# NREMT Trauma 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

**1. A 22-year-old man is pulseless and apneic after a chest stab with an impaled knife. What should be done?**

**A. Stabilizing the knife, starting CPR, and providing rapid transport.**

**B. Removing the knife, starting CPR, and providing rapid transport.**

**C. Removing the knife, applying an occlusive dressing, and providing rapid transport.**

**D. Stabilizing the knife, applying an occlusive dressing, and providing rapid transport.**

**2. Which statement regarding the motorcycle crash patient is FALSE?**

**A. You must stop the bleeding from his abrasions immediately or he will die from hypovolemic shock.**

**B. You should suspect that the patient has a skull fracture and increased intracranial pressure.**

**C. Internal hemorrhage cannot be controlled in the field and requires prompt surgical intervention.**

**D. Femur fractures are a common injury when a motorcyclist is ejected from his or her motorcycle.**

**3. Which injury mechanism is associated with hangings?**

**A. Axial loading**

**B. Distraction**

**C. Hyperextension**

**D. Subluxation**

**4. In a critically injured patient, which actions are appropriate to perform at the scene?**

**A. Primary survey, correction of immediate life threats, and spinal precautions.**

**B. Secondary assessment before transport.**

**C. Detailed head-to-toe examination at the scene.**

**D. Delayed immobilization until hospital.**

**5. A woman stabbed her boyfriend in the cheek with a dinner fork; you should:**

**A. Apply high-flow oxygen via a nonrebreathing mask, carefully remove the fork, and control any external bleeding.**

**B. Suction his oropharynx, carefully cut the fork to make it shorter, control any external bleeding, and secure the fork in place.**

**C. Carefully remove the fork, suction his oropharynx as needed, and pack the inside of his cheek with sterile gauze pads.**

**D. Suction his oropharynx, control any external bleeding, stabilize the fork in place, and protect it with bulky dressings.**

**6. If a vehicle strikes a tree at 60 MPH, the unrestrained driver would experience the MOST severe injuries during the:**

**A. First collision**

**B. Second collision**

**C. Third collision**

**D. Fourth collision**

**7. Which immobilization device is most appropriate for a supine patient with suspected spinal injury?**

**A. Vest-style immobilization device.**

**B. Long backboard with straps and lateral head stabilizer.**

**C. Manual stabilization only.**

**D. No immobilization.**

**8. Patients with closed head injuries often have pupillary abnormalities and:**

**A. Paralysis.**

**B. Tachycardia.**

**C. Hypertension.**

**D. Paresthesia.**

**9. Which of the following is considered a significant mechanism of injury that would warrant rapid head-to-toe assessment?**

**A. A stable patient involved in a low-speed collision.**

**B. An elderly patient who tripped and fell 3 feet.**

**C. A motor vehicle crash at highway speeds with potential ejection.**

**D. A minor laceration to the forearm.**

**10. A 42-year-old man has a large knife impaled in the center of his chest. He is unresponsive, pulseless, and not breathing. You should:**

**A. Secure the knife in place with bulky dressings and transport immediately.**

**B. Carefully remove the knife, control the bleeding, and begin CPR.**

**C. Stabilize the knife with bulky dressings, begin CPR, and transport at once.**

**D. Carefully remove the knife, control the bleeding, and apply the AED.**

# Answers

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

# Explanations

**1. A 22-year-old man is pulseless and apneic after a chest stab with an impaled knife. What should be done?**

**A. Stabilizing the knife, starting CPR, and providing rapid transport.**

**B. Removing the knife, starting CPR, and providing rapid transport.**

**C. Removing the knife, applying an occlusive dressing, and providing rapid transport.**

**D. Stabilizing the knife, applying an occlusive dressing, and providing rapid transport.**

**In penetrating chest trauma with a patient in cardiac arrest, restoring circulation takes precedence. An impaled object can prevent effective chest compressions and ventilation, so removing the object may be necessary to enable high-quality CPR. Once the object is removed, begin CPR immediately and transport rapidly to definitive care. While you can still apply bulky dressings around the wound to control external bleeding, the quickest path to perfusion is to remove the object, then deliver CPR without delay. Stabilizing the knife would keep the object in place and can hinder chest compressions, delaying resuscitation. Simply applying an occlusive dressing around the wound doesn't address the need for immediate chest compressions and airway management in a pulseless patient. Removing the object first aligns with delivering rapid life support and getting the patient to the hospital for definitive care.**

**2. Which statement regarding the motorcycle crash patient is FALSE?**

**A. You must stop the bleeding from his abrasions immediately or he will die from hypovolemic shock.**

**B. You should suspect that the patient has a skull fracture and increased intracranial pressure.**

**C. Internal hemorrhage cannot be controlled in the field and requires prompt surgical intervention.**

**D. Femur fractures are a common injury when a motorcyclist is ejected from his or her motorcycle.**

**In trauma care, the most immediate threats come from life-threatening injuries, not superficial skin wounds. A motorcycle crash patient can have serious internal bleeding or head injury even when road rash or minor abrasions look inconsequential. The statement that you must stop bleeding from abrasions immediately or the patient will die from hypovolemic shock is not accurate. Abrasions bleed, but they are rarely the source of rapid, lethal blood loss. The priority is to identify and manage major external bleeding and any signs of internal hemorrhage or head injury, while ensuring rapid transport to definitive care. Suspected skull fracture with possible increased intracranial pressure is a real concern in motorcycle crashes. Look for signs such as severe headache, decreased mental status, unequal pupils, vomiting, or signs around the head, and treat as a potential head injury with airway protection and spinal precautions while arranging rapid transport. Internal hemorrhage in the field cannot be definitively controlled surgically; you provide supportive care and rapid transport so the patient can receive definitive care where surgery is available. That makes the statement about needing surgical intervention in the field incorrect, since surgery is not something you perform on scene. Femur fractures are indeed a common consequence of high-energy motorcycle crashes and ejections. They not only cause severe pain and immobility but can also lead to significant blood loss, so proper splinting and minimizing movement are important parts of on-scene care.**

## 3. Which injury mechanism is associated with hangings?

**A. Axial loading**

**B. Distraction**

**C. Hyperextension**

**D. Subluxation**

**Hangings primarily cause a distraction (traction) injury to the cervical spine. When the body is suspended, gravity pulls the head away from the torso, lengthening the neck and applying longitudinal tension along the spinal column. This traction can tear ligaments, stretch the spinal canal, and potentially injure the spinal cord even without a direct crush. This mechanism is different from axial loading, which compresses the spine along its axis (as in a fall onto the head or a heavy load), or from hyperextension, which involves the neck being forced backward and mainly stresses the posterior structures. Subluxation refers to a loss of alignment that can occur with various injuries but isn't the defining mechanism of hangings.**

## 4. In a critically injured patient, which actions are appropriate to perform at the scene?

**A. Primary survey, correction of immediate life threats, and spinal precautions.**

**B. Secondary assessment before transport.**

**C. Detailed head-to-toe examination at the scene.**

**D. Delayed immobilization until hospital.**

**In a critically injured patient, the priority is to rapidly identify and treat life threats while keeping the spine protected to prevent secondary injury. This is best achieved by performing the primary survey and addressing immediate life threats, along with spinal precautions, at the scene. The primary survey focuses on airway with cervical spine stabilization, breathing, and circulation first. Ensure the airway is open and protected, provide ventilation support as needed, control any life-threatening bleeding, and manage circulation to prevent or treat shock. Protect the patient's neck from further injury by maintaining inline stabilization and immobilizing the spine during movement and transport. After these urgent steps, you can assess neurologic status and exposure, but only after life threats are being managed. Secondary assessment and a detailed head-to-toe exam take valuable time and are not appropriate while a patient is crashing or deteriorating; those evaluations are better saved for after stabilization or during transport. Immobilization should not be delayed, because moving a potentially injured spine without protection can worsen injury. By focusing on the primary survey, immediate threats, and spinal precautions, you maximize chances of preserving life and neurological function while getting the patient to definitive care promptly.**

**5. A woman stabbed her boyfriend in the cheek with a dinner fork; you should:**

**A. Apply high-flow oxygen via a nonrebreathing mask, carefully remove the fork, and control any external bleeding.**

**B. Suction his oropharynx, carefully cut the fork to make it shorter, control any external bleeding, and secure the fork in place.**

**C. Carefully remove the fork, suction his oropharynx as needed, and pack the inside of his cheek with sterile gauze pads.**

**D. Suction his oropharynx, control any external bleeding, stabilize the fork in place, and protect it with bulky dressings.**

**The key idea is how to handle an impaled object in facial tissue while protecting the airway. Start by keeping the airway clear; suction as needed to prevent blood or secretions from obstructing the airway. Do not remove or cut the fork—the object may be tamponading vessels and its removal could worsen bleeding or cause further injury. Instead, control any external bleeding with direct pressure around the wound, then stabilize the fork in its current position to prevent movement during transport. Protect the area with bulky dressings to immobilize the object and cushion surrounding tissues. This approach preserves airway safety, minimizes additional harm, and safely moves the patient for definitive care.**

**6. If a vehicle strikes a tree at 60 MPH, the unrestrained driver would experience the MOST severe injuries during the:**

**A. First collision**

**B. Second collision**

**C. Third collision**

**D. Fourth collision**

**In a high-speed crash, injuries happen in stages as energy is transferred through the body. The first collision is the vehicle hitting the tree. The second collision is the occupant striking the inside of the car, such as the chest or head contacting the dash or steering wheel. The third collision is the internal organs moving within the body and then striking solid structures like the rib cage, spine, or abdominal walls. With an unrestrained driver at 60 mph, the momentum keeps the organs moving after the second collision, so they slam into the inside of the body. This can cause severe lacerations, ruptures, and major bleeding from organs such as the liver, spleen, and mesentery, as well as potential damage to the great vessels. Those internal injuries are often life-threatening and are typically more immediately dangerous than injuries from the first collision or the brain's contact with the skull (the fourth collision). Hence, the third collision represents the stage where the most severe injuries commonly occur in this scenario.**

## 7. Which immobilization device is most appropriate for a supine patient with suspected spinal injury?

**A. Vest-style immobilization device.**

**B. Long backboard with straps and lateral head stabilizer.**

**C. Manual stabilization only.**

**D. No immobilization.**

**When there's a suspected spinal injury, keeping the spine from moving during transport is essential. For a patient who is lying on their back, the most effective choice is a long backboard that runs from head to toe, with straps to secure the chest, pelvis, and legs, plus lateral head stabilizers to hold the head and neck in a neutral position. This arrangement provides rigid, overall immobilization of the spine, minimizing movement in any direction during transfer and imaging, which helps prevent a secondary spinal injury. Manual stabilization can help in the very short term, but it isn't practical or reliable for transport because it fatigues quickly and can't maintain immobilization for long. Vest-style devices don't offer the same level of rigid spinal control, especially for the head and neck. And obviously, no immobilization leaves the spine unprotected and increases the risk of worsening injury.**

## 8. Patients with closed head injuries often have pupillary abnormalities and:

**A. Paralysis.**

**B. Tachycardia.**

**C. Hypertension.**

**D. Paresthesia.**

**Pupillary changes after a closed head injury often signal rising intracranial pressure with potential brainstem involvement. When ICP climbs, the body invokes the Cushing reflex to maintain cerebral perfusion, which shows up as high systolic blood pressure (hypertension) paired with a slow heart rate and irregular respirations. That link—pupil abnormality with hypertension due to this reflex—explains why hypertension is the best match. Paralysis, tachycardia, or paresthesias aren't specifically tied to the pupil changes seen with increased ICP in this context.**

**9. Which of the following is considered a significant mechanism of injury that would warrant rapid head-to-toe assessment?**

**A. A stable patient involved in a low-speed collision.**

**B. An elderly patient who tripped and fell 3 feet.**

**C. A motor vehicle crash at highway speeds with potential ejection.**

**D. A minor laceration to the forearm.**

**Mechanism of injury guides how thoroughly you assess a trauma patient. A high-energy event transfers a lot of energy into the body and can cause serious injuries that aren't immediately obvious, so you perform a rapid head-to-toe assessment to catch hidden life threats and guide urgent care. In a highway-speed motor vehicle crash with potential ejection, the energy involved is substantial. Deceleration, possible blunt trauma from multiple impact sites, and unrestrained movement raise the risk of severe injuries to the head, neck, chest, abdomen, pelvis, and spine. Even if the patient looks stable, there can be internal bleeding or organ injury that you must identify quickly. The other scenarios involve lower-energy mechanisms or less likelihood of multiple hidden injuries: a stable patient after a low-speed crash, an elderly person who fell a short distance (frailty changes risk, but the mechanism itself is not as high-energy as a highway crash), and a minor forearm laceration (not a mechanism that implies widespread injuries).**

**10. A 42-year-old man has a large knife impaled in the center of his chest. He is unresponsive, pulseless, and not breathing. You should:**

**A. Secure the knife in place with bulky dressings and transport immediately.**

**B. Carefully remove the knife, control the bleeding, and begin CPR.**

**C. Stabilize the knife with bulky dressings, begin CPR, and transport at once.**

**D. Carefully remove the knife, control the bleeding, and apply the AED.**

**The main idea is that in a patient in cardiac arrest from penetrating chest trauma, you need to restore circulation and ventilation as quickly as possible, and the impaled object can hinder resuscitation. A large knife through the chest can obstruct chest compressions and effective ventilation, so removing it, done carefully to minimize further injury, allows chest compressions and rescue breaths to be delivered more effectively. After the knife is removed, focus on controlling bleeding with direct pressure and bulky dressings, then begin CPR immediately and continue rapid transport for definitive care.**

# 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://nremttrauma.examzify.com**

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