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Question: 1

Asthma in children is associated with

- A. Age 6 to 18 months
- B. Viral infection
- C. Family history
- D. Pneumonia

Answer: C

Explanation:

In pediatric patients, asthma can occur at any age and may be a response to allergy or exercise; most pediatric asthma patients have a family history of asthma. Viral infection is associated with bronchiolitis. Pneumonia is an infection of the lower airway or lung caused by a bacteria or virus.

Question: 2

In pediatric patients, bronchiolitis is

- A. Seasonal
- B. Caused by a virus
- C. Associated with asthma
- D. Responsive to medication

Answer: B

Explanation:

In pediatric patients, bronchiolitis is an infection of the lower respiratory tract caused by a virus; it may occur at any time and is not associated with a history of asthma. Bronchiolitis is often unresponsive to medication.

Question: 3

The most important intervention in a child with head trauma is

- A. Immobilization
- B. Ventilation
- C. Resuscitation
- D. Transport

Answer: B

Explanation:

The most important intervention in a child with head trauma is ventilation by either bag-valve-mask device or endotracheal intubation to prevent further injury and sustain neurologic function.

Question: 4

The first line of treatment for a child with severe hypothermia should include

- A. Performing CPR
- B. Rubbing the affected extremities
- C. Endotracheal intubation
- D. High-concentration oxygen

Answer: D

Explanation:

The first priority in treating a child with severe hypothermia is to maintain the airway by providing high-concentration oxygen. Stimulation, including endotracheal intubation, CPR or suctioning, should be avoided to prevent ventricular fibrillation; rubbing the affected extremities can cause further tissue damage.

Question: 5

All of the following may be used in patients with shock except

- A. Lactated Ringer's solution
- B. 5% Dextrose in water
- C. Normal saline
- D. Plasma

Answer: B

Explanation:

Normal saline and lactated Ringer's solution may be used in patients with shock; however, 5% dextrose in water is not recommended. Plasma may be given in the hospital setting.

Question: 6

All of the following are symptoms of cholinergic crisis except

- A. Salivation

- B. Incontinence
- C. Cardiac arrest
- D. Emesis

Answer: C

Explanation:

The acronym SLUDGE may be used as a mnemonic device for the symptoms of cholinergic crisis: Salivation, Lacrimation, Urinary incontinence, Defecation (or fecal incontinence), Generalized weakness, and Emesis.

Question: 7

In patient triage, which of the following conditions would be considered high-priority?

- A. Respiratory arrest
- B. Burns
- C. Shock
- D. Spinal cord damage

Answer: C

Explanation:

According to proper triage methods, a patient with signs and symptoms of shock would be considered highest priority; those with burns but without airway compromise or with back injuries with or without spinal cord damage would be considered second priority. A patient in respiratory or cardiopulmonary arrest would be considered lowest priority.

Question: 8

An Apgar score of 10 in a newly born infant indicates

- A. Moderate distress
- B. No distress
- C. Severe distress
- D. Cyanosis

Answer: B

Explanation:

An Apgar score of 7 to 10 in a newly born infant indicates mild or no distress: a score of 4 to 6 indicates moderate distress, such as cyanosis, and a score of 0 to 3 indicates severe distress.

Question: 9

The first step in treatment of cardiopulmonary arrest in a newly born infant is

- A. Intubation
- B. IV fluids
- C. Ventilation
- D. Atropine

Answer: C

Explanation:

The first step in treatment of cardiopulmonary arrest in a newly born infant is to provide ventilation and oxygenation. If the problem does not resolve, intubation, IV fluids, and medications such as atropine, epinephrine, lidocaine, or naloxone should be administered.

Question: 10

The Apgar score should be obtained

- A. One to five minutes after birth
- B. Before beginning resuscitation
- C. Immediately at birth
- D. Only if resuscitation is needed

Answer: A

Explanation:

The Apgar score should be obtained in a newly born infant 1 to 5 minutes after birth; waiting to obtain the Apgar score before beginning resuscitation may have disastrous consequences.

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