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Question: 691

During the assessment of a patient with a suspected compartment syndrome, which of the following findings would most support this diagnosis?

- A. Normal capillary refill time
- B. Pain with passive stretch of the affected muscles
- C. Presence of a palpable pulse
- D. Mild swelling of the limb

Answer: B

Explanation: Pain with passive stretch of the affected muscles is a classic sign of compartment syndrome and indicates increased intracompartmental pressure.

Question: 692

A patient with blunt chest trauma presents with hypotension and tachycardia. Which of the following findings would most likely indicate a hemothorax?

- A. Increased respiratory rate without distress
- B. Hyperresonance on percussion
- C. Clear breath sounds bilaterally
- D. Dullness to percussion on the affected side

Answer: D

Explanation: Dullness to percussion on the affected side is characteristic of a hemothorax due to fluid accumulation in the pleural space.

Question: 693

You are treating a 50-year-old female with a gunshot wound to the abdomen. After applying direct pressure, you notice continued bleeding. What is the most appropriate next step in managing her hemorrhage?

- A. Administer IV fluids immediately
- B. Apply a tourniquet at the proximal arm
- C. Utilize a hemostatic agent within the wound
- D. Perform a rapid assessment for other injuries

Answer: C

Explanation: If bleeding continues despite direct pressure, hemostatic agents can be utilized to promote clotting. Tourniquets should be applied only to extremities and not to abdominal wounds.

Question: 694

A patient presents with a severe facial fracture after a fall. She is able to speak but has difficulty breathing due to potential airway compromise. What is the first-line intervention for airway management in this situation?

- A. Continuous positive airway pressure (CPAP)
- B. Nasopharyngeal airway placement
- C. Oropharyngeal airway placement
- D. Endotracheal intubation

Answer: D

Explanation: In cases of severe facial trauma with airway compromise, endotracheal intubation is the safest and most effective method to secure the airway.

Question: 695

In a pediatric trauma patient, which of the following is the most reliable indicator of shock?

- A. Heart rate
- B. Respiratory rate
- C. Blood pressure
- D. Level of consciousness

Answer: C

Explanation: Blood pressure is the most reliable indicator of shock in pediatric patients, as they may compensate with tachycardia initially.

Question: 696

A firefighter suffers second-degree burns covering 25% of his body after a rescue operation. What is the most appropriate fluid resuscitation formula to use for this patient in the first 24 hours post-injury?

- A. Parkland formula: $4 \text{ mL} \times \% \text{TBSA} \times \text{weight (kg)}$
- B. Modified Brooke formula: $2 \text{ mL} \times \% \text{TBSA} \times \text{weight (kg)}$
- C. Consensus formula: $3 \text{ mL} \times \% \text{TBSA} \times \text{weight (kg)}$

D. Galveston formula: $4 \text{ mL} \times \% \text{TBSA} \times \text{weight (kg)} + \text{maintenance fluids}$

Answer: A

Explanation: The Parkland formula is the most commonly used for fluid resuscitation in burn patients, particularly in the first 24 hours, ensuring adequate hydration and perfusion.

Question: 697

A patient is noted to have paradoxical movement of the chest wall after sustaining multiple rib fractures. What is the pathophysiological basis for this finding?

- A. Loss of structural integrity of the rib cage
- B. Increased intrathoracic pressure during expiration
- C. Intrapleural pressure exceeding atmospheric pressure
- D. Impaired diaphragm function

Answer: A

Explanation: The loss of structural integrity of the rib cage due to multiple rib fractures causes paradoxical movement during respiration.

Question: 698

A patient presents with a laceration to the neck that is actively bleeding. What is the most critical intervention?

- A. Apply a pressure dressing
- B. Prepare for immediate surgical airway
- C. Position the patient upright
- D. Perform direct pressure to the wound

Answer: B

Explanation: The risk of airway compromise necessitates preparation for a surgical airway due to potential vascular injury.

Question: 699

In a trauma system, what is the primary purpose of a regional trauma center?

- A. To provide basic emergency care

- B. To coordinate trauma care among various facilities
- C. To serve as a research facility for trauma
- D. To manage all types of medical emergencies

Answer: B

Explanation: A regional trauma center's primary role is to coordinate trauma care, ensuring that patients receive the most appropriate care based on the severity of their injuries.

Question: 700

A young adult patient presents with tachycardia, hypotension, and altered mental status following a fall. What is the priority intervention?

- A. Administer IV analgesics
- B. Perform a focused ultrasound
- C. Obtain a complete blood count
- D. Establish IV access and start fluid resuscitation

Answer: D

Explanation: Establishing IV access and starting fluid resuscitation is critical to address hypovolemic shock in a trauma patient.

Question: 701

During the assessment of a patient with a suspected knee dislocation, which of the following findings would most indicate the need for immediate reduction?

- A. Pain and swelling
- B. Inability to move the knee
- C. Bruising around the joint
- D. Popliteal pulse absent

Answer: D

Explanation: An absent popliteal pulse indicates potential vascular compromise, necessitating immediate reduction to restore circulation.

Question: 702

During a trauma assessment, you note that a patient has significant rib fractures leading to paradoxical

movement of the chest wall. What is this condition known as, and what is the best management approach?

- A. Pulmonary contusion; provide supplemental oxygen
- B. Flail chest; provide positive pressure ventilation and pain management
- C. Hemothorax; perform needle decompression
- D. Tension pneumothorax; monitor closely for respiratory failure

Answer: B

Explanation: Flail chest is characterized by paradoxical movement of the chest wall, and the best management includes positive pressure ventilation and adequate pain control to enhance respiratory mechanics.

Question: 703

A 31-year-old female presents with severe abdominal pain and a history of liver disease. She is hypotensive, and her abdomen is distended. What should be your immediate intervention?

- A. Perform a FAST exam and apply a binder
- B. Administer IV fluids and prepare for surgery
- C. Administer analgesics
- D. Prepare for CT imaging

Answer: A

Explanation: A FAST exam is crucial to assess for internal bleeding, and applying a binder can help stabilize the abdomen.

Question: 704

While assessing a patient with a partial-thickness burn, you notice the presence of blisters. How would you classify this type of burn?

- A. Deep partial-thickness
- B. Superficial
- C. Full-thickness
- D. Fourth-degree

Answer: A

Explanation: The presence of blisters indicates a deep partial-thickness burn.

Question: 705

A patient with a history of blunt abdominal trauma presents with hypotension and tachycardia. Which of the following physical findings would most likely indicate a splenic injury?

- A. Ascites on ultrasound
- B. Rebound tenderness in the right upper quadrant
- C. Grey Turner's sign
- D. Abdominal tenderness in all quadrants

Answer: C

Explanation: Grey Turner's sign indicates retroperitoneal hemorrhage, which can occur with splenic injury.

Question: 706

A 30-year-old female is involved in a motor vehicle collision and presents with a stable pelvic fracture. What is the most appropriate management step to minimize hemorrhage?

- A. Administer IV fluids
- B. Monitor vital signs closely
- C. Apply a pelvic binder
- D. Prepare for surgical intervention

Answer: C

Explanation: Applying a pelvic binder helps stabilize the pelvis and can significantly reduce hemorrhage from pelvic fractures.

Question: 707

A 28-year-old female sustains a facial injury during a bar fight. You suspect a fracture of the maxilla. What should be your initial management priority, considering the risk of airway compromise?

- A. Stabilize the cervical spine
- B. Perform rapid sequence intubation
- C. Assess for the presence of a foreign body
- D. Apply a jaw-thrust maneuver

Answer: D

Explanation: A jaw-thrust maneuver is essential to maintain airway patency in patients with potential maxillary fractures while assessing for airway compromise.

Question: 708

When assessing a trauma patient with an open fracture, what is the primary concern regarding the wound?

- A. Bone healing
- B. Infection risk
- C. Nerve damage
- D. Muscle necrosis

Answer: B

Explanation: Open fractures expose the bone to the external environment, significantly increasing the risk of infection, necessitating prompt surgical intervention.

Question: 709

In a trauma patient with a suspected pelvic fracture, which assessment finding would most strongly suggest the presence of significant hemorrhage?

- A. Heart rate of 80 bpm
- B. Blood pressure of 100/60 mmHg
- C. Mild abdominal tenderness
- D. Asymmetrical limb positioning

Answer: B

Explanation: A blood pressure of 100/60 mmHg in the context of a pelvic fracture may indicate significant hemorrhage, necessitating immediate intervention.

Question: 710

In managing a patient with suspected spinal cord injury, which of the following is the priority action?

- A. Administration of high-dose steroids
- B. Immobilization of the spine
- C. Assessment of neurological function

D. Initiation of IV fluids

Answer: B

Explanation: Spinal immobilization is critical to prevent further injury and stabilize the patient before further assessment or intervention.

Question: 711

During your assessment of a patient with a suspected hollow organ injury, you note signs of peritonitis and guarding. What is the most likely organ affected if the patient has a history of recent abdominal surgery?

- A. Stomach
- B. Large intestine
- C. Small intestine
- D. Bladder

Answer: C

Explanation: The small intestine is the most commonly injured hollow organ, particularly after abdominal surgery, which can lead to perforation and subsequent peritonitis.

Question: 712

A patient who fell from a ladder is found unresponsive with a GCS of 7. What is the most critical assessment you should conduct immediately?

- A. Check for spinal injuries
- B. Conduct a full neurological exam
- C. Evaluate circulation and pulse
- D. Assess the airway and breathing

Answer: D

Explanation: With a GCS of 7, the patient is at high risk for airway compromise; therefore, assessing and securing the airway is the top priority.

Question: 713

In a case of suspected acute limb ischemia, which intervention should be avoided?

- A. Application of warm compresses
- B. Immediate surgical consultation
- C. Assessment of pulses
- D. Administration of anticoagulants

Answer: A

Explanation: Warm compresses can exacerbate ischemia and are contraindicated in acute limb ischemia management.





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