthly
- C. At the start of each shift
- D. Annually

106. What is the primary purpose of a prehospital care report (PCR)?

- A. Billing only
- B. Legal documentation and patient care continuity
- C. Teaching tool only
- D. Insurance purposes

107. What are the 5 rights of medication administration?

- A. Patient, dose, medication, route, time
- B. Right drug, right patient, right dose, right route, right time
- C. Right drug, right documentation, right dose, right time, right order
- D. Right patient, right diagnosis, right therapy, right time, right dose

108. Who grants EMS providers the authority to provide care?

- A. Medical director
- B. Local government
- C. The hospitals
- D. The patients

109. What action is appropriate if you find an unresponsive patient without a pulse?

- A. Wait for additional resources
- B. Begin CPR immediately
- C. Attempt oral airway insertion only
- D. Call medical control

110. Which of the following is a physical hazard at a hazardous materials incident?

- A. Chemical exposure
- B. Radiation
- C. Fire or explosion
- D. Infectious disease

111. What is the first step in decontaminating an EMS provider exposed to a hazardous material?

- A. Remove contaminated clothing
- B. Immediately rinse with water
- C. Call for hazmat team
- D. Place in isolation

112. Which mode of communication is most secure for patient information?

- A. Cell phone
- B. Radio transmission
- C. Encrypted digital radio
- D. Face-to-face

113. What should you do if a scene becomes unsafe after initial arrival?

- A. Continue care regardless
- B. Retreat and call for law enforcement
- C. Wait for patient to come to you
- D. Use force if necessary

114. Which of the following is a common cause of ambulance accidents?

- A. Failure to wear seatbelt
- B. Speeding
- C. Driving while fatigued
- D. All of the above

115. What is the purpose of a scene size-up?

- A. To evaluate the number of patients only
- B. To identify hazards, assess resources, and plan
- C. To begin treatment immediately
- D. To determine transport destination

116. What should be your priority when caring for a patient who refuses care?

- A. Let them go without documentation
- B. Persuade them to accept care while documenting refusal thoroughly
- C. Force treatment
- D. Ignore patient wishes

117. What is the recommended approach to lift a patient safely?

- A. Lift with back muscles only
- B. Use legs and keep back straight
- C. Use one person lifting only
- D. Lift with arms extended

118. What is the main reason for performing primary assessment?

- A. To obtain history
- B. To identify and treat life-threatening conditions
- C. To transport patient quickly
- D. To find minor injuries

119. Which disease is transmitted via needle-stick injuries?

- A. Influenza
- B. HIV and Hepatitis B or C
- C. Tetanus
- D. MRSA

120. What is the appropriate method for collecting a patient's blood pressure?

- A. Use the correct cuff size, proper positioning, and listen for Korotkoff sounds
- B. Measure while the patient is lying down only
- C. Always take in the left arm
- D. Use only automated devices

SECTION 6: CLINICAL JUDGMENT

Questions 121-150

121. You arrive at a patient with altered mental status and normal vital signs. What is your next step?

- A. Obtain a full set of vitals
- B. Perform a glucose test

- C. Transport immediately
- D. Administer oxygen

122. Which sign is most indicative of impending respiratory failure?

- A. Use of accessory muscles
- B. Normal respiratory rate
- C. Pink frothy sputum
- D. Decreased heart rate

123. An elderly woman becomes unresponsive. Bystanders saw her clutch her chest before collapsing. What do you do first?

- A. Attach defibrillator
- B. Begin chest compressions
- C. Insert oral airway
- D. Check pulse

124. What should you suspect in a trauma patient with hypotension and distended neck veins?

- A. Pneumothorax
- B. Cardiac tamponade
- C. Hypovolemia
- D. Spinal shock

125. What is the most important reason to perform a rapid transport in trauma?

- A. Patient comfort
- B. Definitive care access
- C. Scene clearance
- D. Family wishes

126. How should you proceed if a patient is combative but needs ALS care?

- A. Restrain and proceed without consent
- B. Attempt verbal de-escalation and assess capacity before care
- C. Leave the scene
- D. Call law enforcement immediately

127. Your patient has SOB and wheezing after exposure to a known allergen. What is the priority intervention?

- A. Epinephrine administration
- B. IV fluids
- C. Antihistamines
- D. Corticosteroids

128. During transport, your patient becomes unresponsive. What is your first action?

- A. Continue transport as planned

- B. Reassess airway and breathing
- C. Check pulse only
- D. Call medical control

129. When is it acceptable to withhold resuscitation?

- A. In all cardiac arrests
- B. When signs of irreversible death are present (rigor mortis, decapitation)
- C. When family requests
- D. After 10 minutes of CPR

130. What factor increases the risk of aspiration in unconscious patients?

- A. Normal gag reflex
- B. Vomiting or decreased consciousness
- C. Intubation
- D. Oxygen administration

131. What should be your approach when managing a patient with chest trauma and subcutaneous emphysema?

- A. Monitor and rapid transport
- B. Immediate chest decompression if tension pneumothorax suspected
- C. Apply oxygen only
- D. Position patient supine

132. What is an important consideration when treating children?

- A. Use same medication doses as adults
- B. Always maintain warm environment
- C. Do not assess breathing if pulse present
- D. Avoid cervical collar

133. How do you determine if a patient is hypoglycemic?

- A. Fingerstick blood glucose < 70 mg/dL with symptoms
- B. Altered mental status only
- C. Diaphoresis and tachycardia only
- D. Positive ketones in urine

134. You suspect sepsis in a patient. Which vital sign supports this?

- A. Hypotension and tachycardia
- B. Bradycardia
- C. Hypertension
- D. Normal vitals

135. What is the appropriate treatment for a patient with pulmonary edema?

- A. Nitroglycerin, oxygen, and position upright

- B. Fluid administration
- C. Albuterol nebulizer
- D. Steroids

136. What clinical sign is often the earliest indicator of increased intracranial pressure?

- A. Bradycardia
- B. Severe headache
- C. Altered level of consciousness
- D. Fixed, dilated pupils

137. What is the proper action if you find a newborn not breathing after delivery?

- A. Perform chest compressions immediately
- B. Suction airway and provide positive pressure ventilation
- C. Clamp and cut umbilical cord then wait
- D. Leave with mother and observe

138. What defines a priority patient in the START triage system?

- A. Breathing less than 30 bpm or not able to follow commands
- B. Walking wounded
- C. Minor cuts and bruises
- D. Airway obstruction only

139. What does mottled skin indicate?

- A. Good perfusion
- B. Poor peripheral perfusion
- C. Allergic reaction
- D. Fever

140. Which acid-base abnormality is associated with prolonged vomiting?

- A. Metabolic acidosis
- B. Respiratory alkalosis
- C. Metabolic alkalosis
- D. Respiratory acidosis

141. What vital sign is most important in determining shock?

- A. Blood pressure
- B. Pulse rate and quality
- C. Temperature
- D. Respiratory rate

142. When should CPAP be used?

- A. Patients with respiratory distress but able to protect airway
- B. Unresponsive patients

- C. Cardiac arrest victims
- D. Minor trauma patients

143. How should you treat severe hypothermia?

- A. Rapid active rewarming immediately
- B. Passive rewarming and handle gently
- C. Apply ice packs to extremities
- D. Initiate CPR in all cases

144. Which of the following is a sign of carbon monoxide poisoning?

- A. Cherry red skin color
- B. Cyanosis
- C. Pallor
- D. Cold, clammy skin

145. What is the GCS score range?

- A. 0-10
- B. 3-15
- C. 5-20
- D. 1-12

146. How do you manage a patient with an opioid overdose?

- A. Provide oxygen and naloxone administration
- B. Wait for hospital care only
- C. Perform gastric lavage
- D. Administer activated charcoal

147. What is the leading cause of death in trauma patients?

- A. Head injury
- B. Hemorrhage
- C. Infection
- D. Pneumothorax

148. When using an AED, what is the next step after analyzing rhythm and no shock advised?

- A. Start CPR immediately
- B. Wait for 2 minutes
- C. Give epinephrine
- D. Remove pads

149. What is the best way to communicate with a hearing-impaired patient?

- A. Speak loudly
- B. Use written communication or sign language if possible

C. Ignore and wait for interpreter

D. Use gestures only

150. You find a patient unresponsive with agonal respirations. What is your immediate step?

A. Begin rescue breathing only

B. Start chest compressions and ventilation immediately

C. Check for bleeding

D. Place patient in recovery position

ANSWER KEY

Q#	Answer	Q#	Answer	Q#	Answer	Q#	Answer	Q#	Answer
1	B	31	B	61	B	91	A	121	B
2	B	32	B	62	A	92	B	122	A
3	B	33	C	63	B	93	C	123	D
4	B	34	A	64	A	94	C	124	B
5	B	35	C	65	B	95	B	125	B
6	C	36	B	66	B	96	B	126	B
7	C	37	B	67	D	97	B	127	A
8	C	38	C	68	B	98	B	128	B
9	A	39	A	69	A	99	B	129	B
10	C	40	B	70	A	100	B	130	B
11	B	41	C	71	B	101	C	131	B
12	B	42	B	72	A	102	D	132	B
13	B	43	B	73	B	103	A	133	A
14	B	44	A	74	A	104	A	134	A
15	A	45	B	75	C	105	C	135	A
16	B	46	B	76	A	106	B	136	C
17	B	47	A	77	B	107	B	137	B
18	B	48	A	78	A	108	A	138	A
19	D	49	C	79	B	109	B	139	B
20	A	50	B	80	B	110	C	140	C
21	B	51	B	81	C	111	A	141	B
22	C	52	A	82	B	112	C	142	A
23	A	53	B	83	B	113	B	143	B
24	B	54	A	84	A	114	D	144	A
25	C	55	B	85	A	115	B	145	B
26	A	56	B	86	B	116	B	146	A
27	D	57	B	87	A	117	B	147	B
28	B	58	A	88	B	118	B	148	A
29	C	59	B	89	B	119	B	149	B
30	A	60	C	90	B	120	A	150	B

END OF EXAMINATION

Good luck with your NREMT preparation!