

NREMT Medical, Obstetrics, and Gynecology Practice Exam (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

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- 1. Which lung sound was observed in the elderly patient with tuberculosis and left lower-lobe rhonchi?**
 - A. crackles**
 - B. rhonchi**
 - C. wheezes**
 - D. absent**

- 2. What is the recommended initial treatment for suspected hypoglycemia in a conscious patient?**
 - A. chewable glucose**
 - B. IV dextrose**
 - C. IM glucagon**
 - D. oxygen**

- 3. A febrile 66-year-old female who recently removed a tick presents with a 3 cm erythema migrans lesion. What is the most appropriate immediate action?**
 - A. assess her vital signs.**
 - B. administer oxygen.**
 - C. cleanse the area with soap and water.**
 - D. apply a moist, sterile dressing.**

- 4. A 59-year-old male has superficial lacerations across wrists; self-harm; you should apply sterile dressings and:**
 - A. Transport him to the hospital.**
 - B. Have a family member transport him to an urgent care center.**
 - C. Advise him of the possible consequences and allow him to refuse.**
 - D. Allow him to go to his primary care physician's office.**

- 5. Why are the signs and symptoms of ectopic pregnancy potentially life-threatening?**
- A. The placenta separates as the cervix dilates and cause uncontrolled internal bleeding.**
 - B. The implanted embryo causes an infection that descends from the uterus into the vagina.**
 - C. The placenta separates from the uterine wall and causes uncontrolled internal bleeding.**
 - D. The embryo ruptures the Fallopian tube and causes uncontrolled internal bleeding.**
- 6. A 37-year-old female is 36 weeks pregnant. She tells you that she has a severe headache and blurred vision. She describes decreased fetal activity today. Her vital signs are P 86, R 14, BP 138/90, and SpO2 is 96% on room air. You should transport her:**
- A. With her hips elevated.**
 - B. In the knee-chest position.**
 - C. Supine.**
 - D. On her left side.**
- 7. In a child with sickle cell disease who presents with chest pain during crisis, the pain is most likely due to occlusion of which vascular bed?**
- A. Pancreatic ducts occluded.**
 - B. Pulmonary microcirculation is occluded.**
 - C. Capillaries in the limbs are occluded.**
 - D. Coronary arteries occluded.**
- 8. A febrile 49-year-old male with HIV/AIDS presents with three days of diarrhea, pale dry mucous membranes, and tachycardia. Which action is most appropriate for initial management?**
- A. transport him in Fowler's position.**
 - B. administer oxygen.**
 - C. don a face mask and gown.**
 - D. perform a tilt test.**

9. A 32-year-old female complains of crampy abdominal pain. She tells you she is 20 weeks pregnant. She has moderate vaginal bleeding. You should suspect:

- A. Ectopic pregnancy.**
- B. Uterine rupture.**
- C. Spontaneous abortion.**
- D. Severe mittelschmerz.**

10. A confused 54-year-old female did not eat lunch but took her insulin. She has diabetes and back pain. She localizes to stimuli with both hands equally. Which condition should you suspect?

- A. hypoglycemia.**
- B. opioid overdose.**
- C. hypertensive crisis.**
- D. stroke.**

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Answers

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

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Explanations

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1. Which lung sound was observed in the elderly patient with tuberculosis and left lower-lobe rhonchi?

- A. crackles
- B. rhonchi**
- C. wheezes
- D. absent

Rhonchi are low-pitched, coarse, snoring-like sounds heard with auscultation when there are secretions in the larger airways. In an elderly patient with tuberculosis, mucus can collect in a lower-lobe bronchus, producing a rhonchus in that region. The sound is usually due to air moving past secretions and may be heard most prominently during expiration, often easing when coughing. This contrasts with crackles, which are fine or coarse popping sounds from fluid in the alveoli or at the end of inspiration; wheezes, which are continuous musical tones from narrowed airways; and absent breath sounds, which suggest little to no air movement from obstruction, effusion, or pneumothorax. So the observed sound fits rhonchi best.

2. What is the recommended initial treatment for suspected hypoglycemia in a conscious patient?

- A. chewable glucose**
- B. IV dextrose
- C. IM glucagon
- D. oxygen

The key idea is to rapidly raise blood glucose in a conscious patient who can swallow. When someone is alert and able to protect their airway, fast-acting oral glucose is the quickest and simplest way to treat suspected hypoglycemia. Chewable glucose provides rapid absorption from the mouth and GI tract, so giving about 15-20 grams of glucose as tablets or gel and then rechecking the level after about 15 minutes is the standard first step. If the patient cannot swallow or does not regain consciousness, more invasive options like intravenous dextrose or intramuscular glucagon are used. Oxygen doesn't address the underlying hypoglycemia and is only helpful if there's a separate issue with oxygenation.

3. A febrile 66-year-old female who recently removed a tick presents with a 3 cm erythema migrans lesion. What is the most appropriate immediate action?

- A. assess her vital signs.**
- B. administer oxygen.**
- C. cleanse the area with soap and water.**
- D. apply a moist, sterile dressing.**

Begin with the most fundamental step: perform a rapid primary survey by obtaining vital signs to assess stability. In any patient with fever and a possible tick-borne illness, you need to know if they're hemodynamically stable and able to compensate—look for signs of hypoxia, hypotension, tachycardia, altered mental status, or life-threatening distress. A 3 cm erythema migrans lesion suggests early Lyme disease, which may cause fever and malaise, but it doesn't change the need to first determine how well the patient is currently functioning. Actions like giving oxygen are only indicated if there are signs of respiratory compromise; cleansing the bite area or applying a dressing address local wound care but don't address potential systemic instability. So the immediate priority is to check vital signs to guide further evaluation and treatment.

4. A 59-year-old male has superficial lacerations across wrists; self-harm; you should apply sterile dressings and:

- A. Transport him to the hospital.**
- B. Have a family member transport him to an urgent care center.**
- C. Advise him of the possible consequences and allow him to refuse.**
- D. Allow him to go to his primary care physician's office.**

When someone presents with self-inflicted wrist lacerations, the top priorities are controlling the bleed and ensuring safety, along with addressing the potential for ongoing self-harm. Begin with direct pressure and sterile dressings to stop bleeding and reduce infection risk. Beyond the wound care, there is a real concern for suicide risk or continued self-harm, so transporting to a hospital for medical evaluation and a mental health assessment is the appropriate next step. The hospital setting provides definitive wound care if needed and access to psychiatric evaluation to determine safety and next steps. Other options fail to address the urgent medical and psychological needs or rely on the patient refusing care, which can be unsafe in this context; sending him to urgent care or a primary care visit wouldn't provide the immediate evaluation and monitoring required.

5. Why are the signs and symptoms of ectopic pregnancy potentially life-threatening?

- A. The placenta separates as the cervix dilates and cause uncontrolled internal bleeding.**
- B. The implanted embryo causes an infection that descends from the uterus into the vagina.**
- C. The placenta separates from the uterine wall and causes uncontrolled internal bleeding.**
- D. The embryo ruptures the Fallopian tube and causes uncontrolled internal bleeding.**

In an ectopic pregnancy, the embryo implants outside the uterus, most often in the Fallopian tube. The tube isn't capable of expanding to accommodate a growing pregnancy, and its walls or nearby blood vessels can rupture. When rupture occurs, blood spills into the abdominal cavity, causing rapid internal bleeding. That sudden hemorrhage can lead to hypovolemia and shock quickly, which is why the situation is potentially life-threatening. The pain is often intense and sudden, and patients may experience dizziness or fainting as blood pressure drops, sometimes with referred shoulder pain from irritation of the diaphragm by the free blood. The other scenarios aren't the primary cause of the dangerous bleeding in ectopic pregnancy. There isn't a functioning placenta within the Fallopian tube to detach, and an infection descending from the uterus into the vagina isn't the mechanism driving the acute, life-threatening bleed in this context.

6. A 37-year-old female is 36 weeks pregnant. She tells you that she has a severe headache and blurred vision. She describes decreased fetal activity today. Her vital signs are P 86, R 14, BP 138/90, and SpO2 is 96% on room air. You should transport her:

- A. With her hips elevated.**
- B. In the knee-chest position.**
- C. Supine.**
- D. On her left side.**

When a woman is in the late third trimester with signs that could be preeclampsia, the priority during transport is to maximize placental perfusion and maternal venous return. Lying on the back can cause the gravid uterus to compress the inferior vena cava, reducing venous return to the heart and decreasing uteroplacental blood flow. Placing her on the left side relieves this compression, improves preload and cardiac output, and increases blood flow to the uterus and placenta, helping both mother and fetus during transport. The headaches and blurred vision indicate possible end-organ involvement, so optimizing perfusion is essential. Supine positioning would worsen vena cava compression; knee-chest is not indicated for this presentation; elevating the hips alone won't adequately relieve the compression. So, transport with the patient in the left lateral position.

7. In a child with sickle cell disease who presents with chest pain during crisis, the pain is most likely due to occlusion of which vascular bed?

- A. Pancreatic ducts occluded.
- B. Pulmonary microcirculation is occluded.**
- C. Capillaries in the limbs are occluded.
- D. Coronary arteries occluded.

In sickle cell crisis, pain stems from blockage of small vessels by sickled red blood cells. When a child with SCD experiences chest pain during a crisis, the most likely cause is occlusion of the lungs' microcirculation, leading to acute chest syndrome. The pulmonary microvasculature is particularly susceptible to sickling because of the low-oxygen environment in the lungs and the high flow of blood through this bed, so microvascular occlusion there produces chest pain, hypoxemia, and fever. Occlusion of other vascular beds would present differently: blocking pancreatic ducts would cause abdominal/pancreatic pain, occluding capillaries in the limbs would cause limb pain and swelling, and coronary artery occlusion would imply myocardial ischemia (less common in children with SCD during a crisis). The chest pain in this context most strongly points to pulmonary microvascular occlusion.

8. A febrile 49-year-old male with HIV/AIDS presents with three days of diarrhea, pale dry mucous membranes, and tachycardia. Which action is most appropriate for initial management?

- A. transport him in Fowler's position.
- B. administer oxygen.**
- C. don a face mask and gown.
- D. perform a tilt test.

The main idea here is to support oxygen delivery while you assess and treat possible hypoperfusion from dehydration. In a febrile patient with diarrhea who shows signs of dehydration—pale, dry mucous membranes and tachycardia—the priority is to ensure tissues are getting enough oxygen as volume status is evaluated and corrected. Administering oxygen is the quickest, safest way to improve arterial oxygen content and delivery, even if hypoxemia hasn't been clearly established yet. It buys time and stabilizes the patient. Placing the patient in Fowler's position isn't ideal for dehydration or shock because upright positioning can reduce venous return and worsen perfusion. PPE is important for safety, but it doesn't address the patient's immediate treatment needs. A tilt test is unrelated to dehydration or circulatory support and is not indicated here. In a real scenario, you'd also pursue IV access and fluids, but given the options, providing oxygen is the best initial step.

9. A 32-year-old female complains of crampy abdominal pain. She tells you she is 20 weeks pregnant. She has moderate vaginal bleeding. You should suspect:

- A. Ectopic pregnancy.**
- B. Uterine rupture.**
- C. Spontaneous abortion.**
- D. Severe mittelschmerz.**

This question tests recognizing miscarriage in mid-pregnancy based on cramping and vaginal bleeding. When a pregnant patient presents with crampy abdominal pain and moderate vaginal bleeding around the mid-gestation period, the most likely explanation is spontaneous abortion. Ectopic pregnancy is typically a first-trimester concern and often presents with unilateral pain and adnexal tenderness rather than mid-pregnancy onset. Uterine rupture usually occurs in the setting of labor or late pregnancy with a prior uterine scar and presents with sudden, severe pain and signs of maternal instability or fetal distress. Severe mittelschmerz is ovulation pain and not something that occurs in the setting of an ongoing pregnancy. Therefore, the presentation fits best with a spontaneous abortion.

10. A confused 54-year-old female did not eat lunch but took her insulin. She has diabetes and back pain. She localizes to stimuli with both hands equally. Which condition should you suspect?

- A. hypoglycemia.**
- B. opioid overdose.**
- C. hypertensive crisis.**
- D. stroke.**

When a patient with diabetes on insulin does not eat and still takes insulin, hypoglycemia becomes the leading concern. Low blood glucose causes the brain to run out of fuel, leading to global neuro symptoms such as confusion or altered mental status rather than a specific, one-sided neurologic deficit. The fact that she localizes to stimuli with both hands equally suggests there isn't a focal brain event like a stroke affecting one side of the body; that symmetry points away from a stroke and toward a metabolic derangement like hypoglycemia. Other conditions don't fit this picture as well. Opioid overdose would typically present with pinpoint pupils and respiratory depression rather than just confusion, and hypertensive crisis usually brings a different symptom set such as severe headache or chest symptoms. A stroke often presents with unilateral weakness, facial droop, or speech changes rather than global confusion with preserved bilateral responsiveness. In this scenario, hypoglycemia is the most likely cause to suspect. If this were an actual patient, you'd confirm with a fingerstick glucose and treat accordingly: provide fast-acting carbohydrate if conscious and able to swallow, or administer IV dextrose or glucagon if the patient is not protecting the airway or cannot swallow.

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://nremtmedobgyn.examzify.com>

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

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