NREMT Exam Cram

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.

**Introductory**
- Appropriate BSI precautions based on patient presentation.
- Medical legal concepts (abandonment, negligence).
- Lift and move patients.
- Choose an appropriate transport device when given a scenario.
- Basic anatomy, physiology and medical terms.
- Pathophysiology of ventilation, respiration and perfusion.
- Administer medications accurately and according to clinical need.

**Patient Assessment**
- Differentiate critical from non-critical patients (generally). ★
- Perform a scene size-up.
- Perform a primary assessment for critical and non-critical patients.
- 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.
- Identify when an airway requires suction.
- Indication and techniques for oral and nasal insertion.
- Indication and techniques for suctioning.
- Principles of oxygen administration according to current AHA guidelines.

**Medial** - Closer to Midline
**Lateral** - Farther from Midline
**Proximal** - Closer to Body
**Distal** - Farther from Body
**Anterior** - Front surface of Body
**Posterior** - Back surface of Body
**Hypo** - Under or below
**Hyper** - Over or above

**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.
- Assess critical vs non-critical burns and use the rule of nines.
- Assess and manage patients with burns.
- Assess and manage musculoskeletal injuries.
- Assess and manage conditions involving extreme heat and cold.

**Medical Emergencies**
- Assess and manage a patient with respiratory distress (includes inhaler/SVN administration).
- Assess and manage a patient with chest pain (incl. nitroglycerin & 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.).

★ 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.

Like THIS Guide!

5 Tips for NREMT Success

More!! ➡
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 developmental disabilities.
- Assess and manage patients who are dependent on life support technologies.
- Assess and manage geriatric patients with medical & trauma.

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.

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)
- 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
- Pulse pressure - The difference between the systolic and diastolic BP (narrows in shock)
- 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) v Systemic Vascular Resistance (SVR)

CPR
<table>
<thead>
<tr>
<th></th>
<th>Adult</th>
<th>Child/Infant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comp Rate</td>
<td>100-120/min</td>
<td>100-120/min</td>
</tr>
<tr>
<td>Comp Depth</td>
<td>2 - 2.4 inches</td>
<td>about 2 in for Child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>about 1.5 in for infant</td>
</tr>
<tr>
<td>Comp Ratio</td>
<td>30:2</td>
<td>30:2 Single</td>
</tr>
<tr>
<td></td>
<td>15:2 2 person</td>
<td></td>
</tr>
</tbody>
</table>

- CABC approach / ABC approach if respiratory cause
- Pulse check no longer than 10 seconds
- Push Hard, Push Fast
- Rotate compressors every 2 minutes (5 cycles of 30:2)
- Minimize interruptions
- Defibrillation ASAP - Minimize delays before and after

Other Resources
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