

NREMT MEDICAL, OBSTETRICS, AND GYNECOLOGY PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

**VISIT US ONLINE FOR
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. A 72-year-old man with dementia and back pain has ecchymotic stripes on his back; his daughter says the marks are shingles. What is the most appropriate action?**
 - A. Report to the hospital staff that his daughter has physically abused him.
 - B. Ask his daughter how long ago he was exposed to the shingles virus.
 - C. Report to the hospital staff that he has a shingles outbreak.
 - D. Ask him about the bruise while alone en route to the hospital.
- 2. An unresponsive 74-year-old male with pinpoint pupils, cyanotic skin, and slow respirations is found unresponsive after taking prescribed pain medications. You should suspect a(n):**
 - A. High blood glucose level.
 - B. Stroke.
 - C. Opioid overdose.
 - D. Transient ischemic attack.
- 3. A 30-year-old female complains of epigastric pain radiating to the right shoulder after vomiting French fries. Pain worsens with deep inspiration. Suspect:**
 - A. Irritable bowel syndrome
 - B. Peptic ulcer
 - C. Renal calculi
 - D. Cholecystitis
- 4. An 11-year-old with autism and breathing difficulty shows intercostal retractions but can answer questions. Which approach is appropriate?**
 - A. Use humor and vague descriptions to explain the next steps.
 - B. Perform a complete toe-to-head assessment.
 - C. Only perform necessary assessments and treatments.
 - D. Treat him in the same manner as other patients.
- 5. In a pregnant patient with suspected preeclampsia, which transport position is preferred to optimize maternal and fetal outcomes?**
 - A. Hips elevated.
 - B. Knee-chest.
 - C. Supine.
 - D. Left side.

- 6. Which action is the priority during treatment of a patient with breathing difficulty and wheezing who is not yet severely hypoxic?**
- A. administer oxygen
 - B. assist ventilation
 - C. call medical command
 - D. reassure the patient only
- 7. An 83-year-old male with persistent unilateral epistaxis after blowing his nose and a history of atrial fibrillation should be managed by which action?**
- A. Have him lean his head forward and pinch his nostril together
 - B. Place him in a recovery position and apply a hemostatic agent
 - C. Have him lean his head backward and apply a cold pack to his neck
 - D. Place him supine and monitor his vital signs during transport
- 8. A 54-year-old male with right flank pain severe enough to induce vomiting; he was sitting and watching TV when it started. What is the most likely diagnosis?**
- A. Gallstones.
 - B. Urinary tract infection.
 - C. Bladder cancer.
 - D. Renal calculi.
- 9. A 40-year-old female is 38 weeks pregnant with severe abdominal pain and dark red vaginal bleeding. After administering oxygen, what is the next action?**
- A. Place her in the knee-chest position.
 - B. Keep her warm.
 - C. Pack her vagina with sterile dressings.
 - D. Place her supine with her feet elevated.
- 10. Why administer a DuoDote autoinjector after exposure to sarin gas?**
- A. The medications stop the action of acetylcholinesterase.
 - B. The medications help to counteract the effects on his nervous system.
 - C. The medications stop the action of phosgene.
 - D. The medications help to remove cyanide from his circulatory system.

Answers

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

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Explanations

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1. A 72-year-old man with dementia and back pain has ecchymotic stripes on his back; his daughter says the marks are shingles. What is the most appropriate action?

- A. Report to the hospital staff that his daughter has physically abused him.
- B. Ask his daughter how long ago he was exposed to the shingles virus.
- C. Report to the hospital staff that he has a shingles outbreak.
- D. Ask him about the bruise while alone en route to the hospital.**

The key idea is to obtain an honest account directly from the patient by interviewing him privately, away from the daughter. In elder patients, especially with dementia, caregivers can influence or limit what the patient feels safe saying. By asking him about the bruise in a private setting, such as during transport to the hospital, you allow him to describe how the injuries happened without pressure or fear of repercussion. This helps determine whether the marks are due to an injury or a misinterpretation, and it guides any necessary safety or reporting actions. The other options rely on the daughter's account, prematurely label abuse, or repeat a non-patient-centered question, which could miss signs of abuse or fail to protect the patient. If the patient cannot provide information, or if abuse is suspected based on the response and exam, involve appropriate authorities and support services.

2. An unresponsive 74-year-old male with pinpoint pupils, cyanotic skin, and slow respirations is found unresponsive after taking prescribed pain medications. You should suspect a(n):

- A. High blood glucose level.
- B. Stroke.
- C. Opioid overdose.**
- D. Transient ischemic attack.

Opioid overdose is suggested when a patient is unresponsive and shows slowed respirations with constricted pupils after recent opioid exposure. Opioids depress the brainstem centers that drive breathing, leading to hypoventilation and possible hypoxia, which explains the cyanotic skin. The pinpoint pupils (miosis) are a classic sign from mu-receptor stimulation. These features together—unresponsiveness, respiratory depression, and miosis after taking prescribed pain meds—fit an overdose. High blood glucose wouldn't explain the sudden unresponsiveness with respiratory slowing. A stroke would more likely present with focal neurological deficits rather than a pattern of deep CNS depression and pinpoint pupils. A transient ischemic attack is temporary and wouldn't cause ongoing respiratory depression or cyanosis. In managing this scenario, secure the airway and support ventilation as needed, and administer naloxone if available and you're trained to do so.

3. A 30-year-old female complains of epigastric pain radiating to the right shoulder after vomiting French fries. Pain worsens with deep inspiration. Suspect:

- A. Irritable bowel syndrome
- B. Peptic ulcer
- C. Renal calculi
- D. Cholecystitis**

A biliary process is most likely. Pain in the upper right quadrant that starts after eating fatty foods and then radiates to the right shoulder is classic for gallbladder irritation. The right shoulder referral arises because the gallbladder's inflammation irritates the diaphragmatic pleura via the phrenic nerve (C3–C5), producing shoulder pain. The fact that deep inspiration worsens the pain fits diaphragmatic irritation, which is common with acute cholecystitis or biliary colic. Irritable bowel syndrome usually causes diffuse, crampy abdominal pain without a specific right shoulder radiation or postprandial pattern. Peptic ulcer disease can cause epigastric pain and may radiate, but it more commonly has a different pattern and is not characteristically worsened by deep breaths or triggered specifically by fatty meals in the right upper quadrant. Renal calculi cause intense flank or groin pain with possible hematuria, not typically right shoulder pain after a fatty meal. So the combination of post-meal right upper quadrant pain with radiation to the right shoulder and inspiration-triggered worsening points most strongly to gallbladder inflammation (cholecystitis).

4. An 11-year-old with autism and breathing difficulty shows intercostal retractions but can answer questions. Which approach is appropriate?

- A. Use humor and vague descriptions to explain the next steps.
- B. Perform a complete toe-to-head assessment.
- C. Only perform necessary assessments and treatments.**
- D. Treat him in the same manner as other patients.

In this situation the priority is rapid, focused care—quickly assess airway and breathing and start needed treatment without getting bogged down in a full, all-encompassing exam. Intercostal retractions show increased work of breathing, so you should move fast to stabilize, provide appropriate oxygen, and perform only the assessments necessary to guide that care. With autism, you can still ask questions the patient can answer and use clear, direct communication, but you shouldn't add extra steps or lengthy explanations that delay treatment. Humor or vague descriptions can create confusion or distress in an urgent scenario. You should adapt your interaction to the patient's needs while not delaying essential interventions. Therefore, the best approach is to perform only necessary assessments and treatments.

5. In a pregnant patient with suspected preeclampsia, which transport position is preferred to optimize maternal and fetal outcomes?

- A. Hips elevated.
- B. Knee-chest.
- C. Supine.
- D. Left side.**

In late pregnancy, lying on the left side relieves the uterus from pressing on the inferior vena cava, which improves venous return to the heart and boosts both maternal cardiac output and placental perfusion. This improved uteroplacental blood flow is especially important in preeclampsia, where the fetus may already be at risk from reduced placental perfusion. The left-side position minimizes maternal hypotension and fetal distress during transport. Other positions don't optimize this flow: lying on the back (or with the hips elevated) can worsen aortocaval compression and reduce preload, lowering fetal oxygenation; knee-chest or similar positions don't relieve the vascular compression and are not practical for transport.

6. Which action is the priority during treatment of a patient with breathing difficulty and wheezing who is not yet severely hypoxic?

- A. administer oxygen**
- B. assist ventilation
- C. call medical command
- D. reassure the patient only

The main idea here is to ensure the patient's oxygen supply is adequate. In a person with breathing difficulty and wheezing, giving supplemental oxygen right away helps prevent hypoxemia as you evaluate and treat the underlying cause. Even though the airway is narrowed and wheezing is present, oxygen won't worsen the situation and it buys time to improve oxygen delivery to tissues while bronchodilators or other therapies are administered. Start with a steady flow of oxygen using the appropriate device (typically a nasal cannula first, escalating to a non-rebreather if the patient's saturation remains low or they're in significant distress). Continuously monitor the oxygen saturation and work of breathing. If signs of ventilatory failure appear—inadequate breaths, fatigue, decreasing tidal volume, altered mental status—you would then move to assisted ventilation. Reassuring the patient is helpful, but it doesn't address the critical need to oxygenate. Medical control can be contacted for orders, but the immediate priority is to administer oxygen.

7. An 83-year-old male with persistent unilateral epistaxis after blowing his nose and a history of atrial fibrillation should be managed by which action?

- A. Have him lean his head forward and pinch his nostril together**
- B. Place him in a recovery position and apply a hemostatic agent
- C. Have him lean his head backward and apply a cold pack to his neck
- D. Place him supine and monitor his vital signs during transport

The action being tested is stopping anterior nasal bleeding with direct pressure while keeping the airway protected. For an elderly patient with persistent unilateral epistaxis, the first step is to have him lean forward slightly and firmly pinch the soft part of the nostrils together, holding for about 10–15 minutes. This directly compresses the bleeding vessels in the nasal mucosa (the common Kiesselbach's plexus area) and promotes clotting, while the forward position prevents blood from running back into the throat, reducing the risk of choking or aspiration. Tilting the head backward is discouraged because it drives blood toward the throat and airway, which can lead to swallowing blood, nausea, or aspiration. A recovery position or lying supine offers no advantage for stopping the bleed and can still expose the airway to blood. Applying a cold pack to the neck doesn't address the actual source of bleeding in the nasal mucosa. If bleeding persists after sustained pressure, further steps like nasal packing or topical vasoconstrictors may be needed, and medical evaluation should be pursued, especially given anticoagulation history.

8. A 54-year-old male with right flank pain severe enough to induce vomiting; he was sitting and watching TV when it started. What is the most likely diagnosis?

- A. Gallstones.
- B. Urinary tract infection.
- C. Bladder cancer.
- D. Renal calculi.**

Pain from a kidney stone typically comes on suddenly as severe, sharp flank pain that may move toward the groin, and it is often accompanied by nausea and vomiting. This pattern fits renal colic caused by a stone obstructing the ureter, which triggers intense ureteral spasms and a strong autonomic nausea response. The pain is usually unilateral and focused in the flank, unlike gallbladder pain, which is more in the right upper quadrant and linked to meals, or urinary tract infection symptoms, which center on burning with urination, frequency, or fever. Bladder cancer tends to present with painless blood in the urine rather than sudden intense flank pain. So the combination of sudden, severe unilateral flank pain with vomiting best points to renal calculi. In practice, manage with prompt pain relief and antiemetics as you arrange transport, and monitor for signs of obstruction or infection.

9. A 40-year-old female is 38 weeks pregnant with severe abdominal pain and dark red vaginal bleeding. After administering oxygen, what is the next action?

- A. Place her in the knee-chest position.
- B. Keep her warm.
- C. Pack her vagina with sterile dressings.**
- D. Place her supine with her feet elevated.

In OB emergencies with heavy vaginal bleeding, the immediate focus is to control hemorrhage while you continue monitoring and transport. Packing the vagina with sterile dressings provides immediate hemostasis and absorption of blood, helping to limit further blood loss and keep the patient more stable as you prepare for definitive care. It also helps prevent pooling of blood in the birth canal and reduces contamination risk. Other options don't address the bleeding directly. A knee-chest position isn't indicated here and can be uncomfortable without improving perfusion. Keeping the patient warm is important, but it doesn't resolve the active bleeding. Placing her supine with her feet elevated can worsen venous return problems due to aortocaval compression in late pregnancy, potentially decreasing blood pressure and perfusion. Packing the vagina is the most direct step to manage the hemorrhage in this situation.

10. Why administer a DuoDote autoinjector after exposure to sarin gas?

- A. The medications stop the action of acetylcholinesterase.
- B. The medications help to counteract the effects on his nervous system.**
- C. The medications stop the action of phosgene.
- D. The medications help to remove cyanide from his circulatory system.

Sarin inhibits acetylcholinesterase, causing a surge of acetylcholine that overstimulates the nervous system and produces dangerous cholinergic symptoms. DuoDote contains two drugs: atropine and pralidoxime. Atropine blocks muscarinic receptors, reducing secretions, bronchial constriction, bradycardia, and other muscarinic effects. Pralidoxime reactivates acetylcholinesterase that has been inactivated by the nerve agent, helping restore normal breakdown of acetylcholine at the neuromuscular junction and nicotinic receptors. Together, they counteract the widespread nervous system effects caused by sarin exposure. The other options aren't correct because the treatment doesn't stop the action of acetylcholinesterase itself, it aims to restore its function; it isn't about stopping a different agent like phosgene, nor does it remove cyanide from the blood.

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:

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

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