

FREE PRACTICE / SAVE IT. PRINT IT. WORK THROUGH IT.

Your free NREMT Paramedic practice test.

20 questions. Space for your answers. Clear explanations when you are ready to check.

20 questions

No account needed

Answers at the end

Make a first attempt before you check.

Use the same question order as the online test. Choose one answer unless instructed otherwise. For select-all-that-apply items, select every correct option; for numeric items, write the number requested. The answer section starts after all 20 questions.

Your answer sheet

01 _____	02 _____	03 _____	04 _____
05 _____	06 _____	07 _____	08 _____
09 _____	10 _____	11 _____	12 _____
13 _____	14 _____	15 _____	16 _____
17 _____	18 _____	19 _____	20 _____

One point per question. Select-all-that-apply questions require the complete correct set; there is no partial credit. A 20-question score is sample accuracy, not an official result or a prediction of passing.

Prefer to answer online? <https://aipreptest.com/free-nremt-paramedic-practice-test/>

This booklet contains the same free sample as the website. It is independent AceltPrep educational material, not an official exam or a substitute for required course materials. Clinical content is for study, not patient-specific instructions.

PART 1 / MAKE YOUR OWN ATTEMPT

Questions

Record your choices on the answer sheet. Check the key only after Question 20.

QUESTION 01 / Airway, Respiration & Ventilation

An 8-month-old infant with bronchiolitis exhibits nasal flaring, deep subcostal retractions, and head bobbing that occurs with each inspiration. What is the best interpretation?

- A. These are signs of markedly increased work of breathing and significant respiratory distress.
 - B. Head bobbing and deep retractions are expected findings during an uncomplicated infant upper respiratory infection.
 - C. Forceful inspiratory effort proves that effective alveolar ventilation and oxygenation are maintained.
 - D. Rhythmic head movement synchronized with breathing is more indicative of a primary seizure than respiratory muscle recruitment.
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QUESTION 02 / Airway, Respiration & Ventilation

A 58-year-old woman taking lisinopril develops rapidly progressive tongue and floor-of-mouth swelling. She has no urticaria, pruritus, or wheezing. Which assessment is most accurate?

- A. ACE inhibitor-associated bradykinin-mediated angioedema can threaten the upper airway even without hives or bronchospasm.
 - B. The absence of wheezing means the larynx cannot be involved in the swelling.
 - C. Without urticaria, the swelling is likely harmless and can be observed without close airway reassessment.
 - D. Airway intervention is unnecessary unless SpO₂ falls below 88%.
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QUESTION 03 / Cardiology & Resuscitation

An adult in cardiac arrest now has a correctly positioned advanced airway. How should ventilations and chest compressions be coordinated?

- A. Continue compressions and give one breath every 6 seconds.
 - B. Continue compressions and give one breath every 3 seconds.
 - C. Pause after 30 compressions and give two assisted breaths.
 - D. Pause every 6 seconds and deliver one assisted breath.
-

QUESTION 04 / Cardiology & Resuscitation

A prehospital 12-lead ECG meets STEMI criteria. Which action most directly helps shorten the time from hospital arrival to coronary reperfusion?

- A. Transmit the ECG and notify the PCI center early so its reperfusion team can mobilize.
 - B. Send the rhythm and vital signs first and leave STEMI activation to the arrival assessment.
 - C. Complete serial biomarker testing before reporting a prehospital STEMI interpretation.
 - D. Complete a symptom-relief trial before reporting the need for time-sensitive reperfusion.
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QUESTION 05 / Trauma

An intubated adult with severe TBI has no signs of cerebral herniation. Which ventilation strategy is most appropriate?

- A. Use waveform capnography to adjust ventilation toward EtCO₂ 35-45 mmHg during transport.
 - B. Use a fixed rapid rate to maintain EtCO₂ 25-30 mmHg during the entire transfer.
 - C. Use the oxygen saturation trend to determine whether carbon dioxide clearance is adequate.
 - D. Use permissive hypercapnia to maintain EtCO₂ 50-55 mmHg throughout transport.
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QUESTION 06 / Trauma

A patient has a small fresh thermal burn to the forearm. After the heat source has been removed, which immediate cooling method is appropriate?

- A. Use clean, cool running water promptly and protect against excessive whole-body cooling.
 - B. Use ice directly on the wound until pain disappears and the injured surface becomes numb.
 - C. Use an occlusive ointment before cooling so the injured surface loses less moisture.
 - D. Use a topical hydrogel instead of available running water as the default initial cooling method.
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QUESTION 07 / Medical/Obstetrics/Gynecology

Which patient has the greatest baseline risk of developing sepsis after an infection?

- A. A 72-year-old with recent cytotoxic chemotherapy and a low neutrophil count
 - B. A 72-year-old with controlled hypertension and preserved functional status
 - C. A 25-year-old using an occasional bronchodilator without systemic steroids
 - D. A 35-year-old with a remote healed fracture and normal immune function
-

QUESTION 08 / Medical/Obstetrics/Gynecology

A patient's symptomatic hypoglycemia improves after oral glucose. What is the most appropriate next step?

- A. Repeat glucose testing and address persistent or recurrent low values.
 - B. Use symptom relief alone to establish that the biochemical problem is corrected.
 - C. Stop glucose surveillance once the patient can answer orientation questions.
 - D. Correct a transient post-treatment elevation with insulin before reassessment.
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QUESTION 09 / Medical/Obstetrics/Gynecology

Shoulder dystocia is recognized during a field delivery. Which maneuver is an appropriate early intervention?

- A. Flex the maternal hips and apply directed pressure above the pubic bone.
 - B. Maintain the maternal position and apply downward pressure over the fundus.
 - C. Increase traction on the head while keeping the maternal legs extended.
 - D. Clamp the cord and attempt routine shoulder delivery without repositioning.
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QUESTION 10 / Medical/Obstetrics/Gynecology

Which patient has the greater reason for prolonged medical observation after apparent resolution of anaphylaxis?

- A. A patient who had initial shock and needed three IM epinephrine doses.
 - B. A patient whose mild reaction resolved rapidly after one promptly given IM dose.
 - C. A patient who had transient hives and wheeze resolving with a single early IM dose.
 - D. A patient with full sustained recovery after one IM dose and no other risk factors.
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QUESTION 11 / Medical/Obstetrics/Gynecology

A patient with suspected opioid overdose has a definite pulse but is apneic. What is the most important immediate management?

- A. Provide assisted breaths immediately and give naloxone in parallel.
 - B. Give naloxone first and assess its effect before providing assisted breaths.
 - C. Start chest compressions first because apnea establishes a cardiac arrest.
 - D. Attempt tracheal intubation first and defer assisted breaths until placement.
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QUESTION 12 / EMS Operations

Which patient-care-report statement is the most objective?

- A. "Speech slurred; gait unsteady; alcohol odor present; glucose 92 mg/dL."
 - B. "Intoxication explains the gait; no competing neurologic cause is suspected."
 - C. "Likely alcohol impairment; patient's account is therefore unreliable."
 - D. "Behavior consistent with alcohol misuse; further assessment was low yield."
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QUESTION 13 / EMS Operations

A paramedic sustains a needlestick from a needle that was just used on a patient. What is the most appropriate immediate response?

- A. Wash promptly, report the incident, and obtain urgent confidential occupational medical evaluation.
 - B. Wash the site and wait for the source patient's test results before reporting the event.
 - C. Notify the partner and arrange evaluation at shift change if the puncture appears superficial.
 - D. Use the recorded source diagnosis to decide whether occupational evaluation is needed.
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QUESTION 14 / Clinical Judgment

A young child has fever and upper-airway symptoms. Which finding is most clinically significant?

- A. Drooling, inability to swallow, and a self-selected tripod posture.
 - B. A barking cough with preserved swallowing and normal handling of secretions.
 - C. Expiratory wheeze with preserved swallowing and normal secretion handling.
 - D. A hoarse cough with preserved swallowing and comfortable supine positioning.
-

QUESTION 15 / Clinical Judgment

A patient with suspected sepsis is hypotensive, confused, and tachypneic. Which plan best addresses the dominant immediate risk?

- A. Plan perfusion-guided support, prompt transport, and early notification of suspected sepsis.
 - B. Plan a fixed repeated fluid load without reassessing lungs, pressure, or peripheral perfusion.
 - C. Plan vasopressor support only after profound cardiovascular collapse develops during transport.
 - D. Plan culture confirmation before committing to an urgent infection-associated shock pathway.
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QUESTION 16 / Clinical Judgment

A patient in ventricular fibrillation receives a defibrillation shock. What should the resuscitation team do immediately after the shock?

- A. Resume high-quality compressions immediately after the shock.
 - B. Perform an immediate routine pulse check before restarting CPR.
 - C. Analyze the rhythm again before restarting the compression cycle.
 - D. Charge for a second stacked shock before restarting compressions.
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QUESTION 17 / Clinical Judgment

A patient develops hives after eating, followed by wheezing, dizziness, and a weak rapid pulse. Which interpretation best connects the findings?

- A. An evolving mediator-driven process is affecting the skin, airways, and circulation.
 - B. Isolated bronchospasm best explains the pulse abnormality without systemic vascular effects.
 - C. A local urticarial reaction best explains all findings without a threat to organ perfusion.
 - D. A primary vasovagal response best explains the wheeze and urticaria after food exposure.
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QUESTION 18 / Clinical Judgment

During CPR, waveform capnography suddenly increases substantially and remains elevated. An organized rhythm appears on the monitor. What should the team do next?

- A. Make a brief coordinated pulse and perfusion check for spontaneous circulation.
 - B. Complete another two-minute CPR cycle before assessing the new circulatory evidence.
 - C. Give another vasopressor dose immediately to sustain the new end-tidal value.
 - D. Treat the end-tidal rise as sufficient evidence of ROSC without a perfusion check.
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QUESTION 19 / Clinical Judgment

During movement of an intubated patient, bag compliance changes abruptly, chest rise disappears, and the capnography trace is lost. Which call-out best helps the team respond?

- A. No chest rise and no exhaled CO₂ after movement; stop the lift and reassess ventilation now.
 - B. The tube appears displaced after movement; prepare another intubation attempt at the ambulance.
 - C. Capnography disconnected during movement; reconnect the sampling line at our next safe stopping point.
 - D. Ventilation pressure has changed; increase the oxygen flow and complete this part of the transfer.
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QUESTION 20 / Clinical Judgment

A patient who is 35 weeks pregnant has severe hypertension, a persistent headache, visual disturbances, and then develops a generalized seizure. Which hypothesis should be prioritized?

- A. Eclamptic seizure syndrome
 - B. Primary epileptic seizure
 - C. Hypoglycemic seizure syndrome
 - D. Cerebral venous thrombosis
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PART 2 / CHECK THE REASONING

Answer key & explanations

Match each number to your answer sheet. Then read the explanation, including for any answer you guessed correctly.

Question	Answer	Question	Answer
1	A	11	A
2	A	12	A
3	A	13	A
4	A	14	A
5	A	15	A
6	A	16	A
7	A	17	A
8	A	18	A
9	A	19	A
10	A	20	A

For numeric questions, the table shows the number only. The full answer below includes the requested unit.

REVIEW / UNDERSTAND THE DECIDING CLUE

Why the answers fit.

1. Oxygenation & Ventilation Assessment

Correct answer: A. These are signs of markedly increased work of breathing and significant respiratory distress.

Infants have compliant chest walls and recruit accessory muscles during high airway resistance. Nasal flaring reduces upper airway resistance, while sternocleidomastoid traction pulls the head forward with each breath.

2. Airway Assessment & Protection

Correct answer: A. ACE inhibitor-associated bradykinin-mediated angioedema can threaten the upper airway even without hives or bronchospasm.

ACE inhibitor-associated angioedema is often bradykinin mediated and may cause significant tongue or upper airway swelling without urticaria or bronchospasm. Progressive swelling warrants urgent airway evaluation and planning.

3. Cardiac Arrest & Resuscitation

Correct answer: A. Continue compressions and give one breath every 6 seconds.

Once an advanced airway is established during adult cardiac arrest, compression and ventilation no longer need to be coordinated in 30:2 cycles.

4. Acute Coronary Syndromes

Correct answer: A. Transmit the ECG and notify the PCI center early so its reperfusion team can mobilize.

STEMI care is highly time dependent. Prehospital identification can be used to mobilize hospital resources before the patient reaches the facility.

5. Head, Spine & Neurologic Trauma

Correct answer: A. Use waveform capnography to adjust ventilation toward EtCO₂ 35-45 mmHg during transport.

Both hypo- and hyperventilation can produce secondary cerebral injury after TBI.

6. Musculoskeletal, Soft Tissue & Burns

Correct answer: A. Use clean, cool running water promptly and protect against excessive whole-body cooling.

Early burn cooling can limit ongoing thermal injury and reduce pain, but overly cold treatment can damage tissue or contribute to hypothermia.

7. Infectious Disease & Sepsis

Correct answer: A. A 72-year-old with recent cytotoxic chemotherapy and a low neutrophil count

Anyone can develop sepsis, but age, chronic disease, immunosuppression, and recent serious illness increase risk.

8. Endocrine & Metabolic Emergencies

Correct answer: A. Repeat glucose testing and address persistent or recurrent low values.

The glycemic response to initial carbohydrate treatment can be temporary.

9. Obstetric & Gynecologic Emergencies

Correct answer: A. Flex the maternal hips and apply directed pressure above the pubic bone.

Shoulder dystocia requires maneuvers that enlarge or optimize the pelvic outlet and dislodge the impacted shoulder without excessive traction.

10. Allergic & Immunologic Emergencies

Correct answer: A. A patient who had initial shock and needed three IM epinephrine doses.

Observation needs after anaphylaxis should be individualized according to severity and recurrence risk.

11. Toxicologic Emergencies

Correct answer: A. Provide assisted breaths immediately and give naloxone in parallel.

The immediate life threat in severe opioid poisoning is inadequate ventilation and progression to hypoxic cardiac arrest.

12. Communication & Documentation

Correct answer: A. "Speech slurred; gait unsteady; alcohol odor present; glucose 92 mg/dL."

Defensible documentation distinguishes observed findings from assumptions, labels, and judgmental conclusions.

13. Responder Safety & Infection Control

Correct answer: A. Wash promptly, report the incident, and obtain urgent confidential occupational medical evaluation.

Occupational blood exposure requires immediate first aid, reporting, risk assessment, and timely evaluation for indicated post-exposure management.

14. Recognize Cues

Correct answer: A. Drooling, inability to swallow, and a self-selected tripod posture.

In a child with possible upper-airway illness, findings suggesting difficulty handling secretions and maintaining the airway deserve particular attention.

15. Generate Solutions

Correct answer: A. Plan perfusion-guided support, prompt transport, and early notification of suspected sepsis.

A reasonable solution addresses organ support, time-sensitive transport, and ongoing evaluation without requiring field confirmation of the pathogen.

16. Take Action

Correct answer: A. Resume high-quality compressions immediately after the shock.

Interruptions in chest compressions should be minimized during cardiac arrest, including immediately after defibrillation.

17. Analyze Cues

Correct answer: A. An evolving mediator-driven process is affecting the skin, airways, and circulation.

The significance comes from combining findings across several organ systems.

18. Evaluation

Correct answer: A. Make a brief coordinated pulse and perfusion check for spontaneous circulation.

An abrupt sustained EtCO₂ increase during CPR can be an important physiologic clue that circulation has returned.

19. Communication

Correct answer: A. No chest rise and no exhaled CO₂ after movement; stop the lift and reassess ventilation now.

Call out observable findings, their timing, and the immediate coordination needed. Avoid announcing an unverified cause when obstruction, displacement, disconnection, or equipment failure may be responsible.

20. Define Hypothesis

Correct answer: A. Eclamptic seizure syndrome

The pregnancy context and preceding hypertensive neurologic symptoms substantially change the likely explanation for the seizure.

Review one missed concept, then check it with a fresh question. Full NREMT Paramedic preparation:
<https://aipreptest.com/exams/nremt-paramedic/>