

NREMT CRASH COURSE PRACTICE EXAM (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. Which move is used when the patient has a potentially life-threatening injury or illness and must be moved quickly for evaluation and transport?**
 - A. Non-Urgent Moves
 - B. Urgent Move
 - C. Rapid Extrication
 - D. Log Roll Technique

- 2. Which term refers to the skeleton primarily composed of the skull, spine, and rib cage?**
 - A. Pelvic skeleton
 - B. Cranial skeleton
 - C. Axial skeleton
 - D. Appendicular skeleton

- 3. Which airway technique is contraindicated in conscious patients?**
 - A. Head Tilt-Chin Lift
 - B. Jaw-Thrust Maneuver
 - C. Oropharyngeal airway
 - D. Nasopharyngeal airway

- 4. What happens to blood glucose when insulin moves glucose into cells?**
 - A. It rises
 - B. It drops
 - C. It stays the same
 - D. It fluctuates

- 5. A pulse pressure below 25% of systolic pressure is commonly associated with which condition?**
 - A. Hypertension
 - B. Normal Perfusion
 - C. Fever
 - D. Hypoperfusion

- 6. Which drug class includes morphine, codeine, heroin, oxycodone and can cause coma and severe respiratory depression?**
- A. Stimulants
 - B. Inhalants
 - C. Barbiturates
 - D. Narcotics
- 7. Which chamber pumps deoxygenated blood to the lungs under low pressure?**
- A. Systolic pressure
 - B. Diastolic pressure
 - C. Pulse pressure
 - D. Mean arterial pressure
- 8. Diverticulitis presents with pain in which quadrant?**
- A. Upper Left Quadrant
 - B. Lower Left Quadrant
 - C. Lower Right Quadrant
 - D. Epigastric
- 9. Which symptom combination is typical of septic shock?**
- A. Hypertension and sweating
 - B. Fever and chills with tachycardia and hypotension
 - C. Rash and edema
 - D. Cough and chest pain/tenderness
- 10. What is an EMT's first priority ALWAYS?**
- A. Airway management
 - B. Scene safety
 - C. Rapid assessment
 - D. Scene control

Answers

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

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Explanations

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1. Which move is used when the patient has a potentially life-threatening injury or illness and must be moved quickly for evaluation and transport?

- A. Non-Urgent Moves
- B. Urgent Move
- C. Rapid Extrication**
- D. Log Roll Technique

When a potentially life-threatening injury or illness requires swift evaluation and transport, rapid extrication is the move used. It is designed to remove the patient from a dangerous environment, such as a vehicle, as quickly as possible while protecting the airway and minimizing further injury, then moving to a safe area for assessment and transport. After the patient is out of danger, full immobilization on a backboard is typically completed. This contrasts with an urgent move, which is used when time is critical but the environment isn't necessarily as dangerous, and with the log roll technique, which is a slower method focused on maintaining spinal alignment during repositioning. Non-urgent moves are reserved for stable patients with no immediate threat.

2. Which term refers to the skeleton primarily composed of the skull, spine, and rib cage?

- A. Pelvic skeleton
- B. Cranial skeleton
- C. Axial skeleton**
- D. Appendicular skeleton

The main idea here is the central framework of the body. The axial skeleton is the part that forms the body's central axis and includes the skull, the vertebral column, and the rib cage. This grouping protects the brain, spinal cord, heart, and lungs and provides a stable axis for movement. That makes it the best term for a skeleton primarily made up of the skull, spine, and rib cage. The cranial skeleton covers only the skull, so it doesn't account for the spine and ribs. The appendicular skeleton includes the limbs and the girdles (shoulders and pelvis), not the central axis. The pelvic region isn't typically used as a separate major division in this context and would fall under the appendicular system.

3. Which airway technique is contraindicated in conscious patients?

- A. Head Tilt-Chin Lift
- B. Jaw-Thrust Maneuver**
- C. Oropharyngeal airway
- D. Nasopharyngeal airway

When the patient is awake, protecting the airway is still a priority and reflexes like the gag and cough are present. An airway adjunct that bypasses those reflexes can easily provoke gagging, coughing, or vomiting, which raises the risk of aspiration. The oropharyngeal airway sits behind the tongue to keep the airway open, but it does not respect the patient's gag reflex. Because of that, it is avoided in conscious patients; it's intended for unresponsive patients who cannot protect their own airway. In contrast, a nasopharyngeal airway can be better tolerated by a conscious patient when there are no nasal injuries or skull fractures, since it preserves more of the patient's natural airway reflexes. The jaw-thrust maneuver is a manual technique used to open the airway while minimizing movement of the cervical spine, especially in trauma with possible spinal injury; it's chosen based on the clinical situation and isn't inherently contraindicated for a conscious patient in the same way that an oropharyngeal airway is.

4. What happens to blood glucose when insulin moves glucose into cells?

- A. It rises
- B. It drops**
- C. It stays the same
- D. It fluctuates

When insulin moves glucose into cells, blood glucose falls. Insulin signals muscle and fat cells to bring glucose in by promoting GLUT4 transporters on their membranes. Once inside, the glucose is used for energy or stored as glycogen (in liver and muscle) or converted to fat in adipose tissue. In the liver, insulin also suppresses glucose production. Because more glucose leaves the bloodstream and is stored or used, the circulating blood sugar level decreases. The other options don't fit because the primary effect of insulin is to reduce, not increase or maintain, blood glucose.

5. A pulse pressure below 25% of systolic pressure is commonly associated with which condition?

- A. Hypertension
- B. Normal Perfusion
- C. Fever
- D. Hypoperfusion**

Pulse pressure is the difference between systolic and diastolic pressures. When this gap is very small—specifically less than a quarter of the systolic pressure—it usually means the heart isn't ejecting much blood and the vessels are not allowing a big rise in pressure with each beat. That pattern points to poor perfusion of tissues, or hypoperfusion, which is common in shock states such as hypovolemia or cardiogenic failure. In such cases stroke volume falls and vasoconstriction can keep diastolic pressure relatively high, narrowing the pulse pressure. So hypoperfusion best matches this finding. Hypertension often shows a wider pulse pressure, fever isn't defined by this pattern, and normal perfusion wouldn't present with a markedly narrowed pulse pressure.

6. Which drug class includes morphine, codeine, heroin, oxycodone and can cause coma and severe respiratory depression?

- A. Stimulants
- B. Inhalants
- C. Barbiturates
- D. Narcotics**

The drugs listed—morphine, codeine, heroin, and oxycodone—are opioids, commonly called narcotics. They activate mu opioid receptors in the brain and spinal cord, producing analgesia and sedation. A dangerous effect of this class is respiratory depression: the brainstem's drive to breathe in response to carbon dioxide is suppressed, so breathing becomes slow and shallow and can stop entirely in overdose, leading to coma. That's why this drug class best fits the description. Stimulants increase alertness and energy and don't share this mechanism. Inhalants affect the CNS in different ways and aren't defined by this opioid list. Barbiturates are another type of CNS depressant that can cause coma and respiratory depression, but they are a separate class from these opioids. The key point is that these substances are opioids, i.e., narcotics, with the highest risk of coma and severe respiratory depression in overdose.

7. Which chamber pumps deoxygenated blood to the lungs under low pressure?

- A. Systolic pressure
- B. Diastolic pressure**
- C. Pulse pressure
- D. Mean arterial pressure

This question is testing how pressure in the heart cycle relates to sending blood to the lungs. The pulmonary circuit operates under lower pressure than the systemic circuit, so the stage of the cycle that reflects a lower, resting pressure is most relevant here. The right ventricle does push deoxygenated blood into the lungs, and because the lungs are a low-resistance path, the pressures involved are comparatively low. Diastolic pressure is the arterial pressure during the heart's relaxation and filling phase, the lowest pressure reached in the cycle. That low-pressure state mirrors the pulmonary circulation's low-pressure environment, which is why this term best fits the idea of pumping to the lungs under low pressure. Systolic pressure is the peak pressure during contraction, which is the opposite of a low-pressure condition. Pulse pressure is the difference between systolic and diastolic pressures, not a pressure phase itself. Mean arterial pressure is an average that blends the two phases and doesn't specifically describe the low-pressure moment.

8. Diverticulitis presents with pain in which quadrant?

- A. Upper Left Quadrant
- B. Lower Left Quadrant**
- C. Lower Right Quadrant
- D. Epigastric

Diverticulitis inflames diverticula that are most common in the sigmoid colon, which sits in the left lower part of the abdomen. That anatomical location makes pain and tenderness appear in the lower left quadrant. The inflammatory process can also bring fever and localized tenderness to that area. In contrast, pain in other areas points to different organs: right lower quadrant for the appendix, epigastric for stomach or pancreas, and so on. So the classic finding is tenderness in the lower left quadrant due to the sigmoid colon's position.

9. Which symptom combination is typical of septic shock?

- A. Hypertension and sweating
- B. Fever and chills with tachycardia and hypotension**
- C. Rash and edema
- D. Cough and chest pain/tenderness

Septic shock is a distributive shock caused by a systemic response to infection. The infection drives fever or chills as part of the body's inflammatory response. At the same time, inflammatory mediators cause widespread vasodilation and capillary leak, which drop the effective circulating volume and lead to low blood pressure. The heart then beats faster to try to compensate, producing tachycardia. So the combination of fever or chills with tachycardia and hypotension captures both the infectious trigger and the circulatory collapse that define septic shock. Other symptom clusters fit different problems. Hypertension and sweating isn't typical for septic shock; rash and edema could occur in other conditions such as certain infections or allergic reactions; cough and chest pain/tenderness point more toward respiratory or cardiac issues rather than a systemic septic process.

10. What is an EMT's first priority ALWAYS?

- A. Airway management
- B. Scene safety**
- C. Rapid assessment
- D. Scene control

Scene safety is the priority because you can't help a patient if you or your team are in danger. The first step is to size up the scene, recognize hazards, and take steps to protect yourself, your partner, bystanders, and the patient—wearing PPE, securing the area, and calling for additional resources when needed. Only once the environment is under control can you move on to patient care, starting with a quick primary assessment and then addressing life threats. Airway management, breathing, and circulation matter a lot, but they must come after you've ensured it's safe to approach the patient. Focusing on safety first also supports effective scene control and prevents creating additional problems on the scene.

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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://nremtcrashcourse.examzify.com>

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

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