NREMT Cardiology & Resuscitation Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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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

1. **A 52-year-old male has experienced syncopal episodes when standing up. What should you do for him?**

   A. Administer oxygen by nasal cannula

   B. Give him sips of a sports drink

   C. Immobilize him to a long backboard

   D. Administer oxygen by non-rebreather mask

2. **An 84-year-old male complains of right-sided weakness and has a history of hypertension. What should you do?**

   A. Administer oxygen by non-rebreather mask

   B. Administer oxygen by nasal cannula

   C. Assist with the administration of his insulin

   D. Notify the receiving hospital of your findings

3. **What is the recommended compression-to-ventilation ratio for adults in CPR?**

   A. 15:2

   B. 30:2

   C. 20:2

   D. 5:1

4. **After achieving ROSC in a 1-month-old female, what is your next action?**

   A. analyze her rhythm with the AED.

   B. assess her breathing.

   C. continue compressions.

   D. begin to cool her.

5. **Why is it essential to maintain oxygenation for patients experiencing cardiac events?**

   A. To support metabolic demands of the heart

   B. To prevent makeup deficiencies

   C. To increase pulmonary function

   D. To stabilize blood glucose levels

6. If a patient who is apneic and pulseless begins to blink and look around during chest compressions, what should be suspected?

A. Return of spontaneous circulation

B. Levator palpebrae superioris relaxation

C. Reflexive eye-opening

D. Death

7. What is one of the first steps in the chain of survival for cardiac arrest?

A. Providing advanced airway management

B. Early recognition and activation of emergency response

C. Transporting the patient to a hospital

D. Determining the cause of the cardiac arrest

8. An 84-year-old male has chest pain described as squeezing. What should you do for him considering his history of heart disease?

A. Assist with the administration of nitroglycerin

B. Administer oxygen by nasal cannula

C. Administer aspirin

D. Administer oxygen by non-rebreather mask

9. What is the primary focus during the "re-check" phase of CPR?

A. Administer medications as needed

B. Assess for a pulse and check the patient's responsiveness

C. Continue chest compressions without interruption

D. Call for additional medical help

10. Which is true about laryngeal spasm in drowning victims?

A. It prevents water from entering the lungs.

B. It occurs after the cardiac arrest.

C. It can be reversed with CPR.

D. It signifies a successful drowning rescue.

Answers

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

Explanations

1. A 52-year-old male has experienced syncopal episodes when standing up. What should you do for him?

A. Administer oxygen by nasal cannula

B. Give him sips of a sports drink

C. Immobilize him to a long backboard

D. Administer oxygen by non-rebreather mask

Administering oxygen by nasal cannula is an appropriate intervention for a 52-year-old male experiencing syncopal episodes while standing. These episodes may suggest an underlying issue such as orthostatic hypotension or reduced perfusion, which can result in decreased oxygen delivery to the brain. By providing supplemental oxygen, you can help ensure that the patient receives adequate oxygenation, which may alleviate symptoms and support brain function. While options like giving sips of a sports drink may seem beneficial for hydration and electrolyte replenishment, it is not the most immediate intervention when addressing syncope. Ensuring that the patient is stable and adequately oxygenated takes precedence. Immobilizing him to a long backboard is unnecessary unless there is concern for a spinal injury or if he is unable to be safely moved otherwise. Such measures could cause discomfort and would not directly address the syncopal episodes. Administering oxygen via a non-rebreather mask may be more appropriate in cases of severe respiratory distress or when a higher concentration of oxygen is needed. However, for someone who is simply fainting, a nasal cannula provides sufficient oxygen without the potential discomfort and complications associated with a non-rebreather mask. Thus, providing oxygen by nasal cannula is a strategic choice that helps

2. An 84-year-old male complains of right-sided weakness and has a history of hypertension. What should you do?

A. Administer oxygen by non-rebreather mask

B. Administer oxygen by nasal cannula

C. Assist with the administration of his insulin

D. Notify the receiving hospital of your findings

In cases of sudden onset weakness, especially when accompanied by a history of hypertension, there is a significant concern for a possible stroke or transient ischemic attack (TIA). The rapid assessment and management in such situations are critical. Notifying the receiving hospital of your findings, including the patient's age, symptoms, and medical history, is essential for several reasons. First, it allows the hospital to prepare for the patient's arrival. Advanced stroke care is time-sensitive, and informing the hospital can initiate protocols such as a stroke team alert. This timely notification can lead to rapid diagnostic imaging and treatment, such as the administration of thrombolytics, if appropriate. Furthermore, hospitals often have specific guidelines they follow when dealing with potential stroke patients, including protocols for triage and intervention. By communicating the patient's condition early, you can facilitate a smoother transition to definitive care, which is crucial for the patient's outcomes. In this scenario, while oxygen administration may be necessary if the patient is hypoxic, it does not directly address the underlying condition or prepare for stroke management. Assisting with insulin would be irrelevant unless there were signs of hypoglycemia, which isn't indicated here. Thus, focusing on notifying the receiving facility ensures the patient receives timely and appropriate care for their acute condition

3. What is the recommended compression-to-ventilation ratio for adults in CPR?

A. 15:2

B. 30:2

C. 20:2

D. 5:1

The recommended compression-to-ventilation ratio for adults in CPR is 30:2. This means that for every 30 chest compressions delivered, the provider should give 2 rescue breaths. This ratio is designed to maximize the effectiveness of each cycle of CPR by ensuring that a significant amount of blood is being circulated (through compressions) while still providing necessary oxygenation (through ventilations). The rationale behind this ratio is based on numerous studies that indicate the best chances of survival are achieved when compressions are prioritized, given that they maintain circulation and perfusion to vital organs, especially the heart and brain. The 30:2 ratio is also easy to remember and apply in emergency situations, facilitating an efficient and effective CPR technique. In contrast, other ratios such as 15:2 or 20:2 do not optimize the balance between compressions and ventilations effectively for adults, as they allocate too few compressions in relation to the number of breaths provided. The 5:1 ratio is specifically not suited for adult resuscitation, as it significantly underplays the importance of compressions during a critical response scenario. Therefore, using the 30:2 ratio helps ensure that the body receives adequate blood flow while also introducing oxygen when needed

4. After achieving ROSC in a 1-month-old female, what is your next action?

A. analyze her rhythm with the AED.

B. assess her breathing.

C. continue compressions.

D. begin to cool her.

After achieving Return of Spontaneous Circulation (ROSC) in a 1-month-old female, the next action should be to assess her breathing. This step is crucial because, even though ROSC has been achieved, the patient may still be in a compromised state and may require assistance with ventilation. Evaluating breathing will help determine if the child is breathing adequately on her own or if there is a need for supplemental oxygen or intervention. Monitoring the patient's respiratory status is critical to ensure that she is maintaining adequate oxygenation and ventilation, as respiratory distress can quickly worsen and lead to further complications. If the patient is not breathing or not breathing adequately, immediate steps to provide ventilatory support are essential. Analyzing rhythm with an AED or continuing compressions would not be appropriate at this stage because ROSC indicates that circulation has been restored. Furthermore, beginning to cool her, which is part of post-cardiac arrest care, would typically be initiated after assessing and securing the airway and breathing. Therefore, the focus at this moment should be on assessing her breathing as the next logical and critical step in her care following ROSC.

5. Why is it essential to maintain oxygenation for patients experiencing cardiac events?

A. To support metabolic demands of the heart

B. To prevent makeup deficiencies

C. To increase pulmonary function

D. To stabilize blood glucose levels

Maintaining oxygenation for patients experiencing cardiac events is crucial because the heart muscle requires a continuous supply of oxygen to function effectively. When cardiac events occur, such as a heart attack or severe arrhythmias, the demand for oxygen by the heart increases, and the available supply may be compromised. This can lead to ischemia, where heart tissue starts to die due to a lack of oxygen. By ensuring adequate oxygen levels, healthcare providers support the metabolic demands of the heart, allowing it to continue pumping effectively and preventing further injury to the myocardial tissue. Inadequate oxygenation can impair cardiac output and exacerbate the patient's condition, making it imperative for emergency responders to prioritize oxygen delivery during cardiac events. Although other aspects such as preventing nutrient deficiencies or stabilizing blood glucose may be important in a more general context of patient care, the immediate focus during a cardiac event should be on ensuring the heart's oxygen needs are met to optimize its function and increase the chances of recovery.

6. If a patient who is apneic and pulseless begins to blink and look around during chest compressions, what should be suspected?

A. Return of spontaneous circulation

B. Levator palpebrae superioris relaxation

C. Reflexive eye-opening

D. Death

When a patient who is apneic and pulseless begins to blink and look around during chest compressions, the most appropriate and clinically relevant suspicion is the return of spontaneous circulation. This phenomenon indicates that the heart may have restarted its activity, resulting in improved perfusion to the brain and other vital organs. As a result, the patient may begin to exhibit signs of responsiveness, which includes blinking or moving eyes. The return of spontaneous circulation is characterized by the presence of effective heart function, allowing for blood flow to crucial areas such as the brain. This can elicit neuro responses and show that the body is transitioning from a state of cardiac arrest to one of potential recovery. While reflexive eye-opening could be considered, it is generally associated with brainstem reflexes and lacks the connotation of regained consciousness that the return of spontaneous circulation implies. The levator palpebrae superioris relaxation would pertain to a different physiological response entirely and does not apply in this scenario of potential recovery. Additionally, death would preclude such movements, marking it as an unrealistic option considering the signs shown by the patient. Therefore, recognizing the situation as a possible return of spontaneous circulation is crucial for guiding further medical interventions and assessing the patient's condition.

7. What is one of the first steps in the chain of survival for cardiac arrest?

A. Providing advanced airway management

B. Early recognition and activation of emergency response

C. Transporting the patient to a hospital

D. Determining the cause of the cardiac arrest

The first step in the chain of survival for cardiac arrest is early recognition and activation of emergency response. This step is crucial because it sets the entire resuscitation process into motion. When a cardiac arrest occurs, time is of the essence. The sooner emergency services are alerted and on their way, the better the chances are for survival and recovery. Recognizing the signs of cardiac arrest—such as unresponsiveness, absence of normal breathing, and lack of pulse—enables bystanders or caregivers to make immediate, informed decisions about calling for help. Activating the emergency response system ensures that advanced care, including defibrillation and ACLS (Advanced Cardiac Life Support) interventions, can be administered as quickly as possible, which is essential for improving outcomes in cardiac arrest cases. While advanced airway management, transporting the patient, and determining the cause of the arrest are all important aspects of cardiopulmonary resuscitation (CPR) and cardiac care, they come after the activation of emergency response. Without immediate recognition and calling for assistance, other critical interventions may be delayed, jeopardizing the patient's chance of survival.

8. An 84-year-old male has chest pain described as squeezing. What should you do for him considering his history of heart disease?

A. Assist with the administration of nitroglycerin

B. Administer oxygen by nasal cannula

C. Administer aspirin

D. Administer oxygen by non-rebreather mask

In the context of an 84-year-old male with a history of heart disease presenting with squeezing chest pain, administering aspirin is a critical intervention. Aspirin acts as an antiplatelet medication, which helps to inhibit the aggregation of platelets in the blood, reducing the likelihood of clot formation, particularly in cases of myocardial ischemia or infarction. By preventing platelet clumping, aspirin can help to maintain blood flow to the heart muscle and mitigate further damage during a cardiac event. This action is especially important given the patient's age and history of heart disease, as these factors increase the risk of serious cardiac complications. Aspirin should be given as soon as possible, provided there are no contraindications, such as an allergy to aspirin or active gastrointestinal bleeding. Other management strategies, like administering oxygen or assisting with nitroglycerin, may also be appropriate in specific situations. However, the immediate use of aspirin for its cardioprotective effects is paramount in patients with chest pain associated with potential cardiac issues. Thus, in this scenario, administering aspirin is the most clinically significant and immediate intervention to take.

9. What is the primary focus during the "re-check" phase of CPR?

A. Administer medications as needed

B. Assess for a pulse and check the patient's responsiveness

C. Continue chest compressions without interruption

D. Call for additional medical help

During the "re-check" phase of CPR, the primary focus is to assess for a pulse and check the patient's responsiveness. This phase is crucial because it allows the responder to evaluate the effectiveness of the CPR being performed. By checking for a pulse, the rescuer can determine if the heart has started beating spontaneously or if there is still a need for continued resuscitation efforts. Assessing responsiveness alongside pulse checks is essential in determining the patient's neurological status and overall progress. If a pulse is detected or the patient shows signs of responsiveness, it may indicate that the resuscitation efforts are successful, allowing for a transition to monitoring and supportive care. Conversely, if there is no pulse, it indicates that CPR must continue or be adjusted accordingly. In this context, the other options, while they have their roles in different scenarios, do not fit the primary focus of the re-check phase. For instance, administering medications might occur based on an advanced care protocol but is not the main focus during this specific assessment phase. Continuing chest compressions is vital, but they should be paused momentarily to evaluate the patient's condition during the re-check. Calling for additional medical help is important but is not the immediate objective during the re-check phase, as responders are focused on

10. Which is true about laryngeal spasm in drowning victims?

A. It prevents water from entering the lungs.

B. It occurs after the cardiac arrest.

C. It can be reversed with CPR.

D. It signifies a successful drowning rescue.

Laryngeal spasm, also known as laryngospasm, is a protective reflex that occurs in response to water entering the airway, particularly in drowning scenarios. This spasm temporarily closes the vocal cords, which effectively prevents water from entering the lungs. This reflex can cause a victim to take very shallow breaths or none at all, which can prolong the time before water enters the lungs, thereby possibly delaying pulmonary complications associated with drowning. In the context of drowning victims, this mechanism is crucial as it can allow the individual to survive longer until rescue measures can be initiated. This protective response is essential because it highlights the body's reflexive attempt to safeguard vital organs and maintain airway integrity during drowning incidents.

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://nremtcardiologyresuscitation.examzify.com

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