

NREMT ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. In Le Fort fractures, higher numbers correspond to which location?**
 - A. Lower location on the skull
 - B. Higher location on the skull
 - C. No skull involvement
 - D. More severe bleeding

- 2. A detailed physical exam is indicated in the field when:**
 - A. After completing the primary survey if stable
 - B. If there is a significant mechanism of injury or the patient is unconscious
 - C. Only if the patient requests one
 - D. During transport, not at the scene

- 3. Which term describes an abnormal shape or alignment of a body part?**
 - A. Deformity
 - B. Contusion
 - C. Abrasion
 - D. Puncture

- 4. Kussmaul respirations are characterized by which description?**
 - A. Short, shallow breaths
 - B. Irregular, gasping breaths
 - C. Long and deep respirations, usually with metabolic acidosis such as DKA
 - D. Noisy inspiration

- 5. The heel bone is called which of the following?**
 - A. Talus
 - B. Tibia
 - C. Fibula
 - D. Calcaneus

- 6. Melena describes what?**
 - A. Bright red blood in stool
 - B. Pale, clay-colored stool
 - C. No stool change
 - D. Black stool that contains blood

7. Crepitation describes what?

- A. A crackling or rattling sound
- B. A humming sound
- C. A squeaking sound
- D. A buzzing sound

8. Which vessels are exceptions to the general rule that veins carry oxygen-poor blood and arteries carry oxygen-rich blood?

- A. Pulmonary artery and pulmonary veins
- B. Aorta and Vena Cava
- C. Coronary arteries and veins
- D. Hepatic arteries and veins

9. What does plegia refer to?

- A. Inflammation of the joints
- B. Paralysis of the limbs
- C. Loss of sensation
- D. Muscle weakness

10. Peritonitis is best described as which of the following?

- A. Inflammation of the lining of the abdominal cavity that is highly sensitive to foreign substances
- B. Inflammation of the lining of the heart
- C. Inflammation of the lining of the lungs
- D. Inflammation of the stomach lining

Answers

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1. B
2. B
3. A
4. C
5. D
6. D
7. A
8. D
9. B
10. A

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Explanations

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1. In Le Fort fractures, higher numbers correspond to which location?

- A. Lower location on the skull
- B. Higher location on the skull**
- C. No skull involvement
- D. More severe bleeding

Understanding Le Fort fractures involves recognizing that the numbers indicate how high the fracture line runs in the facial bones. A fracture with a lower number sits closer to the teeth and jaw, while higher numbers mean the fracture line is higher up toward the skull base. So as the number increases, the fracture involves a higher location in the midface and toward the skull base. Specifically, Le Fort I is a horizontal break across the maxilla below the nose and above the teeth; Le Fort II moves higher through the maxilla and nasal bridge; Le Fort III is the highest, a craniofacial disjunction that crosses the zygomatic arches and orbital rims. Therefore, higher numbers correspond to higher location on the skull.

2. A detailed physical exam is indicated in the field when:

- A. After completing the primary survey if stable
- B. If there is a significant mechanism of injury or the patient is unconscious**
- C. Only if the patient requests one
- D. During transport, not at the scene

In trauma care, a thorough head to toe secondary survey is done after you've checked for and addressed life threats in the primary survey. This detailed exam is most indicated when there is a significant mechanism of injury or the patient is unconscious because injuries can be hidden and the patient cannot report what hurts. A high risk mechanism (like a high speed crash, fall from height, or blast injury) increases the chance of multiple or complex injuries that aren't obvious at first glance, and unconscious patients can't communicate symptoms such as pain, numbness, or weakness. By performing a careful, systematic exam in these situations, you can detect occult injuries to the head, spine, chest, abdomen, pelvis, and extremities, establish a neurologic baseline, and make informed decisions about immobilization, splinting, bleeding control, and transport priorities. Choosing not to do this only because the patient seems to be stable or because they request it isn't appropriate in trauma, and waiting until transport or skipping the detailed exam would risk missing injuries that aren't immediately evident.

3. Which term describes an abnormal shape or alignment of a body part?

- A. Deformity**
- B. Contusion
- C. Abrasion
- D. Puncture

An abnormal shape or alignment of a body part is described as a deformity. This term is used when a limb or area looks bent, shortened, rotated, or clearly out of proper alignment, which often indicates a fracture, dislocation, or severe sprain. In the field, recognizing a deformity helps you decide to immobilize the area and transport for definitive care to prevent further injury. The other terms refer to different injuries: a contusion is a bruise from bleeding under the skin, an abrasion is a superficial skin scrape, and a puncture is a penetrating wound from a sharp object. Deformity best captures the idea of abnormal shape or alignment.

4. Kussmaul respirations are characterized by which description?

- A. Short, shallow breaths
- B. Irregular, gasping breaths
- C. Long and deep respirations, usually with metabolic acidosis such as DKA**
- D. Noisy inspiration

Kussmaul respirations reflect the body's attempt to compensate for metabolic acidosis by increasing ventilation to blow off CO₂. The pattern is deep, long, and labored breaths, often with little or no pause between inspirations. This is a hallmark in conditions like diabetic ketoacidosis, where the body tries to raise blood pH by reducing hydrogen ion concentration. Think of other patterns as not fitting this scenario: shallow, short breaths don't move enough air to expel CO₂; irregular, gasping breaths suggest an unstable or failing pattern rather than a deliberate compensatory deep breath; noisy inspiration points to an airway obstruction or obstructions rather than metabolic compensation.

5. The heel bone is called which of the following?

- A. Talus
- B. Tibia
- C. Fibula
- D. Calcaneus**

The heel bone is the calcaneus. It is the largest bone of the foot's hindfoot and forms the foundation of the heel, located at the back of the foot. The calcaneus sits beneath the talus to create the ankle joint and provides the attachment for the Achilles tendon. The talus sits on top of the calcaneus and connects upward to the tibia and fibula, which are the leg bones, not the heel. So the bone that makes up the heel is the calcaneus.

6. Melena describes what?

- A. Bright red blood in stool
- B. Pale, clay-colored stool
- C. No stool change
- D. Black stool that contains blood**

Melena is the appearance of dark, black, tarry stools caused by digested blood in the gastrointestinal tract. The blood has been exposed to stomach acid and digestive enzymes as it moves through, giving the stool its black color, sticky texture, and often a foul odor. This pattern usually signals an upper GI bleed (stomach or duodenum) where blood has time to be digested. It's distinct from bright red blood in stool, which points to a lower GI source, and from pale, clay-colored stool, which suggests lack of bile. So black stool that contains blood describes melena.

7. Crepitation describes what?

A. A crackling or rattling sound

B. A humming sound

C. A squeaking sound

D. A buzzing sound

Crepitation is the crackling or rattling sound or sensation produced when air or gas moves through damaged tissue or when rough bone ends rub together. In the field, you might notice it as a crackling feeling under the skin (subcutaneous emphysema) or hear a crackling sound over the chest with trauma. It's not a hum, squeak, or buzz, which is why the crackling/rattling description is the best fit.

8. Which vessels are exceptions to the general rule that veins carry oxygen-poor blood and arteries carry oxygen-rich blood?

A. Pulmonary artery and pulmonary veins

B. Aorta and Vena Cava

C. Coronary arteries and veins

D. Hepatic arteries and veins

This question tests the idea that not all vessels follow the simple idea that arteries carry oxygen-rich blood and veins carry oxygen-poor blood. The special case is the pulmonary circulation, where the pattern reverses. The pulmonary artery carries blood that is low in oxygen as it travels from the right side of the heart to the lungs for gas exchange. After picking up oxygen in the lungs, the blood returns to the heart via the pulmonary veins, which carry oxygen-rich blood back to the left side of the heart. So the vessels that don't fit the usual rule are the pulmonary artery and the pulmonary veins. Other vessels follow the common pattern: systemic arteries, like the aorta, carry oxygen-rich blood away from the heart to the tissues, and systemic veins, like the vena cava, return oxygen-poor blood to the heart. Coronary arteries deliver oxygenated blood to the heart muscle, and the coronary veins drain deoxygenated blood back toward the right atrium. Hepatic arteries carry oxygenated blood to the liver, and hepatic veins drain deoxygenated blood away.

9. What does plegia refer to?

A. Inflammation of the joints

B. Paralysis of the limbs

C. Loss of sensation

D. Muscle weakness

Plegia denotes paralysis—the complete loss of motor function in a part of the body. It's used in terms like paraplegia (paralysis of both legs), hemiplegia (paralysis of one side), or quadriplegia (paralysis of all four limbs). That makes the description of paralysis of the limbs the correct fit. Inflammation of joints is arthritis, loss of sensation is anesthesia or sensory loss, and muscle weakness is called paresis. Understanding these terms helps you identify the exact motor or sensory deficit you're dealing with in assessment.

10. Peritonitis is best described as which of the following?

- A. Inflammation of the lining of the abdominal cavity that is highly sensitive to foreign substances**
- B. Inflammation of the lining of the heart
- C. Inflammation of the lining of the lungs
- D. Inflammation of the stomach lining

Peritonitis is inflammation of the peritoneum, the lining of the abdominal cavity that covers and protects the abdominal organs. This lining is highly sensitive to foreign substances such as bacteria or chemical irritants, so when it becomes inflamed, the abdomen typically becomes very painful, often stiff or rigid, with guarding and rebound tenderness. Patients may also develop fever, rapid heart rate, and, in severe cases, signs of sepsis. The other descriptions refer to inflammation of tissues outside the abdominal cavity: the heart's lining (pericardium), the lungs' lining (pleura), or the stomach lining (gastritis).

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://nremtaemt.examzify.com>

We wish you the very best on your exam journey. You've got this!

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