NREMT Patient Assessment Exam: Advanced Medical Scenarios

Section 1: Diabetes, Hypoglycemia, and Hyperglycemia

1. Hypoglycemia

You are called for a 35-year-old male who is pale, diaphoretic, and tremulous. He is a known diabetic and his wife states he took his insulin but skipped breakfast. He is awake but confused. Your blood glucose reading is 55 mg/dL.

What is the most appropriate initial treatment, assuming he can protect his airway?

A. Administer high-flow oxygen and transport immediately.

B. Give him an external heat pack to address the diaphoresis.

C. Administer oral glucose (tube or paste) and recheck the blood glucose in 10 minutes.

D. Initiate an IV and administer 100 mL of normal saline.

2. Hyperglycemia (DKA)

A 22-year-old female with Type 1 Diabetes presents with severe thirst (polydipsia), frequent urination (polyuria), abdominal pain, and deep, rapid breathing. Her blood glucose is 450 mg/dL.

The specific type of deep, rapid breathing observed in this patient is called:

A. Cheyne-Stokes respirations.

B. Agonal breathing.

C. Kussmaul respirations.

D. Biot's respirations.

3. Hypoglycemia vs. Hyperglycemia

Which presentation is most likely to lead to rapid, acute altered mental status and immediate brain injury if untreated?

A. Diabetic Ketoacidosis (DKA).

B. Hyperosmolar Hyperglycemic State (HHS).

C. Hypoglycemia.

D. Chronic Hyperglycemia.

4. DKA Assessment

When assessing a patient in Diabetic Ketoacidosis (DKA), the EMT might notice a specific odor on the patient's breath described as:

A. Sweet and fruity (acetone).

B. Ammonia-like.

C. Sulfur-like (rotten eggs).

D. Menthol or peppermint.

5. Diabetes Assessment

A 50-year-old diabetic male is complaining of numbness and tingling in his feet. You note several chronic, non-healing ulcers on his lower legs.

These symptoms are characteristic of which long-term complication of diabetes?

A. Hypertensive crisis.

B. Peripheral neuropathy.

C. Acute pancreatitis.

D. Respiratory acidosis.

6. Treatment Priority

You encounter two patients at a diabetic camp: Patient A is unresponsive, pale, and has a blood glucose of 30 mg/dL. Patient B is alert, thirsty, and has a blood glucose of 350 mg/dL.

Your highest priority patient is:

A. Patient B, because high blood sugar is always more dangerous.

B. Patient A, due to immediate threat to life from lack of glucose to the brain.

C. Both are equal priority and should be treated simultaneously.

D. Patient B, as his condition will deteriorate faster than Patient A's.

Section 2: Anaphylaxis and Allergic Reactions

7. Anaphylaxis Assessment

A 16-year-old was stung by a bee and is now complaining of difficulty breathing, wheezing, and a scratchy sensation in his throat. You note diffuse urticaria (hives). His BP is 90/60.

The combination of respiratory distress and hypotension indicates:

A. A mild localized allergic reaction.

B. A localized systemic reaction.

C. Anaphylactic shock (severe systemic reaction).

D. An anxiety attack.

8. Epinephrine Action

The primary beneficial effect of administering Epinephrine via an auto-injector to an anaphylactic patient is:

A. It is a powerful antihistamine.

B. It dilates the peripheral blood vessels, relieving the rash.

C. It constricts blood vessels (vasoconstriction) and dilates the bronchioles (bronchodilation).

D. It prevents the release of histamine from mast cells.

9. Assessment Priority

During the primary assessment of a patient with a known severe allergy, what is the most immediate life-threatening sign you must assess for?

A. Skin rash (urticaria).

B. Abdominal cramping.

C. Upper airway swelling (angioedema) or stridor.

D. Local pain at the exposure site.

10. Allergic Reaction Management

A 30-year-old female was exposed to latex and has developed hives and itching across her torso. She denies difficulty breathing or throat swelling. Her vital signs are stable.

What is the most appropriate initial treatment?

A. Immediate administration of Epinephrine.

B. High-flow oxygen via NRB mask.

C. Oxygen via nasal cannula and transport for further evaluation.

D. Initiating CPR due to impending shock.

Section 3: Sepsis and Infectious Diseases

11. Sepsis Definition

Sepsis is defined as a life-threatening organ dysfunction caused by a dysregulated host response to:

A. Trauma.

B. Chronic disease (e.g., cancer).

C. Infection.

D. Acute neurological event (e.g., CVA).

12. Septic Shock Signs

A 68-year-old nursing home resident is febrile, severely confused, and hypotensive (BP 80/40). Her skin is warm and flushed.

The warm skin in a hypotensive patient is a classic, though not universal, finding in:

A. Cardiogenic shock.

B. Neurogenic shock.

C. Septic shock (early stages).

D. Hypovolemic shock.

13. Sepsis Transport

When transporting a patient with suspected sepsis, your highest priority is:

A. Aggressively administering oral fluids.

B. Obtaining a complete social history.

C. Maintaining oxygenation, providing rapid transport, and managing hypoperfusion/hypotension.

D. Immediately giving the patient a cooling blanket.

14. Meningitis Assessment (Pediatric)

You are called for a 3-year-old child with a sudden high fever, irritability, and a non-blanching (petechial/purpuric) rash.

You should immediately suspect:

A. Gastroenteritis.

B. Common cold.

C. Meningococcemia/Severe Meningitis.

D. Febrile seizure.

15. Standard Precautions

When assessing a patient with a severe, productive cough, fever, and hemoptysis (coughing up blood), what is the most appropriate Standard Precaution to take against potential airborne pathogens like Tuberculosis (TB)?

A. No precautions are necessary.

B. Wearing sterile surgical gloves only.

C. Wearing an N95 or HEPA respirator mask and placing a surgical mask on the patient.

D. Wearing a fluid-impermeable gown only.

Section 4: Gastrointestinal and Genitourinary Emergencies

16. Abdominal Assessment

The technique used by the EMT to check for tenderness, rigidity, and guarding in the abdomen is called:

A. Auscultation.

B. Palpation.

C. Percussion.

D. Inspection.

17. Appendicitis

A 12-year-old boy has been complaining of dull, diffuse pain around his umbilicus (navel) that has now migrated to the right lower quadrant (RLQ). He has a low-grade fever and rebound tenderness.

This presentation is classic for:

A. Acute cholecystitis.

B. Acute peptic ulcer.

C. Acute appendicitis.

D. Kidney stones (renal calculi).

18. Aortic Aneurysm

A 70-year-old male complains of sudden, severe, tearing pain in his abdomen and lower back. He is pale and severely hypotensive. You palpate a pulsating mass in his abdomen.

You should:

A. Palpate the abdomen more aggressively to confirm the mass.

B. Treat for severe shock and initiate immediate, rapid, gentle transport without aggressive palpation.

C. Place the patient in a sitting position to relieve abdominal pressure.

D. Give the patient small amounts of water to drink.

19. Kidney Stones

A patient presents with sudden onset of excruciating, unilateral, cramping flank pain that radiates to their groin. They report recent blood in their urine.

This presentation is most consistent with:

A. Splenic rupture.

B. Gastrointestinal bleed.

C. Renal colic (kidney stones).

D. Appendicitis.

20. Gastrointestinal Bleed (Upper)

A 55-year-old male is pale, weak, and hypotensive. He reports vomiting material that looks like coffee grounds.

This finding indicates:

A. A recent ingestion of actual coffee grounds.

B. A localized lower GI bleed.

C. An upper GI bleed (melena or hematemesis) where blood has been partially digested by stomach acid.

D. Hemorrhoids.

Section 5: Toxicology and Behavioral/Psychiatric Emergencies

21. Toxicology Assessment (Opioid)

You are called for an unresponsive male found with a syringe nearby. He has extremely shallow, slow breathing (4 breaths per minute) and pinpoint (miotic) pupils.

The most likely overdose is:

A. Cocaine (Stimulant).

B. Opioid (Narcotic).

C. Alcohol (Sedative/Hypnotic).

D. Marijuana (Cannabinoid).

22. Opioid Overdose Management

For the patient described in Question 21, what is the most critical and immediate intervention if the patient is breathing inadequately?

A. Administer high-flow oxygen and transport.

B. Initiate positive pressure ventilation (BVM) and administer an opioid antagonist (Naloxone) per protocol.

C. Perform chest compressions.

D. Administer oral glucose.

23. Behavioral Assessment

When approaching a patient experiencing a behavioral or psychiatric crisis, the most important initial action for the EMT is to:

A. Immediately challenge the patient's delusion or hallucination.

B. Ensure your own safety and the safety of your partner and the patient.

C. Restrain the patient aggressively.

D. Complete a full and detailed past medical history first.

24. Excited Delirium

A 30-year-old male is exhibiting sudden, extreme agitation, shouting incoherently, and is demonstrating superhuman strength, fighting off multiple police officers. He is warm to the touch and diaphoretic.

This condition, which can quickly lead to sudden death, is known as:

A. Simple alcohol intoxication.

B. Bipolar mania.

C. Excited delirium.

D. Generalized anxiety disorder.

25. Carbon Monoxide Poisoning

A family of four is found unresponsive in their home on a cold night. They all report a headache before losing consciousness. They all have a cherry-red skin color.

The most likely toxic exposure is:

A. Methane gas.

B. Chlorine gas.

C. Carbon Monoxide (CO).

D. Hydrogen sulfide.

Section 6: Multiple Systems and Integrated Scenarios

26. Toxicology/Seizure

A patient is seizing, and the cause is unknown. During the postictal phase, you note his breath is extremely malodorous and his clothing is soaked with urine.

You should suspect:

A. Simple febrile seizure.

B. Seizure secondary to withdrawal (e.g., alcohol).

C. Seizure secondary to a new CVA.

D. Psychogenic non-epileptic seizure (PNES).

27. Anaphylaxis Management

A 40-year-old female is experiencing a severe anaphylactic reaction after eating peanuts. Her Epinephrine auto-injector has been administered, but her symptoms (wheezing, hypotension) are only mildly improved after 5 minutes.

What is the most appropriate next step, based on standard guidelines?

A. Transport immediately without further intervention.

B. Administer a second dose of Epinephrine if allowed by protocol.

C. Stop treatment and wait for ALS.

D. Administer a bronchodilator only.

28. Abdominal Pain Differential

Which condition typically causes pain that radiates to the shoulder due to irritation of the diaphragm (referred pain)?

A. Appendicitis.

B. Diverticulitis.

C. Ectopic pregnancy or acute cholecystitis (gallbladder).

D. Urinary tract infection.

29. Hypoglycemia vs. DKA Vitals

Which vital sign presentation is most consistent with the onset of Diabetic Ketoacidosis (DKA)?

A. Low respiratory rate, warm/dry skin, high BP.

B. Deep, rapid respirations (Kussmaul), warm/dry skin, normal or low BP.

C. Shallow respirations, pale/cool/clammy skin, high BP.

D. Normal respirations, pale/diaphoretic skin, low BP.

30. Sepsis and Shock

A 75-year-old male with a new Foley catheter has a low-grade fever and is confused. His vital signs show tachycardia and a slowly decreasing blood pressure.

This clinical picture requires you to manage him primarily for:

A. A simple urinary tract infection.

B. Septic shock.

C. Acute kidney failure.

D. Chronic dehydration.

31. Gastrointestinal Bleed (Lower)

The most common presenting sign of a lower gastrointestinal bleed is:

A. Coffee-ground emesis.

B. Severe, tearing abdominal pain.

C. Hematochezia (bright red blood in the stool).

D. Persistent hiccuping.

32. Allergic Reaction (Non-Anaphylactic)

A child has a localized, swollen, red area at a mosquito bite. He is playful and denies any systemic symptoms.

Appropriate treatment is:

A. Epinephrine auto-injector and transport.

B. High-flow oxygen and rapid transport.

C. Observation and reassurance, potentially administering an antihistamine (if allowed by protocol).

D. Placing the child in the recovery position.

33. Behavioral Emergency Restraint

If physical restraint of a patient is necessary for safety, which principle is most important for the EMT to follow?

A. Restrain the patient tightly on their abdomen.

B. Ensure adequate personnel are present and document the rationale and method clearly.

C. Immediately place a pillow over the patient's face to calm them.

D. Use restraints only on the hands and feet.

34. Opioid Overdose Assessment

In a suspected opioid overdose, the assessment of the patient's respiratory effort is crucial because:

A. It helps determine if the patient has a high blood glucose.

B. Opioids cause severe respiratory depression, which is the primary cause of death.

C. It determines the onset of the drug's effect.

D. It helps distinguish between an opioid overdose and a CVA.

35. Acute Abdomen

A patient with generalized abdominal pain presents with guarding (involuntary tensing of the abdominal muscles upon examination).

This physical finding is a strong indicator of:

A. Anxiety.

B. Minor muscle strain.

C. Peritonitis (inflammation of the abdominal lining).

D. Simple indigestion.

Section 7: Pediatric and Geriatric Considerations

36. Pediatric Diabetes (Hypoglycemia)

You are called for a 7-year-old diabetic child who is lethargic and irritable. Her parents are unsure if she ate or took her insulin. You should:

A. Assume DKA and encourage fluid intake.

B. Assume hypoglycemia until ruled out and administer sugar immediately (if appropriate/protocol allows).

C. Immediately initiate positive pressure ventilation.

D. Transport without performing any assessment.

37. Geriatric Sepsis

Elderly patients with severe infection (sepsis) often present atypically. What sign may be absent, leading to delayed recognition?

A. Tachycardia.

B. Altered mental status.

C. Fever.

D. Hypotension.

38. Pediatric Anaphylaxis Dosing

When assisting with an Epinephrine auto-injector for a child, the dose is typically lower than an adult dose. The most common pediatric auto-injector dose is:

A. 0.5 mg.

B. 0.15 mg.

C. 1.0 mg.

D. 0.3 mg.

39. Geriatric GI Bleed

An elderly patient presents with severe weakness, lightheadedness, and black, tarry stools (melena). Their vital signs are trending toward instability.

This presentation indicates:

A. A benign case of hemorrhoids.

B. A significant, acute or chronic gastrointestinal bleed.

C. A recent diet change.

D. Simple constipation.

40. Pediatric Assessment Triangle (PAT)

The PAT is a rapid, non-touch assessment used to quickly determine a pediatric patient's physiological status in which three components?

A. Pulse, Respiration, Blood Pressure.

B. Appearance, Work of Breathing, Circulation to Skin.

C. Activity, Color, Capillary Refill.

D. Responsiveness, Airway, Breathing.

Section 8: Scene Safety and Critical Thinking

41. Scene Safety (Toxicity)

You arrive at an industrial accident where two workers are complaining of headache and nausea after a chemical spill. Before approaching the patients, your first priority is:

A. Initiating high-flow oxygen on the patients.

B. Rapidly assessing the patients' breathing.

C. Ensuring the scene is safe (BSI, hazmat/toxic environment check) and not entering the hot zone.

D. Calling for an ALS unit.

42. Sepsis Recognition

The EMT's key role in improving the outcome for a septic patient is:

A. Administering broad-spectrum antibiotics.

B. Early recognition, rapid prehospital treatment (oxygenation/IV fluids if appropriate), and transport to a facility that can begin definitive care.

C. Taking the patient's temperature only.

D. Waiting for definitive lab results before transport.

43. Focused Abdominal Assessment

A female patient with lower abdominal pain and possible ectopic pregnancy should have her assessment focused on:

A. Complete neurological exam.

B. Signs of shock and the location/character of the pain.

C. Palpating the patient's chest for crepitus.

D. Detailed assessment of the patient's extremities.

44. Behavioral Emergency Documentation

When documenting a behavioral emergency, the EMT should focus on:

A. Using emotional and judgmental language to describe the patient's actions.

B. Documenting observable behaviors, what the patient said (quotes), and what interventions were performed.

C. Speculating on the patient's underlying psychiatric diagnosis.

D. Allowing the patient to refuse care without documentation.

45. Toxicology (Stimulant)

A patient who has taken a significant dose of a stimulant (e.g., cocaine) is likely to present with:

A. Hypotension and bradycardia.

B. Hypertension, tachycardia, and dilated (mydriatic) pupils.

C. Respiratory depression and pinpoint pupils.

D. Severe hypothermia.

46. Hypoglycemia Reassessment

After administering oral glucose, the most important subsequent assessment is to:

A. Recheck the patient's blood pressure only.

B. Reassess the patient's mental status and recheck the blood glucose level.

C. Begin a full secondary assessment of the extremities.

D. Administer a second dose immediately regardless of symptoms.

47. Anaphylaxis Assessment Key

Which question is the most critical to ask a patient suspected of having an allergic reaction?

A. When was the last time you brushed your teeth?

B. Have you ever had a fever before?

C. Have you been exposed to any known allergens (foods, insects, medications) recently?

D. Do you have a history of headaches?

48. Peritonitis Position

A patient with peritonitis (inflammation of the abdominal lining) will typically want to lie in what position to minimize pain?

A. Standing upright.

B. Lying flat on their back with their knees drawn up (fetal position/guarding).

C. Lying on their stomach.

D. Sitting bolt upright.

49. Sepsis Initial Management

Your initial management of a septic patient should include:

A. Giving them cold water to drink.

B. High-flow oxygen (if SpO2 $< 94\%$ or they are in distress) and maintaining a normal body temperature.

C. Aggressive hyperventilation.

D. Spinal motion restriction.

50. Altered Mental Status

The mnemonic AEIOU-TIPS is often used in the assessment of altered mental status. The 'A' stands for:

A. Adherence.

B. Alcohol/Acidosis.

C. Anxiety.

D. Atypical.

Answer Key

Question	Answer	Topic	Question	Answer	Topic	Question	Answer	Topic	Question	Answer	Topic	Question	Answer	Topic
1	C	Hypoglycemia	**11**	C	Sepsis	**21**	B	Toxicology	**31**	C	GI Bleed	**41**	C	Scene Safety
2	C	Hyperglycemia	**12**	C	Septic Shock	**22**	B	Toxicology	**32**	C	Allergic Reaction	**42**	B	Sepsis
3	C	Diabetes	**13**	C	Sepsis	**23**	B	Behavioral	**33**	B	Behavioral	**43**	B	OB/ GYN
4	A	DKA	**14**	C	Meningitis	**24**	C	Behavioral	**34**	B	Toxicology	**44**	B	Behavioral
5	B	Diabetes	**15**	C	Infectious	**25**	C	Toxicology	**35**	C	Abdomen	**45**	B	Toxicology
6	B	Diabetes	**16**	B	Abdomen	**26**	B	Seizure	**36**	B	Peds	**46**	B	Hypoglycemia
7	C	Anaphylaxis	**17**	C	Appendicitis	**27**	B	Anaphylaxis	**37**	C	Geriatrics	**47**	C	Allergic Reaction
8	C	Epinephrine	**18**	B	Abdomen	**28**	C	Abdomen	**38**	B	Peds	**48**	B	Abdomen
9	C	Anaphylaxis	**19**	C	Kidney Stones	**29**	B	DKA	**39**	B	Geriatrics	**49**	B	Sepsis
10	C	Allergic Reaction	**20**	C	GI Bleed	**30**	B	Sepsis	**40**	B	Peds	**50**	B	Altered Mental

Question	Answer	Topic	Question	Answer	Topic	Question	Answer	Topic	Question	Answer	Topic	Question	Answer	Topic
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