

NREMT EXAM CRAM

This study guide covers key concepts for the NREMT, focusing on applying knowledge in patient scenarios—not just memorization. It highlights essential topics but is not exhaustive.

Items followed by  indicate **very important topics**.







Always Up-to-Date NREMT Prep



([EMTReview.com](https://www.emtreview.com), [PASS Apps](#), [Review Apps](#))

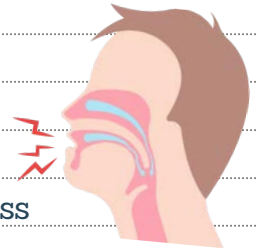
Our EMT, AEMT and paramedic products are fully updated to the latest NREMT standards, including new question styles (TEIs) and diagnostic scoring that matches the exam.


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.

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.



BLS Exam Domains

Scene Size-up
(15 - 19%)

Primary Assessment
(39 - 43%)





Secondary Assessment
(5 - 9%)

Patient Treatment and Transport
(20 - 24%)

Operations
(10 - 14%)

***Note:** items related to pediatric patient care will be integrated throughout the examination content.

5 Tips for NREMT Success

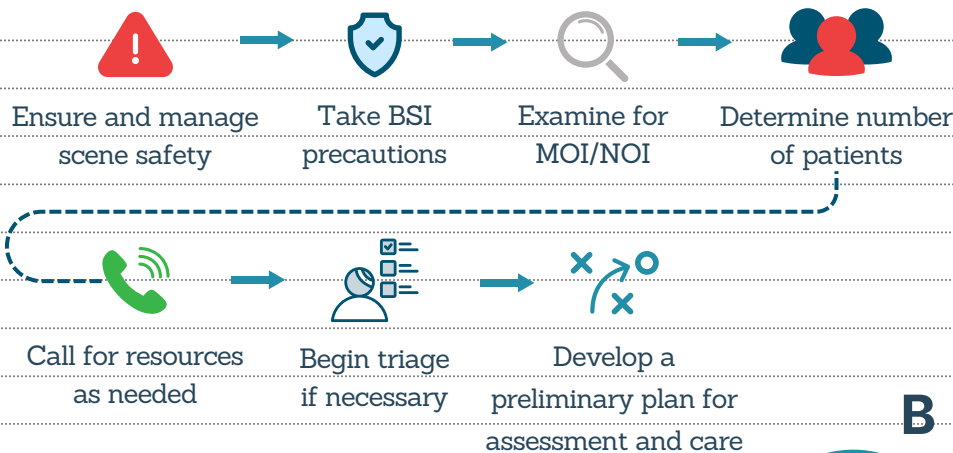
- Study and participate in class. Success takes work. 
- Keep a clear head. Get a good night's sleep, don't try a brain dump or studying in the parking lot before going in. Stay calm and relaxed. 
- Study the right stuff. The NREMT uses application questions, not simple knowledge (which is what most 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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Patient Assessment

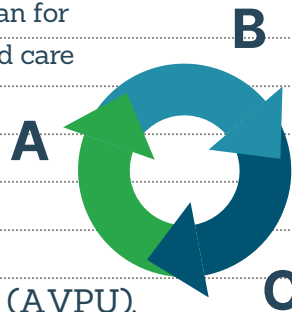
Focus on priorities, not skill sheet steps.

Scene size-up and safety



Primary Assessment

- ☐ Form a general impression.
- ☐ Determine the level of responsiveness (AVPU).
- ☐ Open and maintain the airway.
- ☐ Evaluate breathing, oxygen and ventilation as necessary.
- ☐ Evaluate circulation, CPR, hemorrhage control, shock treatment as necessary.
- ☐ Determine chief complaint.
- ☐ Priority and transport decisions.
- ☐ Relate vitals and findings to complaint and criticality.
- ☐ Communicate effectively.



Priorities

Identifying what will kill the patient first

What assessment provides the most important info?

What gets the best results for the patient?

Base assessment on pathophysiology knowledge.






Based on NREMT 2022 practice analysis

ABC or CAB?

The **CAB** approach is used in patients who appear to be in cardiac arrest - ie, non-responsive, not moving or not obviously breathing.

The **ABC** approach remains the gold standard for all other patients.

Identifying Shock

Sign	What It Means
Increased Pulse 	Body increasing cardiac output
Pale, Cool, Moist Skin 	Increased vascular tone; blood moved away from skin to vital organs
Nausea 	Reduced blood to the gut
Increased Respirations 	Maximizing oxygenation, reducing acidosis
Altered Mental Status 	Brain feeling the effects of hypoxia/reduced circulation

How Sick Is Your Patient?

Unstable, Crashing

Load & Go

Time Sensitive Issue (MI/Stroke)

Transport Promptly

Stable, Not Time Sensitive

Secondary Assessment On Scene

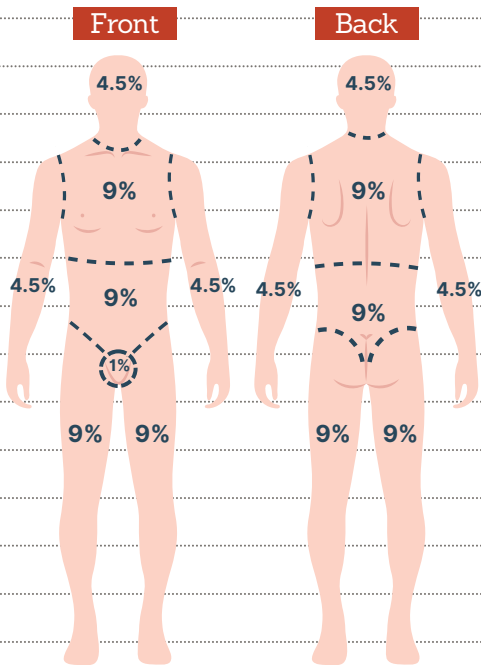
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Be Prepared to Answer

- You Should
- You Should Next
- You Should First
- You Should Suspect



Rule Of Nines



*Measurements Used For Adults

Secondary Assessment

- Investigate: Rely on critical thinking rather than steps.
- Use differential diagnostic thinking.

Assessment Components

History

SAMPLE
OPQRST
Present Event
Past History

Physical Exam

- Body system exams
- Based on patient complaint and presentation

Perform A Rapid Or Expedited Assessment



- ☐ Serious or multiple trauma / shock.
- ☐ Unresponsive or critical medical patient.
- ☐ Specific time sensitive complaints (e.g., MI, stroke).

Focused Assessment - Slower Pace



- ☐ Isolated, non-critical injury (e.g., isolated distal fracture).
- ☐ Stable or non-critical medical complaint.

Reassessment

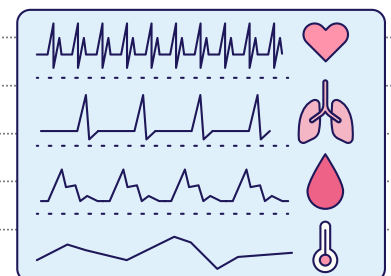
More frequently for unstable patients



Continuous or every 5 minutes for unstable patients.

Approximately every 15 minutes for stable patients

- ☐ Repeat primary assessment.
- ☐ Obtain vital signs.
- ☐ Reassess chief complaint.
- ☐ Reassess treatment provided.



Vital Sign Trends



Shock

P ↑
R ↑
BP ↓
Pulse Pressure ↓

Increasing Intracranial Pressure

P ↓
R - Irregular
BP ↑
Pulse Pressure ↑



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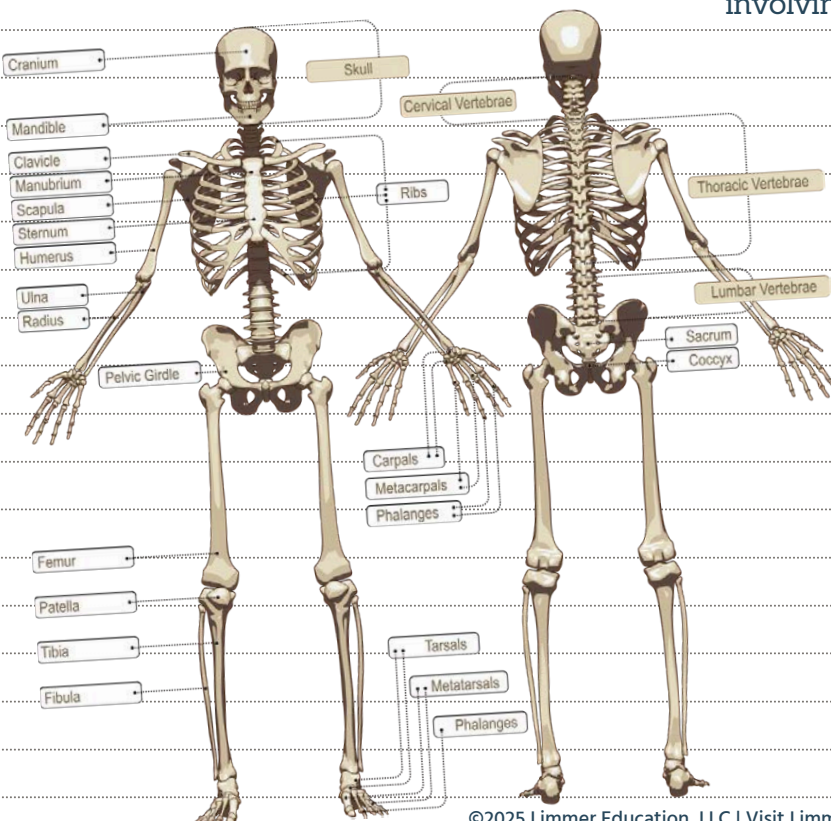
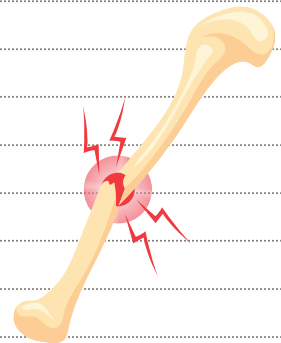
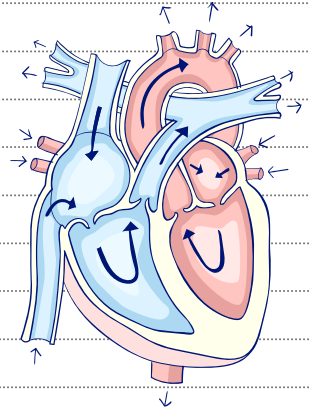
CPR

	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 two-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 interruption in compressions.
- 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.

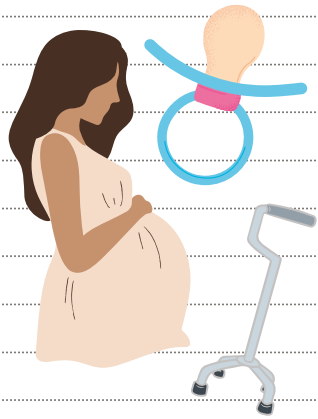




Medical Emergencies

- ☐ 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 emergencies and trauma.
- ☐ Manage childbirth and pre- and post-delivery emergencies.

Operations



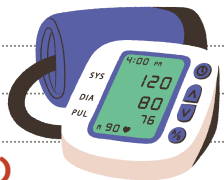
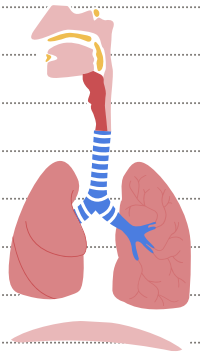
- ☐ Relate general principles of driving to ambulance safety.
- ☐ Relate basic rescue concepts to entrapped persons and environmental scenarios.
- ☐ Identify hazardous materials and take appropriate emergent actions.
- ☐ Relate triage and incident management concepts to an MCI scenario.
- ☐ Radio stuff (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 of 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).**



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