EMT BASIC

NREMT EXAM PREP MANUAL

THE PARAMEDIC HIVE

COGNITIVE MASTERY SERIES

NATIONAL REGISTRY EMT-B STUDY GUIDE

Primum non nocere

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How the NREMT Exam Thinks

The test is not about memorization. It tests **prioritization, safety, and decision-making**.

The algorithm:

1. Scene safety
2. Life threats first
3. ABCs before details
4. Stabilize before transport decisions
5. Least invasive first
6. Reassess continuously

👉 If two answers seem correct, choose the one that:

- Improves oxygenation or perfusion
- Is fastest and safest
- Is within EMT scope

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1. Airway, Breathing, Ventilation (Highest Yield)

Must Know:

- Airway obstruction = immediate intervention
- Oxygenation > diagnosis
- Ventilation > oxygen when respiratory failure is present

Airway Basics

- Head tilt–chin lift (no trauma)
- Jaw thrust (suspected trauma)
- Suction ≤ 15 seconds

Adjuncts

- **OPA**: unconscious, no gag

- **NPA**: semi-conscious or gag present
  Contraindicated in:
    - Facial trauma
    - Suspected basilar skull fracture

Ventilation

Use **BVM when respirations are inadequate**, NOT just slow.

Signs of inadequate breathing:

- Poor chest rise
- Cyanosis
- Altered mental status
- Fatigue
- Irregular breathing

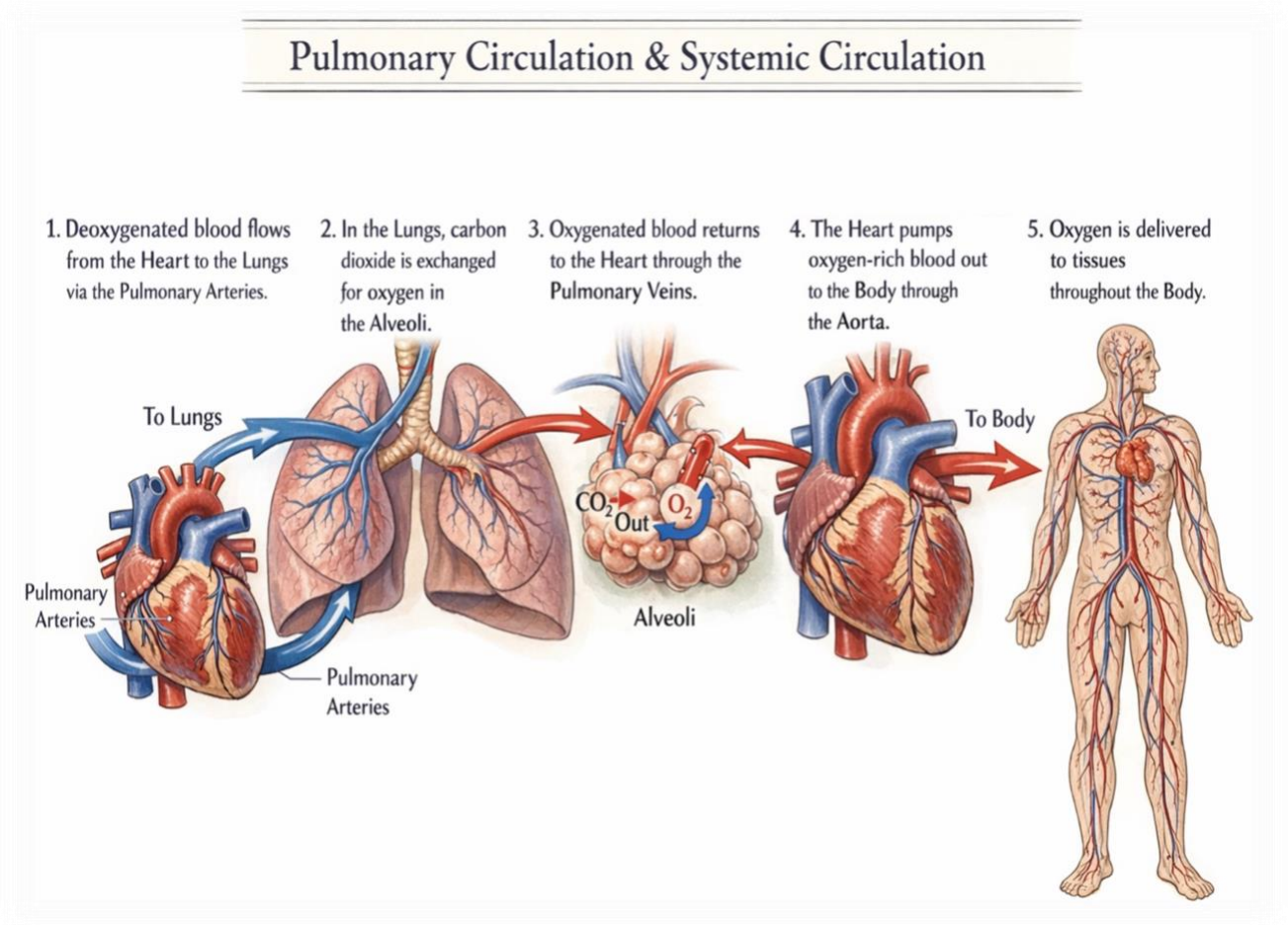
Rate:

- Adult: 10–12/min
- Child: 12–20/min
- Infant: 20–30/min

Oxygen Delivery

- Nasal cannula: mild distress
- NRB: moderate distress
- BVM: respiratory failure

🔥 Test Tip:
If they are tired, altered, or shallow → **ventilate**.



♡ 2. Cardiology and Resuscitation

CPR Basics

- High-quality compressions
- 100–120/min
- Depth: 2–2.4 inches
- Full recoil
- Minimize interruptions

AED:

- Turn on → follow prompts
- Resume CPR immediately after shock

Cardiac Emergencies

Key signs:

- Chest pain
- Diaphoresis
- Nausea
- Shortness of breath

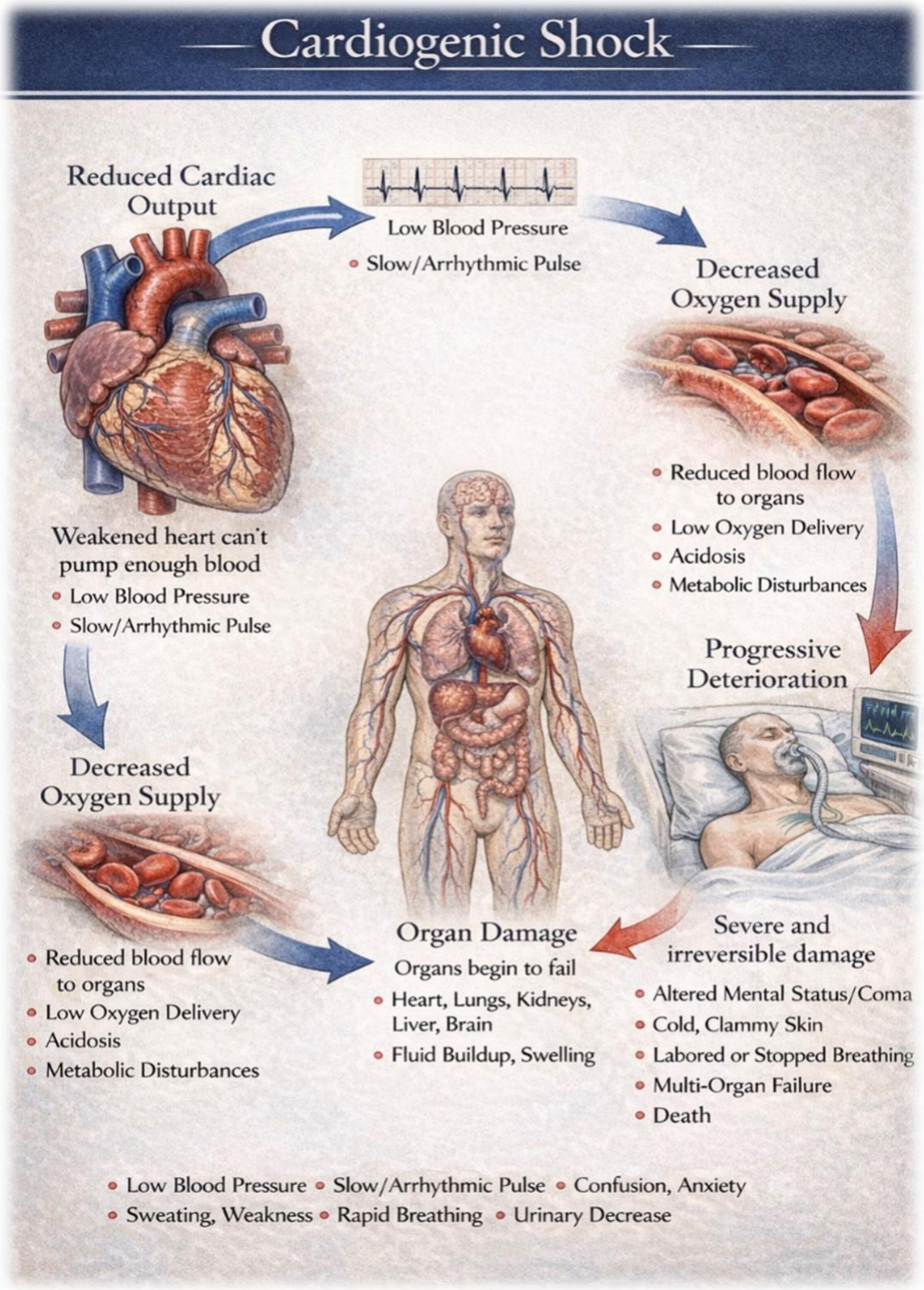
Interventions:

- Oxygen if hypoxic
- Aspirin (no allergy or bleeding risk)
- Assist with prescribed nitro
- Monitor

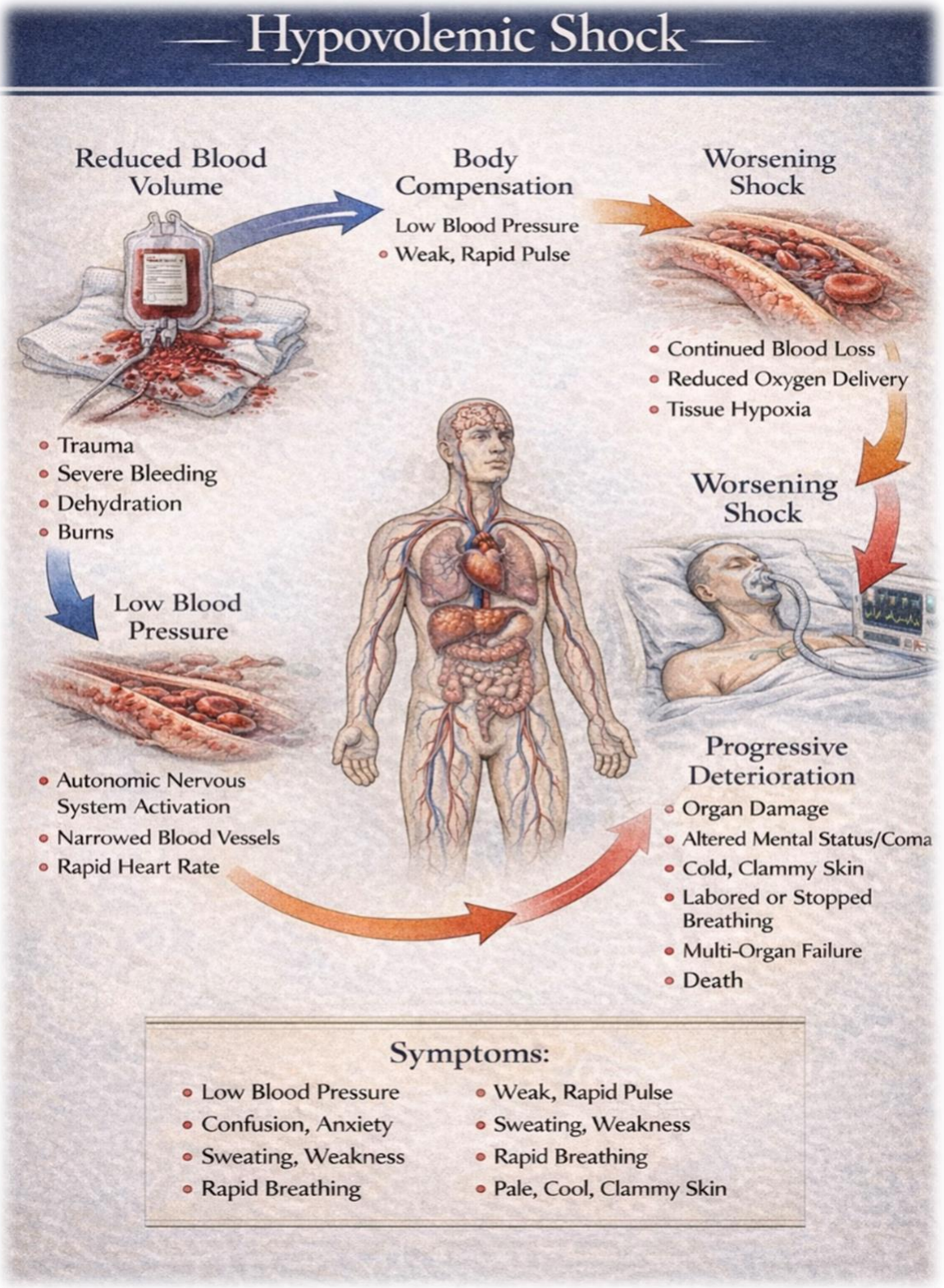
🔥 Test Tip:
If patient is hypotensive → **do NOT give nitro.**

Shock and Perfusion

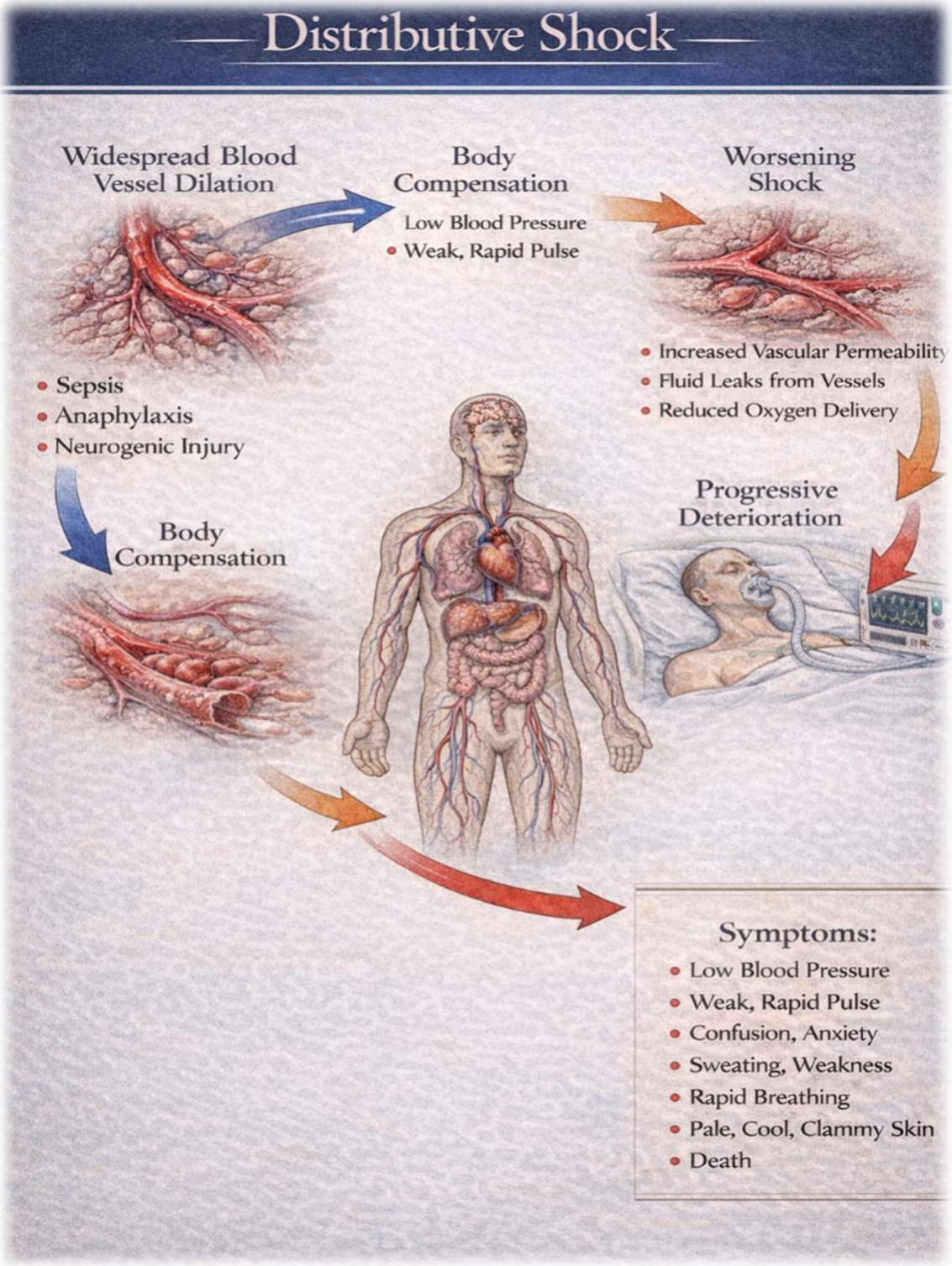
Cardiogenic Shock



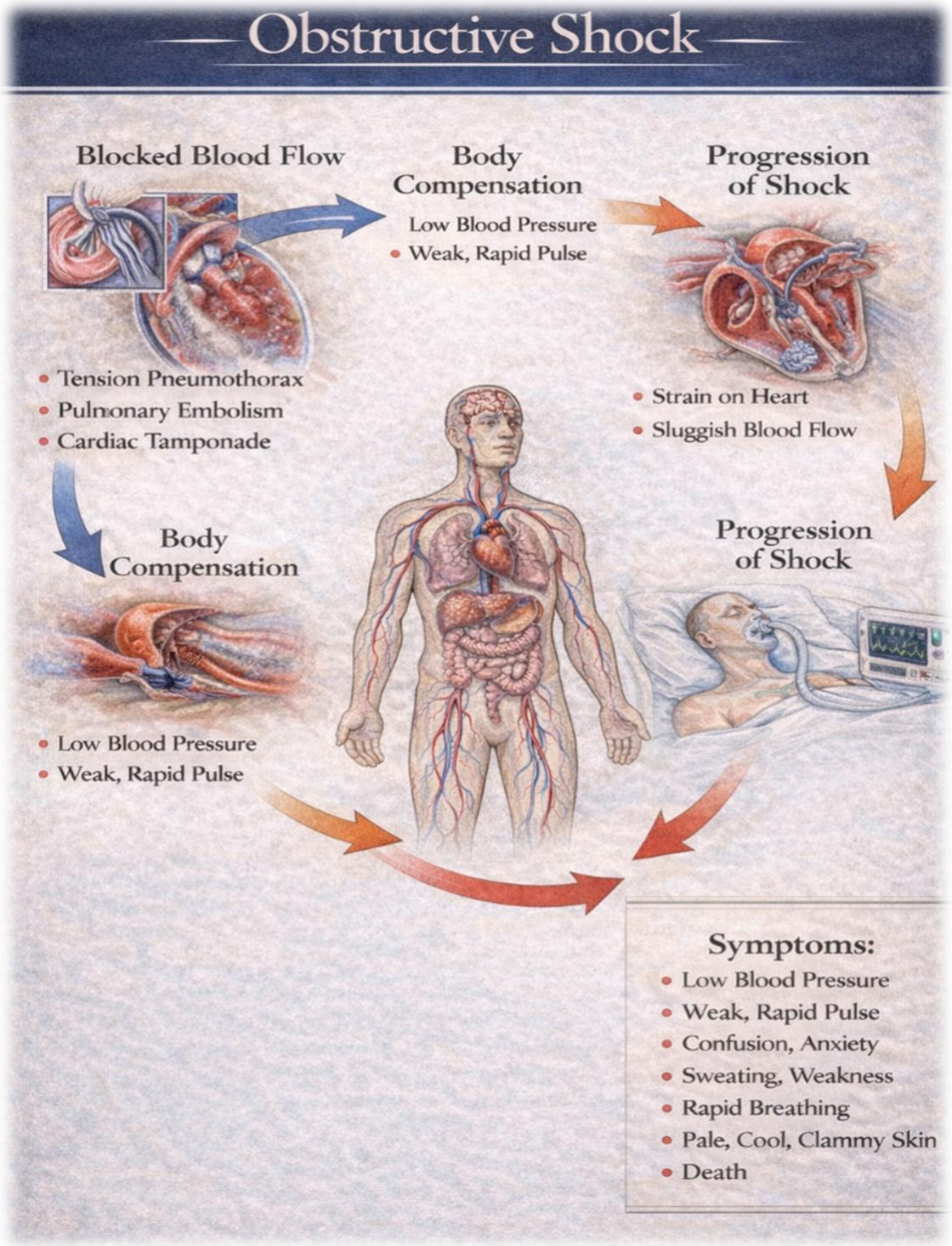
Hypovolemic


Hypovolemic Shock
Reduced Blood Volume
Trauma
Severe Bleeding
Dehydration
Burns
Low Blood Pressure
Autonomic Nervous System Activation
Narrowed Blood Vessels
Rapid Heart Rate
Body Compensation
Low Blood Pressure
Weak, Rapid Pulse
Worsening Shock
Continued Blood Loss
Reduced Oxygen Delivery
Tissue Hypoxia
Worsening Shock
Progressive Deterioration
Organ Damage
Altered Mental Status/Coma
Cold, Clammy Skin
Labored or Stopped Breathing
Multi-Organ Failure
Death
Symptoms:
Low Blood Pressure
Confusion, Anxiety
Sweating, Weakness
Rapid Breathing
Weak, Rapid Pulse
Sweating, Weakness
Rapid Breathing
Pale, Cool, Clammy Skin

Distributive



Obstructive



Early Signs

- Tachycardia
- Anxiety
- Pale, cool skin

Late Signs:

- Hypotension
- AMS

Treatment

- Control bleeding first
- Oxygen
- Supine position
- Rapid transport

🔥 Test Tip:
Bleeding control always comes before airway adjuncts unless airway is blocked.

💧 4. Trauma (Very High Yield)

Primary Survey = rapid

Airway → Breathing → Circulation → Disability → Exposure

Immediate Life Threats

- Airway obstruction
- Tension pneumothorax
- Massive hemorrhage

Bleeding Control

Order:

1. Direct pressure
2. Tourniquet
3. Hemostatic dressing

Spinal Motion Restriction

Indications:

- Altered LOC
- Neurologic deficit
- High-risk mechanism
- Pain/tenderness

🔥 Test Tip:
Stable trauma + isolated injury = slower transport
Unstable trauma = **rapid transport**

🧠 5. Neurology

Stroke Recognition

Use:

- FAST
- Cincinnati Stroke Scale

Priorities:

- Time of onset
- Oxygen if hypoxic
- Rapid transport to stroke center

🔥 Test Tip:
Last known well time is critical.

🧬 6. Endocrine Emergencies

Hypoglycemia

Signs:

- AMS
- Sweating
- Tachycardia

Treatment:

- Oral glucose if conscious and can swallow

Hyperglycemia

Signs:

- Polyuria
- Polydipsia
- Fruity breath

Treatment:

- Supportive
- Transport

😮💨 7. Respiratory Emergencies

Asthma vs COPD vs CHF

Know differences:

Asthma:

- Wheezing
- Younger patients
- Triggers

COPD:

- Chronic
- Barrel chest

CHF:

- Crackles
- Pink frothy sputum
- JVD

Treatment priorities:

- Oxygen
- Assist inhaler if prescribed
- Position of comfort

🔥 Test Tip:
If pulmonary edema suspected → **upright position**.

👶 8. OB and Pediatrics

Child Assessment Triangle

- Appearance
- Work of breathing
- Circulation to skin

Pediatric Respiratory Failure

Most common cause of arrest.

Delivery

Normal:

- Support head
- Check cord
- Dry, warm baby

Complications:

- Breech
- Prolapsed cord
- Shoulder dystocia

🔥 Test Tip:
Newborn HR < 100 → ventilate.

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9. Medical Emergencies

Know:

- Seizures
- Allergic reactions
- Poisoning
- Behavioral

Anaphylaxis:

- Airway swelling
- Wheezing
- Hypotension

Treatment:

- Assist epi
- Oxygen
- Rapid transport

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10. EMS Operations and Safety

Scene Safety

Always first.

Hazards:

- Violence
- Hazmat
- Traffic

Legal:

- Consent
- Refusal
- Negligence
- Documentation

🔥 Test Tip:
Unsafe scene = **do not enter.**

📝 Common NREMT Question Traps

1. Doing too much too early

Always start simple.

2. Ignoring ABCs

If airway or breathing is compromised, treat before anything else.

3. Not reassessing

Reassessment is often the correct answer.

4. Overthinking diagnosis

Treat symptoms, not labels.

🎯 Final High-Yield Checklist

Before every question ask:

- Is the scene safe?
- Is the airway open?
- Is the patient breathing adequately?
- Is there bleeding?
- Does this patient need rapid transport?

Study Strategy (2 Weeks)

Week 1

- Airway and respiratory
- Cardiology and shock
- Trauma

Week 2

- Pediatrics and OB
- Medical
- EMS operations
- Practice exams daily

 Best Practice Method

- 50–100 practice questions daily
- Review why answers were wrong
- Focus on clinical reasoning

 Most Commonly Failed NREMT EMT Topics

(And Why Candidates Miss Them)

 1. Airway vs Ventilation Decisions

This is the **#1 failure category**

Where students struggle:

- Confusing oxygenation with ventilation

- Giving oxygen when the patient needs BVM
- Not recognizing respiratory failure early

High-risk concepts:

- Shallow respirations = ventilate
- Altered mental status + poor breathing = ventilate
- Fatigue = impending respiratory arrest

Exam trap:
They pick nasal cannula or NRB instead of BVM.

👉 Focus: recognizing **inadequate breathing vs distress**

😮💨 2. Respiratory Failure vs Respiratory Distress

Students memorize disease but fail to identify severity.

Common mistakes:

- Wheezing patient = inhaler (but they are exhausted and need BVM)
- CHF vs COPD differentiation
- Ignoring fatigue and altered LOC

👉 The exam prioritizes **physiology, not diagnosis.**

💧 3. Shock Recognition (Especially Early Shock)

Many candidates only recognize hypotension.

Most missed:

- Compensated shock signs
- Anxiety and tachycardia
- Skin changes

Exam trap:
They wait for hypotension before treating.

👉 Focus:
Shock = perfusion problem, not blood pressure.

♡ 4. Cardiac Chest Pain Prioritization

Students know MONA but fail prioritization.

Common errors:

- Giving nitro before checking BP
- Missing aspirin contraindications
- Forgetting transport priority

👉 Exam wants:

- Oxygen only if hypoxic
- Aspirin early
- Nitro only if stable

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5. Trauma Priorities and Rapid Transport

Students focus too much on treatment, not transport.

Common errors:

- Spending too much time on scene
- Treating isolated injuries when patient is unstable
- Missing high-risk mechanisms

👉 NREMT mindset:
Unstable trauma = load and go.

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6. Stroke Assessment and Time Recognition

Candidates memorize FAST but forget logistics.

Common misses:

- Last known well time
- Transport to stroke center
- Oxygen only if needed

🧬 7. Diabetic Emergencies

Especially decision-making.

Errors:

- Giving oral glucose to altered patients
- Not protecting airway first
- Confusing DKA vs hypoglycemia priorities

👉 Exam focus:
Airway + LOC = first.

👶 8. Pediatric Respiratory Emergencies

The biggest pediatric failure area.

Why:

- Adults think cardiac arrest; kids arrest from respiratory failure.

Missed:

- Early respiratory distress
- Signs of fatigue
- Correct ventilation rates

👉 Most pediatric arrest questions start with breathing.

👶 9. Pediatric Assessment (Child Assessment Triangle)

Candidates forget it entirely.

Key:

- Appearance
- Work of breathing
- Circulation to skin

⚡ 10. Anaphylaxis vs Mild Allergic Reaction

Students under-treat.

Mistakes:

- Delaying epinephrine
- Treating wheezing without recognizing anaphylaxis

⚖️ 11. Consent, Refusal, and Capacity

This is one of the highest legal failure points.

Missed:

- Decision-making capacity
- Implied consent
- When to involve law enforcement

🛑 12. Scene Safety and Situational Awareness

Many candidates rush to patient care.

Common traps:

- Violent scene
- Hazmat exposure
- Traffic hazards

👉 NREMT always rewards **provider safety first.**

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13. Reassessment

Often the correct answer.

Students:

- Do initial treatment but forget to reassess
- Miss patient deterioration

14. Medical vs Trauma Decision-Making

Candidates struggle with:

- When to treat vs when to transport
- Stable vs unstable differentiation

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15. Seizure Management

Common mistakes:

- Airway neglect
- Unnecessary interventions
- Positioning errors

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16. Medication Assistance

Especially:

- Inhalers
- Nitroglycerin
- Epinephrine

Students forget:

- Right patient
- Right drug
- Contraindications

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17. Overthinking Diagnosis

The test rarely wants a specific diagnosis.

Candidates:

- Focus on labels instead of life threats.

Example:
Treat hypoxia → not “COPD exacerbation.”

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18. Prioritization Under Stress

The biggest global issue.

Candidates:

- Do skills in the wrong order.
- Miss simple, life-saving steps.

Top 5 Highest-Risk Topics to Target First

If you were building an EMT success program for The Hive, these would be your biggest impact:

1. Airway vs ventilation decisions

2. Respiratory failure recognition
3. Shock and perfusion
4. Trauma prioritization and transport
5. Pediatric respiratory emergencies

Why Students Fail the NREMT

Not lack of knowledge—failure of clinical reasoning:

- Memorization instead of prioritization
- Poor pattern recognition
- Anxiety and second guessing
- Overconfidence in familiar topics
- Weak physiology understanding

This aligns perfectly with your **Hive philosophy: clinical reasoning over rote knowledge.**