EMT Exam

1. What differences in a child's airway might make airway management more difficult than in an adult?
A. a smaller jaw and a proportionally larger tongue
B. smaller jaw, smaller teeth
C. There are no anatomic differences that affect airway management in children versus adults.
D. longer airway and small tongue
Answer(s): A
2. A normal respiratory rate for an adult is, while a normal respiratory rate for a newborn is
A. 12 to 20 and 16 to 24
B. 12 to 20 and 30 to 60
C. 22 to 30 and 50
D. 8 to16 and 20 to 40
Answer(s): B
3. What is the first thing you should do before inserting a nasopharyngeal airway?
A. Select the correct size.
B. Make sure the patient does not have a gag reflex.

C. Tilt the head back, lube the airway, and insert it into the nostril.
D. Look up the nose to make sure the nostrils are large enough for a nasopharyngeal airway.
Answer(s): A
4. Emergency care for patients who are not breathing adequately but have a pulse includes all of the following except
A. airway management
B. supplemental oxygen
C. CPR
D. ventilatory support
Answer(s): C
5. You arrive on scene to find a young woman who is having trouble talking. She has hives and is starting to gasp for air. Her friend says she was just stung by a bee. Your immediate actions should include all of the following except
A. provide airway support.
B. assess the bee sting for signs of an infection.
C. administer epinephrine (If your state and local EMS protocols allow).
D. administer supplemental oxygen.
Answer(s): B
6. You're called to a home and find an unresponsive male. Family members said he "passed out."

The next thing you should do is:

A. Check the patient's blood sugar; he might be a diabetic.
B. Get a blood pressure to determine if it's too low and may have caused him to pass out.
C. Get a temperature to determine if he has heat stroke.
D. Simultaneously check for a pulse and breathing.
Answer(s): D
7. Wheezing can be described as
A. a high-pitched whistling sound
B. tiny popping sound
C. wet, crackling sound
D. loud snoring sound
Answer(s): A
8. You're responding to a call for a 44-year-old woman who is complaining of feeling anxious and states, "I can't breathe." You should do the following:
A. Perform an abdominal thrust; she may be choking.
B. Assess her respiratory rate and rhythm, check her oxygen saturation and listen to her lungs.
C. Place a non-rebreather mask and turn the flow to 6 LPM.
D. Immediately start manually ventilating since she said she can't breathe.
Answer(s): B

9. When assessing breathing, tidal volume refers to
A. whether a person inhales and exhales for the same amount of time
B. the rate at which a person breathes
C. the depth of the breath
D. how regular breathing appears
Answer(s): C
10. You are treating an adult patient who is unresponsive and just vomited. You need to suction his airway. You should suction the patient's airway for no more thanat a time.
A. 10-15 seconds
B. 15-20 seconds
C. less 5 seconds
D. as long as it takes to remove all of the vomit from the airway
Answer(s): A
11. If manually ventilating a patient, you should squeeze the bag everyseconds for an adult and everyseconds for a child.
A. 2 to 3, 6 to 8
B. 5 to 6, 5 to 6
C. 5 to 6, 3 to 5
D. 8 to 10, 6 to 8

Answer(s): C

12. A nasal cannula can be run at how many LPM?
A. 1 to 8 LPM
B. 1 to 6 LPM
C. 1 to 15 LPM
D. 5 to 10 LPM
Answer(s): B
13. You are manually ventilating a patient using a bag valve mask (BVM). The patient is connected to a pulse oximetry and the oxygen saturation reading is 80. You do not see the chest rise. What steps can you take?
A. Reposition the head and make sure you have a tight seal with the mask.
B. Do a finger sweep of the mouth to make sure it's clear.
C. Squeeze the bag much faster.
D. Put down the ambu bag and start mouth to mouth resuscitation using a barrier device.
Answer(s): A
14. You're on scene at a high school football game. A football player collapsed to the ground. He has a pulse, a respiratory rate of 4 breaths per minute, breaths are very shallow and he is grunting slightly. Airway management should include

A. doing a head tilt-chin lift maneuver, placing an oral airway and transporting.
B. administering supplemental oxygen with a nasal cannula at 2 LPM.
C. placing a nasal airway and a non-rebreather with an oxygen flow of 10 LPM.
D. performing manual ventilation with supplemental oxygen.
Answer(s): D
15. The lungs are made up of how many lobes?
A. 6
B. 2
C. 5
D. 4
Answer(s): C
16. You arrive on scene to a car accident and are treating a 35-year-old patient. He is unresponsive and not breathing. You should open his airway by
A. doing the jaw thrust maneuver
B. placing a cervical collar and then doing a head tilt-chin lift
C. opening his mouth wide, while slightly hyperextending his neck
D. doing the head tilt-chin lift
Answer(s): A

17. You have a patient who has a history of asthma and is having shortness of breath. The patient has a doctor's prescription to take 4 puffs of an Albuterol MDI every four hours as needed. Your local EMS policies allow you to help a patient self administer the MDI. What side effect should you watch for from the MDI?
A. bradycardia
B. sleepiness
C. increased heart rate
D. vomiting
Answer(s): C
18. You have an unresponsive patient with an intact gag reflex. You attempt to place a nasal airway in his right nostril, but you meet resistance and cannot insert. You should
A. Push it in with more force.
B. Try a smaller size.
C. Try the other nostril and be sure you have lubricated the device.
D. Switch to an oral airway.
Answer(s): C
19. You're treating an adult patient who is wearing a non-rebreather. The reservoir bag collapses on inspiration. What action(s) should you take?
A. Make sure the bag is connected to an O2 source and the flow is at least 10 LPM.
B. Switch to a nasal cannula.
C. Tell the patient to relax and breathe slower.

nswer(s): A O. Symptoms of asthma most often include A. vomiting and confusion B. headache C. fever and runny nose D. wheezing, shortness of breath, and coughing nswer(s): D	. Tell the patient to take deeper breaths and blow out harder.	
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