

NREMT FUTURE EMT GROUP PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://nremtfutureemtgroup.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. After managing a chest wound, what is the most appropriate on-scene action?**
 - A. Begin rapid transport
 - B. Auscultate lung fields
 - C. Treat for shock (hypoperfusion)
 - D. Administer oxygen by NRB
- 2. A 72-year-old female suddenly collapsed in church. When you arrive, she is awake but feels funny. Witnesses tell you she did not have a pulse and after three minutes she woke up. You should suspect:**
 - A. transient ischemic attack
 - B. syncope
 - C. hypoglycemia
 - D. heart attack
- 3. A 7-year-old being cared for at home on a ventilator has an alarm and a pulse rate of 40. What is the best immediate action?**
 - A. Check the settings
 - B. Increase volume of ventilation
 - C. Increase number of ventilations on the machine
 - D. Assist her ventilations with a BVM
- 4. In a single-rescuer adult CPR scenario, what is the recommended compression-to-ventilation ratio?**
 - A. Fifteen compressions to two breaths
 - B. Thirty compressions to one breath
 - C. Twenty compressions to two breaths
 - D. Thirty compressions to two breaths
- 5. A car pulls up to your ambulance with an unresponsive 1 year old female who is apneic and pulseless in the back seat. While your partner notifies dispatch and retrieves the AED, you should start CPR, providing:**
 - A. 2 ventilations followed by 30 compressions
 - B. 30 chest compressions followed by 2 ventilations
 - C. 1 ventilation every 5 seconds
 - D. 5 cycles of 15 compressions and 2 ventilations

6. A 30-month-old child has a fever of 102 F, cough, and shortness of breath with increased work of breathing; auscultation shows diffuse wheezes and crackles. What should you suspect?
- A. Bronchiolitis
 - B. Croup
 - C. Asthma
 - D. Epiglottitis
7. For a patient with a suspected airborne infection such as tuberculosis, which PPE is most appropriate?
- A. surgical mask and gloves
 - B. N95 respirator, eye protection, and gloves
 - C. Gown and gloves
 - D. No PPE beyond standard gloves
8. Which description best describes the recommended chest compression technique to maximize blood flow during compressions?
- A. increase pace above guideline
 - B. interpose breaths frequently
 - C. push hard and push fast
 - D. minimize compression depth
9. Which finding is most indicative of left sided heart failure in a patient with dyspnea?
- A. peripheral edema
 - B. crackles in lung fields
 - C. JVD
 - D. hepatomegaly
10. In a 6-year-old with fever, difficulty breathing, anxiety, tripod position, and sore throat, which condition is most suspected?
- A. Rubella
 - B. Pertussis
 - C. Epiglottitis
 - D. Esophagitis

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. After managing a chest wound, what is the most appropriate on-scene action?

- A. Begin rapid transport**
- B. Auscultate lung fields
- C. Treat for shock (hypoperfusion)
- D. Administer oxygen by NRB

After securing and managing the chest wound, the immediate on-scene priority is to get the patient to definitive care as quickly as possible. Chest injuries can deteriorate rapidly; definitive treatments such as imaging, chest tube placement, or surgical intervention are not available in the field and delays can increase the risk of complications or death. While continuing supportive care—like ensuring airway and breathing, providing high-flow oxygen if available, and monitoring for signs of shock—is important, none replaces the urgency of rapid transport to a facility where appropriate chest injury treatments can be performed. Auscultation and further on-scene assessments can be helpful, but they should not delay transport.

2. A 72-year-old female suddenly collapsed in church. When you arrive, she is awake but feels funny. Witnesses tell you she did not have a pulse and after three minutes she woke up. You should suspect:

- A. transient ischemic attack
- B. syncope**
- C. hypoglycemia
- D. heart attack

Syncope—a temporary loss of consciousness from a brief drop in blood flow to the brain—is the best fit. In this scenario the patient suddenly collapses, is awake afterward and reports feeling funny, and there's a period where there was no pulse followed by recovery. That pattern matches a transient loss of cerebral perfusion with spontaneous return of circulation, which is the hallmark of syncope. A transient ischemic attack would present with sudden neurological symptoms (such as weakness, facial droop, trouble speaking) rather than a collapse with brief pulse absence. Hypoglycemia can cause altered mental status or confusion and may include sweating or tremors, but the classic clue here is the transient, self-limited loss of pulse and quick recovery rather than hypoglycemic signs. A heart attack typically presents with chest pain or discomfort, shortness of breath, and ongoing symptoms rather than a brief, self-terminating episode with rapid return to baseline. In the field, keep the patient monitored, assess vitals, check glucose if indicated, and transport for evaluation since syncope can have serious underlying causes in an older adult.

3. A 7-year-old being cared for at home on a ventilator has an alarm and a pulse rate of 40. What is the best immediate action?

- A. Check the settings
- B. Increase volume of ventilation
- C. Increase number of ventilations on the machine

D. Assist her ventilations with a BVM

In a child who's on a ventilator and develops an alarm with a very low pulse, the first priority is to ensure ventilation to correct potential hypoxia. A pulse of 40 is a sign of significant hypoperfusion often driven by inadequate oxygen delivery, so you want to deliver breaths manually right away. Using a bag-valve-mask lets you provide controlled, continual breaths with 100% oxygen while you assess and address the ventilator. It also lets you observe chest rise and confirm airway patency, which is crucial when a machine isn't delivering reliable ventilation. While you're doing this, you can quickly check for obvious issues with the airway, tubing, or settings, but you don't wait to fix the machine if the patient isn't being oxygenated. Increasing the machine's volume or rate without confirming the airway is open and delivering effective breaths can risk overdistension or inadequate ventilation, and simply checking settings could delay critical oxygen delivery. By manually ventilating first, you stabilize breathing and buy time to troubleshoot the equipment and reassess the patient's perfusion and response. If the patient's condition doesn't improve, you'd move toward additional steps as appropriate.

4. In a single-rescuer adult CPR scenario, what is the recommended compression-to-ventilation ratio?

- A. Fifteen compressions to two breaths
- B. Thirty compressions to one breath
- C. Twenty compressions to two breaths

D. Thirty compressions to two breaths

In a single-rescuer adult CPR scenario, the priority is maintaining blood flow with quick, high-quality chest compressions and only brief interruptions for breaths. The standard approach is 30 compressions at a rate of 100–120 per minute, followed by 2 rescue breaths. This 30:2 pattern optimizes perfusion pressure while still providing necessary ventilation, helping deliver oxygen to the brain and heart between cycles. Pauses after fewer compressions or after more breaths can reduce coronary and cerebral perfusion and are less effective. If an advanced airway is in place, you switch to continuous compressions with one breath about every 6 seconds, but without long interruptions. So, the recommended ratio for a single rescuer in adults is 30 compressions to 2 breaths.

5. A car pulls up to your ambulance with an unresponsive 1 year old female who is apneic and pulseless in the back seat. While your partner notifies dispatch and retrieves the AED, you should start CPR, providing:

- A. 2 ventilations followed by 30 compressions
- B. 30 chest compressions followed by 2 ventilations**
- C. 1 ventilation every 5 seconds
- D. 5 cycles of 15 compressions and 2 ventilations

In pediatric cardiac arrest, the priority is to restore circulation quickly, so you start chest compressions first and then provide breaths. For a single rescuer performing CPR on a child, the standard sequence is 30 chest compressions followed by 2 ventilations, repeated in cycles. This keeps blood flowing to the brain and heart while you deliver breaths to oxygenate the blood. So the best choice matches that 30:2 pattern: you push hard and fast (about 100–120 compressions per minute, compressing about one third of the chest depth), then pause briefly to give 2 breaths using a proper technique. You continue these cycles until an AED is ready to be used or the patient shows signs of life. Starting with ventilations first delays circulation, which is why the option with breaths before compressions isn't appropriate. A ventilation pace of one breath every 5 seconds isn't aligned with the 30:2 cycle, and a 15:2 pattern is used when two rescuers are actively delivering compressions and breaths; at the moment you initiate CPR, 30:2 is the correct approach.

6. A 30-month-old child has a fever of 102 F, cough, and shortness of breath with increased work of breathing; auscultation shows diffuse wheezes and crackles. What should you suspect?

- A. Bronchiolitis**
- B. Croup
- C. Asthma
- D. Epiglottitis

This scenario points to a viral infection causing inflammation of the small airways in a young child. The combination of fever, cough, increased work of breathing, and diffuse wheezes and crackles fits bronchiolitis, which is most often due to RSV and commonly affects children under 2 years old, though it can occur around this age. The wheezes and crackles reflect obstruction and inflammation of the bronchioles, not just the larger airways. Other conditions have distinguishing features not present here. Croup usually shows a barking cough with inspiratory stridor from upper-airway swelling. Epiglottitis presents with drooling, a muffled voice, and a toxic appearance, often in a child who looks very ill. Asthma can cause wheezing, but fever and diffuse crackles are less typical in a first acute presentation at this age. So the best suspicion given the age and findings is bronchiolitis.

7. For a patient with a suspected airborne infection such as tuberculosis, which PPE is most appropriate?

- A. surgical mask and gloves
- B. N95 respirator, eye protection, and gloves**
- C. Gown and gloves
- D. No PPE beyond standard gloves

Airborne infections spread through small particles that can be inhaled, so protection must filter the air you breathe and protect the eyes and hands. An N95 respirator provides a close facial seal and filters out the small aerosols that TB can travel in, which a surgical mask cannot reliably do. Eye protection adds a barrier for the conjunctiva, reducing the chance of infection if aerosols reach the face. Gloves are essential for hand protection during patient contact, but they don't address inhalation risk on their own. A gown is added only when there's a risk of contamination of clothing from splashes or body fluids, not for airborne transmission alone. No PPE beyond a standard glove set leaves the respiratory route unprotected, so the best choice is the N95 respirator with eye protection and gloves.

8. Which description best describes the recommended chest compression technique to maximize blood flow during compressions?

- A. increase pace above guideline
- B. interpose breaths frequently
- C. push hard and push fast**
- D. minimize compression depth

During CPR the goal is to generate enough forward blood flow by creating proper pressure with each compression. The best description is pushing hard and pushing fast, because it captures both the depth and the rate needed to maximize perfusion. In adults, this means about 5 cm (2 inches) of depth at a rate of roughly 100–120 compressions per minute, with full recoil after each press so the heart can fill again. Keeping interruptions to a minimum preserves the perfusion pressure you've built. options don't fit: going faster without maintaining sufficient depth reduces the amount of blood moved with each squeeze; interposing breaths during compressions breaks the flow and lowers overall blood flow; and compressing too shallowly directly lowers the pressure generated and thus the blood flow.

9. Which finding is most indicative of left sided heart failure in a patient with dyspnea?

- A. peripheral edema
- B. crackles in lung fields**
- C. JVD
- D. hepatomegaly

Left-sided heart failure causes fluid to back up into the lungs, leading to pulmonary edema. That fluid accumulation makes the lungs crackle when auscultated and drives the shortness of breath. Crackles in the lung fields are a direct sign of pulmonary congestion from left heart failure, which is why this finding best fits a patient with dyspnea due to left-sided involvement. By contrast, peripheral edema, jugular venous distention, and hepatomegaly reflect venous congestion more typical of right-sided (or biventricular) failure, not the primary left-sided process responsible for dyspnea.

10. In a 6-year-old with fever, difficulty breathing, anxiety, tripod position, and sore throat, which condition is most suspected?

- A. Rubella
- B. Pertussis
- C. Epiglottitis
- D. Esophagitis

Acute upper airway obstruction in a child with fever, trouble breathing, anxiety, and a tripod posture, along with sore throat, points most strongly to epiglottitis. The swollen epiglottis can rapidly block the airway, so the child instinctively sits forward with the head extended to ease breathing. Drooling and painful swallowing are common because swallowing irritates the inflamed epiglottis, and the voice can become muffled. The overall appearance is often toxic with a high fever, which helps distinguish it from other illnesses. Measles would usually show a widespread rash; pertussis presents with long coughing spells and a characteristic whoop; esophagitis mainly causes painful swallowing without the acute, dangerous airway distress and tripod posture. Because epiglottitis can deteriorate quickly, treat it as a medical emergency and manage airway precautions in a controlled setting.

SAMPLE

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://nremtfutureemtgroup.examzify.com>

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

SAMPLE