

# *Medical Technology*

*EMT-Intermediate*

*National Registry of Emergency Medical Technicians (NREMT) Intermediate Exam*



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# Latest Version: 6.0

## Question: 1

Asthma in children is associated with

- A. Age 6 to 18 months
- B. Viral infection
- C. Family history
- D. Pneumonia

**Answer: C**

Explanation:

In pediatric patients, asthma can occur at any age and may be a response to allergy or exercise; most pediatric asthma patients have a family history of asthma. Viral infection is associated with bronchiolitis. Pneumonia is an infection of the lower airway or lung caused by a bacteria or virus.

## Question: 2

In pediatric patients, bronchiolitis is

- A. Seasonal
- B. Caused by a virus
- C. Associated with asthma
- D. Responsive to medication

**Answer: B**

Explanation:

In pediatric patients, bronchiolitis is an infection of the lower respiratory tract caused by a virus; it may occur at any time and is not associated with a history of asthma. Bronchiolitis is often unresponsive to medication.

## Question: 3

The most important intervention in a child with head trauma is

- A. Immobilization
- B. Ventilation
- C. Resuscitation
- D. Transport

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**Answer: B**

Explanation:

The most important intervention in a child with head trauma is ventilation by either bag-valve-mask device or endotracheal intubation to prevent further injury and sustain neurologic function.

### Question: 4

The first line of treatment for a child with severe hypothermia should include

- A. Performing CPR
- B. Rubbing the affected extremities
- C. Endotracheal intubation
- D. High-concentration oxygen

**Answer: D**

Explanation:

The first priority in treating a child with severe hypothermia is to maintain the airway by providing high-concentration oxygen. Stimulation, including endotracheal intubation, CPR or suctioning, should be avoided to prevent ventricular fibrillation; rubbing the affected extremities can cause further tissue damage.

### Question: 5

All of the following may be used in patients with shock except

- A. Lactated Ringer's solution
- B. 5% Dextrose in water
- C. Normal saline
- D. Plasma

**Answer: B**

Explanation:

Normal saline and lactated Ringer's solution may be used in patients with shock; however, 5% dextrose in water is not recommended. Plasma may be given in the hospital setting.

### Question: 6

All of the following are symptoms of cholinergic crisis except

- A. Salivation

- B. Incontinence
- C. Cardiac arrest
- D. Emesis

**Answer: C**

Explanation:

The acronym SLUDGE may be used as a mnemonic device for the symptoms of cholinergic crisis: Salivation, Lacrimation, Urinary incontinence, Defecation (or fecal incontinence), Generalized weakness, and Emesis.

### Question: 7

In patient triage, which of the following conditions would be considered high-priority?

- A. Respiratory arrest
- B. Burns
- C. Shock
- D. Spinal cord damage

**Answer: C**

Explanation:

According to proper triage methods, a patient with signs and symptoms of shock would be considered highest priority; those with burns but without airway compromise or with back injuries with or without spinal cord damage would be considered second priority. A patient in respiratory or cardiopulmonary arrest would be considered lowest priority.

### Question: 8

An Apgar score of 10 in a newly born infant indicates

- A. Moderate distress
- B. No distress
- C. Severe distress
- D. Cyanosis

**Answer: B**

Explanation:

An Apgar score of 7 to 10 in a newly born infant indicates mild or no distress: a score of 4 to 6 indicates moderate distress, such as cyanosis, and a score of 0 to 3 indicates severe distress.

### Question: 9

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The first step in treatment of cardiopulmonary arrest in a newly born infant is

- A. Intubation
- B. IV fluids
- C. Ventilation
- D. Atropine

**Answer: C**

Explanation:

The first step in treatment of cardiopulmonary arrest in a newly born infant is to provide ventilation and oxygenation. If the problem does not resolve, intubation, IV fluids, and medications such as atropine, epinephrine, lidocaine, or naloxone should be administered.

### Question: 10

The Apgar score should be obtained

- A. One to five minutes after birth
- B. Before beginning resuscitation
- C. Immediately at birth
- D. Only if resuscitation is needed

**Answer: A**

Explanation:

The Apgar score should be obtained in a newly born infant 1 to 5 minutes after birth; waiting to obtain the Apgar score before beginning resuscitation may have disastrous consequences.

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