NREMT EXAM CRAM

LIMMER EDUCATION

This is designed to be a study guide for the things you **REALLY** need to know for the NREMT. Passing requires more than memorizing facts - you need to be able to apply those facts in patient scenarios. This list covers a majority of the most important concepts you need to master. It is not exclusive.

Items followed by ✱ indicate very important topics.

Medial - closer to midline

Lateral - farther from midline

Proximal - closer to center of body

Distal - farther from center of body

Anterior - front surface of body

Posterior - back surface of body

Hypo - under or below

Hyper - over or above

Introductory

- [ ] Appropriate BSI precautions based on patient presentations.
- [ ] Medical legal concepts (abandonment, negligence).
- [ ] Lift and move patients (emergent vs. non-emergent moves).
- [ ] Choose an appropriate transport device when given a scenario.
- [ ] Basic anatomy, physiology and medical terms.
- [ ] Pathophysiology of ventilation, respiration and perfusion. ✱
- [ ] 5 rights of medication administration.

Patient Assessment

- [ ] Differentiate critical (sick) from non-critical (not sick) patients. ✱
- [ ] Perform a scene size-up.
- [ ] Perform a primary assessment to gather clinically significant information.
- [ ] Assess a patient based on chief complaint.
- [ ] Perform body system exam based on patient complaint (medical & trauma).
- [ ] Take and interpret vital signs (including vital sign trending).

Airway

- [ ] Differentiate between respiratory distress and respiratory failure. ✱
- [ ] Manage a patient who requires positive pressure ventilation.
- [ ] Indications and techniques for suctioning.
- [ ] Indication and techniques for oral and nasal airway adjunct insertion.
- [ ] Principles of oxygen administration according to current AHA guidelines.

5 Tips for NREMT Success

- Study and participate in class. Success takes work.

- Keep a clear head. Get a good night's sleep, don't try a brain dump or studying in the parking lot before going in. Stay calm and relaxed.

- Study the right stuff. The NREMT uses application questions, not simple knowledge (which is what most people study)
- Don't rush. Take your time. There is enough time for each question.

- Shake it off. Don't have emotional reactions over difficult questions. You will get some wrong. When you get tough questions, don't let it shake your confidence.

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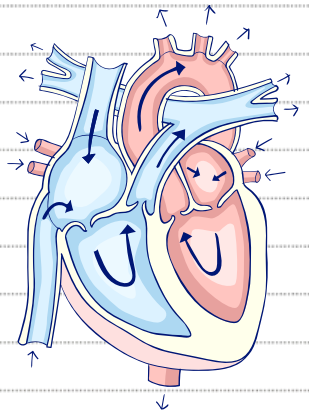
CPR

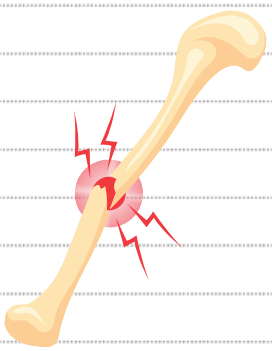
	Adult	Child / Infant
Comp Rate	100-120/min	100-120/min
Comp Depth	2-2.4 inches	About 2in for Child About 1.5in for infant
Comp Ratio	30:2	30:2 Single 15:2 2 person

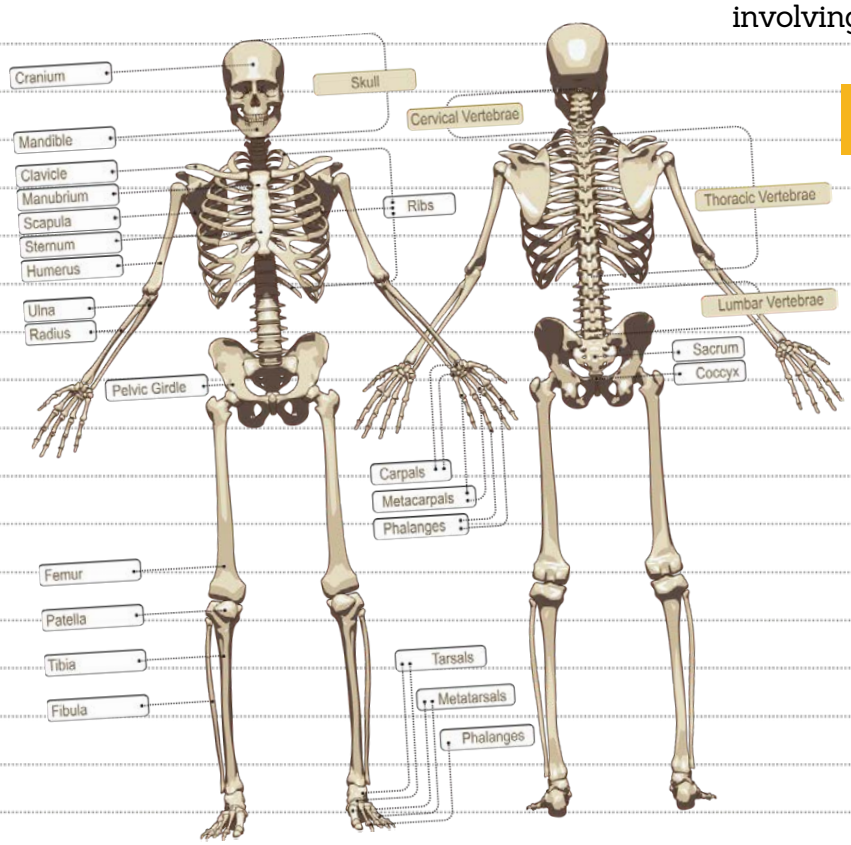
- A-B-C if patient is moving & breathing
  C-A-B if patient is lifeless & not breathing
- Pulse check no longer than 10 seconds
- Push 5-6 centimeter/2-2.4 inches at a rate of 100 to 120/min
- Rotate compressors every 2 minutes (5 cycles of 30:2)
- Minimize interruptions
- Defibrillation ASAP - Minimize delays before and after

Trauma Emergencies

- [ ] Assess a patient and identify shock and developing shock.
- [ ] Differentiate minor and moderate bleeding from exsanguinating hemorrhage.
- [ ] Control external bleeding using appropriate methods and equipment.
- [ ] Recognize signs of internal bleeding.
- [ ] Treat soft tissue injuries including avulsions and amputations.
- [ ] Assess and manage open and closed chest and abdominal wounds.
- [ ] Assess and manage head injuries.
- [ ] Assess the patient with a spine injury.
- [ ] Decide on and implement appropriate spinal motion restriction when necessary.
- [ ] Identify critical vs non-critical burns and use the rule of nines.
- [ ] Assess and manage patients with burns or musculoskeletal injuries.
- [ ] Assess and manage conditions involving extreme heat and cold.







Medical Emergencies

- [ ] Assess and manage a patient with respiratory distress (includes medication, adjuncts, and devices).
- [ ] Assess and manage a patient with chest pain (incl. nitroglycerin and aspirin admin).
- [ ] Resuscitate a patient in cardiac arrest.
- [ ] Assess and manage a patient with a diabetic emergency (incl. glucose administration).
- [ ] Assess and manage a patient with a stroke (incl. stroke scale).
- [ ] Assess and manage a patient with anaphylaxis (incl. epi admin).

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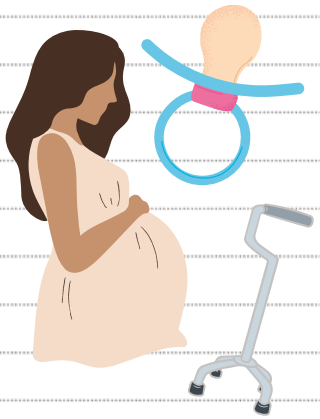


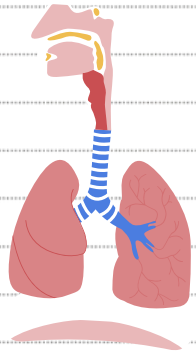
Special Populations

- [ ] Apply developmental differences to assessment and care of pediatric patients.
- [ ] Differentiate critical from non-critical pediatric patients.
- [ ] Resuscitate a child, infant and neonate.
- [ ] Assess and manage patients with development disabilities.
- [ ] Assess and manage patients who are dependent on life support technologies.
- [ ] Assess and manage geriatric patients with medical and trauma.
- [ ] Manage childbirth and pre- and post-delivery emergencies.

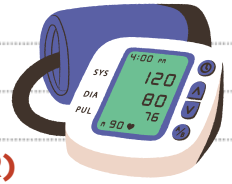
Operations

- [ ] Relate general principles of driving to ambulance safety.
- [ ] Relate basic rescue concepts to entrapped persons and environmental scenarios.
- [ ] Identify hazardous materials and take appropriate emergent actions.
- [ ] Relate triage and incident management concepts to an MCI scenario.
- [ ] Radio stuff (repeaters, frequencies, radio etiquette).

Pathophysiology



- Tidal volume - the amount of air moved in and out of the lungs in one normal breath.
- Minute volume - the amount of air moved in and out of the lungs in one minute.
  (Minute Volume = Tidal Volume x Respiratory Rate)
- SpO2 – percent of hemoglobin that is carrying oxygen in the bloodstream.
- Heart rate (pulse) - the amount of times the heart beats in a minute.
- Stroke volume - The amount ejected from the left ventricle with each heartbeat.
- Cardiac output - The amount of blood ejected from the left ventricle in one minute.
- Vascular resistance - the amount blood vessel constriction.



- **Cardiac Output (CO) = Heart Rate (HR) x Stroke Volume (SV)**
- **Blood Pressure (BP) = Cardiac Output (CO) x Systemic Vascular Resistance (SVR)**
- Pulse pressure - **The difference between the systolic and diastolic BP (narrows in shock).**