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Practice Questions

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1. A woman is described as G3P1. What does this mean?

- A. She has been pregnant once and gave birth to viable triplets
- B. She has been pregnant three times and has had one miscarriage
- C. She has been pregnant once and has had three miscarriages
- D. She has been pregnant three times and has given birth to one viable child

2. All of the following are signs of alcohol intoxication EXCEPT:

- A. mood lability.
- B. aggressive impulses.
- C. nystagmus.
- D. pale skin, especially of the face.

3. In neonates, fever is defined as a rectal temperature greater than:

- A. 98.6° F
- B. 100° F
- C. 99.6° F
- D. 100.4° F

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4. The buildup of fatty deposits on the inner walls of arteries is called atherosclerosis.

- A. False
- B. True

5. By what other name is Thiamine commonly known?

- A. Vitamin B1
- B. Vitamin B12
- C. Vitamin B10
- D. Vitamin B6



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6. Compared to the other option, which medical condition has a more gradual onset?

- A. Hypoglycemia
- B. Hyperglycemia

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7. All of the following statements about diabetes are true EXCEPT one. Which statement is NOT true?

- A. A patient suffering from hypoglycemia should not be given any sugar.
- B. Diabetes is a disease in which insulin is either not produced or not properly used by the body.
- C. Insulin is a hormone secreted by the pancreas that regulates the absorption of blood sugars.
- D. Hyperglycemia is another term for high blood sugar.

8. Is normal saline considered an isotonic solution?

- A. Yes
- B. No, it is hypotonic.
- C. It depends on the concentration used.
- D. No, it is hypertonic.

9. Which of the following vital sign ranges would be considered normal for a 5-year-old child?

- A. Pulse 80 to 120 beats per minute
- B. Blood pressure of 110/64 mm Hg
- C. Respirations 15 to 20 breaths per minute
- D. Pulse 120 to 160 beats per minute

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10. Which hormones does the pancreas secrete to help regulate blood sugar?

- A. Estrogen and progesterone
- B. Progesterone and glucagon
- C. Insulin and estrogen
- D. Glucagon and insulin



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11. What is the general category of diseases that cause lower airway obstruction called?

- A. Obstructive ventricle diseases.
- B. Lower airway disease.
- C. Obstructive lung diseases.
- D. Intrusive airway obstruction diseases.

12. You respond to a factory where temperatures have exceeded 100°F all week. A 37-year-old male who complained of dizziness before losing consciousness is found with hot, dry skin, a rapid pulse, and dilated pupils. What condition is this patient most likely experiencing?

- A. Nonemergent hyperthermia
- B. Stroke
- C. Emergent hyperthermia
- D. Diabetic emergency

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13. In an adult, which of the following heart rate values indicates bradycardia?

- A. Heart rate between 60 and 100 beats per minute
- B. Heart rate above 100 beats per minute
- C. Heart rate below 60 beats per minute
- D. Heart rate below 100 beats per minute

14. While transporting a patient with chest pain, he loses consciousness and has no pulse. Which of the following procedures should be followed?

- A. Begin CPR and ventilations immediately while continuing transport.
- B. Attach the AED and set it to analyze while transport continues.
- C. The EMT should attach the AED, set it to analyze, and instruct the driver to stop the vehicle.
- D. Perform CPR for one minute in a stopped vehicle, then attach the AED.

15. Why is it important to inspect the AED before every shift?

- A. To confirm that the AED is fully charged and operational
- B. To ensure the EMT is familiar with how to operate the AED
- C. None of the above
- D. To verify the AED was not used during the previous shift

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16. What is the key distinguishing feature of angina pectoris when compared to a myocardial infarction?

- A. A myocardial infarction resolves with rest
- B. Angina pectoris is triggered by physical or emotional stress
- C. As an EMT-B you cannot differentiate between the two
- D. The pain from angina pectoris gradually worsens over time

17. Which of the following interventions is NOT appropriate when treating a child in shock?

- A. Maintaining body temperature
- B. Administering fluids by mouth
- C. Administering high-concentration oxygen
- D. Elevating the legs

18. In which sequence does blood flow through the chambers of the heart?

- A. Left atrium, left ventricle, right ventricle, right atrium (repeat)
- B. Left atrium, right atrium, left ventricle, right ventricle (repeat)
- C. Right atrium, right ventricle, left atrium, left ventricle (repeat)
- D. Right ventricle, left atrium, right atrium, left ventricle (repeat)

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19. What term describes the overall change in vital signs that occurs in response to increased intracranial pressure?

- A. Skull Crashing Response
- B. Beck's Crashing
- C. Skull Cushing's Response
- D. Cushing's Response

20. Which type of ECG leads are unipolar leads that record cardiac electrical activity in the horizontal plane?

- A. Standard limb leads
- B. Superior-inferior leads
- C. Augmented limb leads
- D. Precordial leads



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21. What is the final stage of shock called?

- A. Total shock.
- B. Decompensated shock.
- C. Compensated shock.
- D. Irreversible shock.

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22. Which of the following is LEAST likely to be a sign of a stroke?

- A. trouble speaking or understanding
- B. vision that suddenly blurs
- C. chest pain
- D. difficulty swallowing

**23. At the site of an overturned container truck, you arrive as the primary EMT. Upon your arrival, you notice a placard with an ID number that you are unable to identify. Additionally, there appears to be fluid seeping from the vehicle.

What course of action should you take in this situation?**

- A. You should determine if the driver has already vacated the vehicle
- B. You should begin containing the fluid that is leaking from the vehicle
- C. You should position the ambulance downhill from the overturned vehicle
- D. You should notify your dispatcher that you are in need of a hazardous materials team

24. Under what circumstances is it acceptable to disregard the right-of-way of a school bus that is unloading children?

- A. When you are responding to an MCI (mass casualty incident)
- B. When you have a police escort
- C. When you are transporting a severe patient
- D. Never

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25. Which of the following is the next step once the EMR has determined that the scene is unsafe to enter?

- A. Call 911 immediately for an ambulance
- B. None of the above
- C. Contact your commander via land-line
- D. Request specialized resources to manage the threat

26. When transporting a patient with supine hypotensive syndrome, what position should she be placed in?

- A. Supine, with the knees bent upward.
- B. On her left side, with a pillow or rolled blanket supporting her back.
- C. On her right side, with a pillow or rolled blanket supporting her back.
- D. Supine, lying completely flat.

27. When transporting an amputated body part, which of the following is the correct management approach?

- A. Soak it in saline solution and place it directly on ice.
- B. Place it in a plastic bag, then place the bag on ice.
- C. Wrap it in an occlusive dressing to preserve moisture.
- D. Wrap it in a multi-trauma dressing to maintain sterility.

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28. Bright red, spurting blood is characteristic of injury to which type of vessel?

- A. A capillary
- B. The lungs
- C. An artery
- D. A vein

29. Which of the following is NOT a manual airway maneuver?

- A. Triple airway maneuver.
- B. Head-tilt/chin-lift maneuver.
- C. Motion thrust maneuver.
- D. Jaw thrust maneuver.



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30. Which of the following describes an involuntary elevation of the palate and contraction of pharyngeal muscles triggered by stimulation of the posterior pharynx and soft palate?

- A. Vallecular reflex
- B. Nasal reflex
- C. Gag reflex
- D. Cough reflex



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Answer Key & Explanations

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1. D — She has been pregnant three times and has given birth to one viable child

In obstetric notation, 'G' (gravida) refers to the total number of times a woman has been pregnant, and 'P' (para) refers to the number of times she has delivered a viable fetus. Therefore, G3P1 means she has been pregnant three times and has delivered one viable baby.

2. D — pale skin, especially of the face.

Pale facial skin is not a sign of alcohol intoxication; flushing of the face is. Other recognized signs include disinhibition of impulses, impaired judgment, and impaired functioning.

3. D — 100.4° F

Fever in neonates is defined as a rectal temperature exceeding 100.4° F. Neonatal fever is typically a cause for concern and often signals an acute viral or bacterial infection.

4. B — True

This is true. Atherosclerosis refers to the buildup of fatty (lipid) deposits inside arterial walls. It is easy to confuse with arteriosclerosis, which involves the hardening and calcification of arterial walls.

5. A — Vitamin B1

Thiamine is also known as Vitamin B1. It is an essential nutrient involved in energy metabolism, and is critical for normal cardiac, muscular, and nervous system function. Deficiency can lead to serious conditions such as beriberi or Wernicke-Korsakoff syndrome.

6. B — Hyperglycemia

Hyperglycemia, or elevated blood glucose, develops gradually. Symptoms such as increased thirst, frequent urination, fatigue, and blurred vision appear over time. If untreated, it can progress to serious complications such as diabetic ketoacidosis.

7. A — A patient suffering from hypoglycemia should not be given any sugar.

All of the other statements about diabetes are accurate. The false statement is that hypoglycemic patients should not receive sugar — in fact, they should. Appropriate sources of sugar include candy, orange juice, or regular soft drinks. Be sure to confirm the item actually contains sugar rather than an artificial sweetener.

8. A — Yes

Yes. An isotonic solution has the same salt (solute) concentration as body cells and blood. Normal saline meets this definition and is commonly used for intravenous fluid replacement.

9. A — Pulse 80 to 120 beats per minute

A normal pulse rate for a 5-year-old is approximately 80 to 120 beats per minute. Expected respirations are 20 to 25 breaths per minute, and a typical blood pressure is around 90/52 mm Hg.

10. D — Glucagon and insulin

The pancreas regulates blood glucose levels by secreting glucagon and insulin, both of which play key roles



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in carbohydrate metabolism and digestion.

11. C — Obstructive lung diseases.

Diseases that cause lower airway obstruction fall under the category of obstructive lung diseases. These conditions are generally characterized by airway inflammation and restricted airflow.

12. C — Emergent hyperthermia

Exposure to high environmental heat without adequate hydration or ventilation leads to elevated core temperature. Hot, dry skin is an ominous sign indicating the body's cooling mechanisms have failed. Emergent hyperthermia (heat stroke) is a true life-threatening emergency requiring rapid cooling and urgent transport.

13. C — Heart rate below 60 beats per minute

In adults, a heart rate below 60 beats per minute is classified as bradycardia. Many well-conditioned athletes have resting heart rates below 60, so this finding should only raise concern if the patient also shows signs of inadequate tissue perfusion, such as low blood pressure.

14. C — The EMT should attach the AED, set it to analyze, and instruct the driver to stop the vehicle.

The vehicle should be stopped whenever the AED is in analyze or shock mode. Movement can interfere with rhythm analysis, and delivering a shock in a moving vehicle creates risk of accidental contact with the patient or pads. All AED interventions should occur only after the driver has stopped the vehicle.

15. A — To confirm that the AED is fully charged and operational

The AED must be inspected at the start of each shift to verify it is fully charged and functional. Skipping this check may constitute negligence if the device fails during a cardiac arrest. Environmental factors such as temperature can drain a battery even if it appeared fully charged at the end of the previous shift, so relying on the prior crew's assessment is insufficient.

16. B — Angina pectoris is triggered by physical or emotional stress

Angina pectoris is typically triggered by physical exertion or emotional stress. The symptoms usually last no longer than 10 minutes and can be relieved with rest, in contrast to myocardial infarction pain which is persistent and not relieved by rest.

17. B — Administering fluids by mouth

Oral fluids should never be given to any patient in shock, as this can induce vomiting and lead to airway compromise. Goals of treatment include maintaining the airway, supporting blood pressure, and preserving body temperature. Preventing hypothermia is essential to the child's survival. Airway management and oxygenation are the highest priorities in pediatric shock.

18. C — Right atrium, right ventricle, left atrium, left ventricle (repeat)

Blood returns to the heart via the right atrium, passes into the right ventricle, travels through the pulmonary capillary beds to be oxygenated, returns to the left atrium, and then passes into the left ventricle, which pumps freshly oxygenated blood to the rest of the body.

19. D — Cushing's Response

Cushing's Response refers to the set of vital sign changes associated with increased intracranial pressure, including rising blood pressure, a falling heart rate, and abnormal respiratory patterns. It represents the body's attempt to compensate for pressure on the brain from conditions such as head injuries or intracranial bleeding.



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20. D — Precordial leads

Precordial leads, also called chest leads, are unipolar leads that record cardiac electrical activity in the horizontal plane. They are used as part of 12-lead ECG monitoring and measure the amplitude of the heart's electrical current.

21. D — Irreversible shock.

Irreversible shock is the terminal stage of shock, at which point the body can no longer compensate for fluid or blood loss and death is inevitable.

22. C — chest pain

Chest pain is least likely to indicate a stroke. Stroke signs include sudden vision changes, difficulty swallowing, trouble speaking or understanding speech, facial or limb numbness or weakness, sudden confusion, dizziness, loss of balance, unexplained falls, or a sudden severe headache.

23. D — You should notify your dispatcher that you are in need of a hazardous materials team

Your personal safety should be your primary concern as an EMT. Only when properly trained personnel have confirmed that it is safe to enter the scene should you do so. The rescue team should never position themselves downhill from a hazardous materials incident.

24. D — Never

A school bus unloading children always has the right-of-way. There are no emergency circumstances — including responding to a mass casualty incident or transporting a critical patient — that justify disregarding this rule.

25. D — Request specialized resources to manage the threat

The EMR should immediately request the appropriate specialized resources. 911 should have been contacted prior to the EMR responding. Additionally, the primary job of all emergency responders is to verify the scene is safe before entering; therefore, the EMR should wait for the arrival of those that are trained to handle any special circumstances.

26. B — On her left side, with a pillow or rolled blanket supporting her back.

Patients with supine hypotensive syndrome should be positioned on their left side to relieve pressure on the vena cava. A pillow or rolled blanket placed against the back helps maintain this position during transport.

27. B — Place it in a plastic bag, then place the bag on ice.

An amputated part should be sealed in a plastic bag and the bag placed on ice. Direct contact between the tissue and ice must be avoided because freezing damages capillaries. The part is not sterile and does not require a sterility dressing.

28. C — An artery

Bright red, pulsatile (spurting) blood indicates arterial injury. The spurts coincide with the heartbeat and arterial bleeding can be the most difficult type of hemorrhage to control.

29. C — Motion thrust maneuver.

Recognized manual airway maneuvers include the head-tilt/chin-lift, jaw thrust, and triple airway maneuver. The 'motion thrust maneuver' is not a real technique.

30. C — Gag reflex

The gag reflex is an involuntary protective response that elevates the palate and contracts the pharyngeal



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muscles when the posterior pharynx or soft palate is stimulated, thereby preventing foreign material from entering the hypopharynx. In some individuals, a larger area of brainstem involvement can lead to vomiting.



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