THE NREMT FIRST-TIME PASS PLAYBOOK

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The Tactical Guide to Thinking Like the Registry, Not Just Fighting It.

By Medic 138

Part I: The Enemy (Understanding the Beast)

Chapter 1: Understanding the NREMT

Most students fail the National Registry not because they don't know medicine, but because they don't know the exam.

You have spent months in class learning how to be an EMT or Paramedic. You've learned skills, dosages, and anatomy. But your class likely taught you *how to pass a class*. The NREMT is not a final exam for your school. Instead, it is a competency verification for the public.

Understanding the difference between "school mode" and "Registry mode" is the first step to passing.

The "Safety" Filter

The NREMT does not care if you are a brilliant diagnostician. It does not care if you can recite the pathophysiology of Krebs cycle. It cares about one thing:

> *"Are you safe to be left alone with a patient?"*

Every question you face is filtered through the lens of *Public Safety*.

- **School asks:** "What is the definition of shock?"
- **NREMT asks:** "Your patient is confused and pale. What do you do *right now* to stop them from dying?"

Your goal on this exam is not to show how smart you are. Your goal is to prove you can recognize immediate life threats and fix them before doing anything else.

The "National vs. Local" Trap

> **[Registry Logic]**
> *Leave your local protocols in the parking lot.*

This is the most common reason smart providers fail.

- **Scenario:** You read a question about a trauma patient.
- **Your Brain:** "Oh, at my ride-along, my preceptor said we don't backboard anymore. We use the scoop stretcher."
- **The Trap:** If you answer based on what you saw on the street or your local county protocols, **you will fail.**

The NREMT tests **National EMS Education Standards** and **AHA Guidelines**. It does not test the specific protocols of Los Angeles, New York, or your specific fire department.

- If the National Standard says "Apply a tourniquet," apply the tourniquet.
- If the National Standard says "Verify the airway," verify the airway.

Rule #1: Leave your local protocols in the parking lot. Inside the testing center, you are a National Provider following National Standards.

Chapter 2: The CAT Engine (How It Actually Works)

Stop thinking of this as a test. Think of it as a relentless interrogation by a computer algorithm.

The NREMT uses **Computer Adaptive Testing (CAT)**. This is not a standard paper test where everyone gets the same 100 questions. The exam is alive. It reacts to you.

The High Jump Analogy

Imagine you are at a track meet doing the high jump.

1. The judge sets the bar at 3 feet. You clear it easily.
2. Does the judge ask you to clear 3 feet again? No. That proves nothing.
3. The judge raises the bar to 5 feet. You clear it.
4. The judge raises it to 7 feet. You knock it down.
5. The judge lowers it to 6 feet to see if that is your true limit.

The NREMT is the judge.

- **Correct Answer:** The computer raises the bar. The next question is harder, more obscure, or requires deeper judgment.
- **Wrong Answer:** The computer lowers the bar. The next question is slightly easier or covers a more basic concept.

The exam continues this process until it is **95% confident** that your ability is either above or below the passing standard.

The "Feeling of Failure"

> **[Mindset Reset]**
> *Hard questions mean the CAT is pushing you into the passing zone.*

This is the #1 psychological weapon the NREMT uses against you. Because the CAT engine is constantly adjusting to find your breaking point, **you will get about 50% of the questions wrong.**

Read that again. Even if you are a genius who scores a perfect 99th percentile, the computer will find questions so difficult that you will struggle.

- **The Failing Student:** Sees easy questions, gets them wrong, sees easier questions, gets them wrong. They feel confident because the questions seem simple, but they are failing.

- **The Passing Student:** Answers correctly, gets harder questions. Answers correctly, gets impossible questions. They leave the room feeling like they got hit by a truck.

The Golden Rule of CAT: If the questions feel impossibly obscure, specific, and difficult—**do not panic.** It means you are answering the easy ones correctly, and the computer is throwing advanced items at you to verify your expertise. **Struggle is a sign of success.**

> **[Mindset Reset]**
> *If the exam feels impossible, you're probably passing.*

The "Shut Off" Myth

Students obsess over when the test stops.

- "It cut off at 70! Did I pass?"
- "I went all the way to 120! Did I fail?"

You cannot predict your score based on the number of questions.

- **Minimum Questions (e.g., 70):** The computer made up its mind early. You either crushed it (Pass) or you missed so many fundamental safety concepts that you cannot recover (Fail).

- **Maximum Questions (e.g., 120):** You are fighting on the line. The computer is unsure. It is giving you every possible chance to prove competency. **Do not give up.** If you are on question 119, you are still in the game.

Chapter 3: Pilot Items (The Questions That Don't Count)

> **[Exam Hack]**
> *Pilot questions feel weird — don't spiral.*

Every NREMT exam is loaded with "ghosts."

Depending on the version of the exam, roughly **10 to 20 questions** on your test are **Pilot Items**.

- These questions are experimental.
- They are being tested for future exams.
- **They count for ZERO points.**

The Trap of the "Weird" Question

You will encounter questions that look wrong. They might use terminology you've never heard. They might reference a disease that wasn't in your textbook. They might have spelling errors or confusing grammar.

These are likely pilot items.

The danger is not the question itself; the danger is what it does to your head.

- **Bad Reaction:** You stare at the weird question for 3 minutes. You get frustrated. Your heart rate spikes. You think, "I didn't study this! I'm failing!" You carry that anxiety into the next five questions (which are real) and miss them because you're rattled.

- **Medic 138 Reaction:** You read it. You realize it's bizarre. You say to yourself, *"Nice try, Pilot Item."* You make your best educated guess, and you click next immediately.

You cannot identify them. Do not try to outsmart the test by guessing which ones are pilots. Treat every question like it is real, but if a question feels unfair—dump it from your emotional memory instantly.

Chapter 4: Domain Weighting (Where Points Come From)

You have limited study time. Do not waste it studying topics that don't pay out.

The NREMT breaks the exam into five main domains. The percentages shift slightly every few years, but the hierarchy remains the same.

The Breakdown

1. **Airway, Respiration & Ventilation (18–22%)**
    - *The Gatekeeper.* You cannot pass the NREMT if you fail Airway. This is the highest priority.
2. **Cardiology & Resuscitation (20–24%)**
    - Shock, CPR, AED, Post-Resuscitation care.
3. **Trauma (14–18%)**
    - Bleeding control, burns, soft tissue, orthopedic.
4. **Medical; Obstetrics & Gynecology (25–29%)**
    - The "Everything Else" bucket. Neuro, abdominal, psych, endocrine, OB/Gyn.
5. **EMS Operations (10–14%)**
    - **The Silent Killer.**

The Operations Warning

Operations is the smallest section (approx 10-14%), but it causes the most failures among "smart" students. You can study cardiology for three weeks and master 12-lead ECGs. But if you walk into the exam and don't know:

- The difference between START and JumpSTART triage.
- The hot/warm/cold zones of Hazmat.
- Which ambulance lights to use when parking on a curve.
- How to sterilize equipment vs. disinfect.

...you will fail the Operations domain. And if you fail a domain completely, you fail the exam. **Do not disrespect Chapter 12.**

The "Hidden" Domain: Pediatrics & Geriatrics

You will notice there is no "Pediatrics" section in the list above. That is because Pediatrics and Geriatrics are **woven into every other section.** You will get Pediatric Airway questions. You will get Geriatric Trauma questions. You will get Pediatric Cardiology questions.

- **Strategy:** When you study Airway, study Adult *and* Pediatric airway together. Do not save "Kids" for the end.

Part II: The Tactics (How to Fight)

Chapter 5: Question Types (The New Battleground)

The days of simple A/B/C/D multiple-choice questions are over. The NREMT now uses **Technically Enhanced Items (TEIs)**.

Why? Because in the real world, you don't get four options floating above a patient's head. You have to synthesize data. TEIs are designed to eliminate "test-taking tricks." You cannot use the process of elimination on a Drag-and-Drop question. You either know the medicine, or you don't.

5.1 Multiple-Response (Select All That Apply)

- **The Look:** "Select the TWO (2) correct treatments."
- **The Trap:** If you select 1, or 3, you get zero points. If you select the right two but add a wrong one, you get zero points. It is all-or-nothing.
- **The Strategy:** Do not look for "correct facts." Look for **consistent priorities**. Usually, the correct answers are a pair that work together (e.g., High-flow O2 *and* Load-and-Go). The distractors are usually valid treatments for *later* in the call, not *now*.

5.2 Build-List (Sequencing)

- **The Look:** "Drag the following steps into the correct order."
- **The Example:** A post-resuscitation checklist or a trauma assessment flow.
- **The Strategy:** ALWAYS find the **Airway** step first. Even if the question is about a broken leg, if "Open the Airway" is an option, it goes at the top. Anchor your list with the ABCs (Airway, Breathing, Circulation), and the rest will fall into place.

5.3 Drag-and-Drop (Categorization)

- **The Look:** You have a bucket of symptoms and two boxes: "Shock" and "Head Injury." You must drag the symptoms to the right box.
- **The Strategy:** This tests **Pattern Recognition**. Do not overthink subtle outliers. If it looks like Shock (Pale, Cool, Diaphoretic), it goes in the Shock box.

5.4 Graphical Items

- **The Look:** An ECG strip, a picture of a wound, or an EMS vehicle positioning diagram.
- **The Strategy:**

- **ECGs:** Do not play cardiologist. Is it fast or slow? Is it wide or narrow? Is it regular or irregular? That is usually enough to answer the question.
- **Trauma Photos:** Look for the life threat. Is the blood bright red and spurting? That's arterial. Is the burn encompassing the whole arm? Use the Rule of Nines.

Chapter 6: How to Read NREMT Questions

The NREMT speaks a specific language. If you read it like a novel, you will miss the plot. You must read it like a lawyer.

The Anatomy of a Question

Every question has three parts:

1. **The Stem:** The story.
2. **The Question:** What they actually want.
3. **The Options:** The four choices.

The "Two Correct Answers" Dilemma

> **[Registry Logic]**
> *If two answers are right, choose the one that fixes the life threat.*

You will often see a question where Option A, Option B, and Option C are *all* correct medical treatments.

- **Option A:** Apply Oxygen. (Correct)
- **Option B:** Transport immediately. (Correct)
- **Option C:** Suction the airway. (Correct)
- **Option D:** Call your supervisor. (Wrong)

A standard student panics: *"They are all right!"*

A Medic 138 student asks: *"Which one kills the patient if I DON'T do it?"*

- If you don't transport, the patient might die in 20 minutes.
- If you don't give oxygen, the patient might die in 5 minutes.
- If you don't suction the airway, the patient dies in **30 seconds**.

Therefore, Suction is the ONLY correct answer.

The 4-Step Attack Method

1. **Read the Stem ONCE:** Do not re-read it five times. You will hallucinate details that aren't there.
2. **Identify the Killer:** What is the immediate threat to life? (Airway? Bleeding? Shock?)

3. **Predict the Answer:** Before you look at A/B/C/D, say to yourself: *"I need to stop the bleeding."*

4. **Match:** Find the option that matches your prediction.

> **[Registry Logic]**
> *When in doubt, return to ABCs. XABCDE, if it is a trauma scenario.*

Chapter 7: The 10 NREMT Traps

These are the specific patterns the NREMT uses to bait you into the wrong answer.

1. **The "Siren Song" of Equipment:** You want to pick "Apply AED" or "Insert Combitube." But the answer is almost always a manual maneuver first (CPR or Head-Tilt Chin-Lift). **Manpower > Machine power.**
2. **The "Distractor" Vital Signs:** A patient has a broken leg and is screaming. BP is 120/80. HR is 110. You focus on the leg. You missed the sentence that said *"bright red blood is spurting from the arm."* The vitals are there to comfort you; the text is there to warn you.
3. **The "Protocol" Trap:** "In my county, we carry Narcan." The NREMT doesn't care. If it's not in the National Scope of Practice, you can't do it.
4. **The "Do Nothing" Trap:** Sometimes the answer is *"Monitor and Transport."* Students hate this. They want to *fix* something. If the ABCs are stable, do not invent a problem.
5. **The "Diagnosis" Trap:** You are trying to figure out if it's CHF or Pneumonia. The NREMT just wants to know if you are going to sit them up and give them CPAP. Treat the physiology, not the label.
6. **The "Request ALS" Trap:** Calling for Paramedics is rarely the *first* thing you do. You treat the patient *while* ALS is en route. Do not dial 911 on a 911 call and wait.
7. **The "Cop Out" Answer:** "Document the findings." This is almost never the answer to a critical situation. You document after they are alive.
8. **The "Spinal" Trap:** Not every fall needs a backboard. The NREMT has moved away from rigid spinal immobilization for everyone. Look for "neurological deficits" or "midline spinal pain" before boxing them.
9. **The "Child" Trap:** You treat a child like a small adult, but you forget that their heads are big (padding under shoulders) and their tongues are huge (airway obstruction).
10. **The "Assume" Trap:** The question says "Patient is unconscious." You assume they are breathing. They didn't say that. Check breathing first.

Chapter 8: The 30–60–90 Timing Rule

You have roughly 2 hours for the exam. Time management is not about speed; it is about energy conservation. The CAT engine drains your mental battery. If you spend 5 minutes on one question, you will be brain-dead by question 80.

Use the **30-60-90 Rule** to pace yourself.

0–30 Seconds: The Reflex

- **Question Type:** Scene safety, obvious airway obstruction, cardiac arrest, PPE.
- **Action:** These should be automatic. Do not second-guess. If the patient is pulseless, you start CPR. Do not stare at the screen looking for a trick. Mark it and move.

30–60 Seconds: The Standard

- **Question Type:** Most clinical scenarios. "Patient is 45M with chest pain..."
- **Action:** Read the stem. Identify the priority. Predict the answer. Match. Click. This is your cruising speed.

60–90 Seconds: The Puzzle

- **Question Type:** Complex TEIs, calculation questions, or obscure medical diseases.
- **Action:** You are now fighting. Read it carefully. Eliminate the obvious wrong answers. Make your best decision.
- **THE HARD STOP:** If you hit 90 seconds and you still don't know the answer, **YOU WILL NOT KNOW IT IN 5 MINUTES.**
    - Your brain has locked up.
    - **Guess immediately.**
    - **Move on.**

Spending 4 minutes on a question you are going to get wrong anyway is a double-loss. You lose the points, and you lose the time. Take the punch and keep fighting.

Part III-A: The Battlefield

(High-Yield Clinical Review)

Chapter 9: Airway Management (The King)

> **[Registry Logic]**
> *Safety and airway outrank everything else.*

In the eyes of the NREMT, nothing matters if the patient cannot breathe. You can fix the broken leg later. You can get a blood pressure later. If the airway is closed, the game is over.

The Sounds of Death

The NREMT loves to use auditory cues to tell you exactly what is wrong. Do not ignore these adjectives.

- **Snoring:** The tongue is blocking the pharynx.
    - *The Fix:* **Head-tilt chin-lift** (medical) or **Jaw-thrust** (trauma). Do not jump to an OPA yet; open it manually first.
- **Gurgling:** Fluid (blood, vomit, secretions) in the airway.
    - *The Fix:* **Suction immediately.** Do not ventilate gurgling liquid into the lungs.
    - *Rule:* Suction on the way out, no longer than 15 seconds (adults), 10 (kids), 5 (infants).
- **Stridor:** High-pitched sound on inspiration. Indicates upper airway swelling (Anaphylaxis, Croup, Epiglottitis, Foreign Body).
    - *The Fix:* This is a dire emergency. High-flow O2 and rapid transport. If it's a foreign body, use obstructed airway maneuvers.
- **Silence:** The worst sound of all. Complete obstruction or apnea.
    - *The Fix:* Immediate intervention (CPR/Ventilation).

The Basic Airway Rules

1. **OPA (Oropharyngeal Airway):** Only for unconscious patients **without** a gag reflex.
    - *Measure:* Corner of mouth to earlobe.
    - *Insertion:* Insert upside down, rotate 180 degrees.
2. **NPA (Nasopharyngeal Airway):** For patients with a gag reflex or clenched teeth (trismus).

- *Contraindication:* Severe head trauma/facial fracture (CSF leaking from nose/ears).
- *Measure:* Tip of nose to earlobe.
- *Lube:* Water-soluble lubricant is mandatory.

Chapter 10: Breathing & Ventilation

There is a massive difference between **Oxygenation** (getting O2 to the blood) and **Ventilation** (moving air in and out). The NREMT tests if you know the difference.

The "O2 vs. BVM" Decision Tree

This is the most common decision you will make on the exam.

- **Scenario:** Patient is short of breath.
- **Question:** Do you give Oxygen (NRB/Nasal Cannula) or Ventilate (BVM)?

The Rule: Look at the **Rate** and the **Tidal Volume** (depth).

- **Rate < 8 or > 30:** Ventilate (BVM).
- **Shallow / Irregular / Agonal:** Ventilate (BVM).
- **Cyanotic despite O2:** Ventilate (BVM).
- **Conscious, speaking in full sentences, adequate rate:** Oxygen (NRB or Cannula).

The Trap: "Patient has a respiratory rate of 8 and is conscious."

- *Action:* Do not just shove a BVM on a conscious person's face. **Coach their breathing first.** If that fails, assist ventilation.

CPAP (Continuous Positive Airway Pressure)

CPAP is the "magic bullet" for fluid in the lungs.

- **Indications:** Pulmonary Edema (CHF), COPD, severe respiratory distress.
- **Patient Must Be:** Awake, able to follow commands, able to maintain their own airway.
- **Contraindications:** BP < 90 (Hypotension), vomiting, unconsciousness.

Pneumothorax vs. Tension Pneumothorax

- **Simple Pneumothorax:** Diminished lung sounds on one side, shortness of breath.
    - *Treatment:* Oxygen, Monitor, Transport.
- **Tension Pneumothorax:** Diminished lung sounds **PLUS** signs of shock (hypotension, tachycardia) and Tracheal Deviation (late sign) or JVD.

- *Treatment:* This is a life threat. Immediate transport. Paramedics will needle decompress. **Do not wait.**

Chapter 11: Cardiology & Shock

The heart pumps blood. The vessels carry it. If either fails, you have Shock.

The Shock Spectrum

Shock is not just "low blood pressure." By the time BP drops, the patient is half-dead.

- **Compensated Shock:** The body is fighting.
    - *Signs:* Tachycardia (HR > 100), Pale/Cool/Clammy skin, Anxiety/Restlessness. **BP is NORMAL.**
- **Decompensated Shock:** The body is failing.
    - *Signs:* Hypotension (BP < 90), Altered Mental Status, weak/absent peripheral pulses.
- **Irreversible Shock:** Cell death has begun. Bradycardia is usually the final sign before arrest.

The NREMT Trap: "Patient is pale, cool, diaphoretic with a BP of 110/70."

- *Verdict:* This IS Shock (Compensated).
- Treat it immediately (Patient positioning, Warming, O2, Transport). Do not wait for the BP to crash.

CPR & AED: The Non-Negotiables

You must memorize the current AHA guidelines.

- **Rate:** 100–120 compressions/minute.
- **Depth:** At least 2 inches (adults), 1/3 depth of chest (peds).
- **Recoil:** Allow full chest recoil. (Do not lean on the chest).
- **Ratio:**
    - Adult: 30:2 (1 or 2 rescuers).
    - Child/Infant: 30:2 (1 rescuer), 15:2 (2 rescuers).
- **Ventilation:** Do not over-ventilate. You will increase intrathoracic pressure and kill cardiac output. Just enough to see chest rise.

The AED Rule:

- **Witnessed Arrest:** Start CPR immediately, attach AED as soon as it arrives.
- **Unwitnessed Arrest:** Start CPR immediately (2 mins/5 cycles) then AED? **NO.** In the NREMT world, if an AED is available, you attach it ASAP regardless of witnessed status. **CPR is king, but electricity fixes the rhythm.**
    - *Exception:* If you are alone and find an adult down, call for help/get AED first. If child/infant, do 2 min CPR first then get help (unless you have a phone).

Chest Pain Management

- **Aspirin (ASA):** The most important drug. Anti-platelet (stops clots from growing).
    - *Dose:* 324mg (4 baby aspirin).
    - *Contraindication:* Allergy, GI Bleed history (relative).
- **Nitroglycerin (NTG):** Vasodilator (opens vessels).
    - *Dose:* 0.4mg SL.
    - *Contraindication:* **BP < 100 systolic**, Use of ED drugs (Viagra/Cialis) in last 24-48 hrs.
    - *Safety:* Wear gloves. Do not absorb it yourself.

The "MONA" Myth: Oxygen is NO LONGER routine for chest pain. Only give O2 if SpO2 < 94% or patient is short of breath. Hyperoxia constricts coronary arteries.

Part III-B: The Remaining Battles

Chapter 12: Medical Emergencies (The Great Imitators)

Medical calls are detective work. The NREMT expects you to differentiate between conditions that look identical.

Diabetic Emergencies: Sugar vs. Shock

- **Hypoglycemia (Low Sugar):**
    - *Onset:* Rapid (minutes).
    - *Skin:* Pale, Cool, Diaphoretic (Looks like Shock!).
    - *Mental Status:* Bizarre behavior, aggressive, "drunk-like."
    - *The Fix:* Oral Glucose (if can swallow/follow commands). If unconscious? **Do not put anything in their mouth.** Transport.
- **Hyperglycemia (High Sugar - DKA):**
    - *Onset:* Slow (days).
    - *Skin:* Warm and Dry.
    - *Breath:* Fruity/Acetone odor.
    - *Breathing:* Kussmaul Respirations (Deep and Rapid).
    - *The Fix:* Support airway, Transport. They need insulin (hospital), not your glucose.

The Trap: "A 45-year-old male is acting intoxicated..."

- *Action:* Check a blood glucose level immediately. Never assume alcohol until diabetes is ruled out.

Stroke (CVA)

Time is brain.

- **Ischemic:** Clot blocks blood.
- **Hemorrhagic:** Bleed in brain (Severe headache, "worst of my life").
- **Cincinnati Prehospital Stroke Scale (CPSS):**
    1. **Facial Droop:** Ask them to smile.
    2. **Arm Drift:** Eyes closed, arms out, palms up.

3. **Speech:** "The sky is blue." (Slurred/Wrong words).

- *The Fix:* Rapid transport to a Stroke Center. Notify the hospital en route.

Seizures

- **Post-Ictal State:** The period of confusion/sleepiness after the shaking stops. This is normal. Monitor airway.
- **Status Epilepticus:** A seizure lasting > 5 mins or back-to-back seizures without waking up. **This is a life threat.** High-flow O2, rapid transport (ALS intercept for benzos).
- **Febrile Seizures:** Common in kids. Caused by the *spike* in temp, not the height. Remove heavy clothing. Do not induce shivering (ice baths = bad).

Anaphylaxis vs. Allergic Reaction

- **Allergic Reaction:** Itching, hives, local swelling.
    - *Fix:* Monitor.
- **Anaphylaxis:** Two or more body systems involved (Skin + Respiratory OR Skin + Cardiovascular).
    - *Signs:* Wheezing, Stridor, Hypotension, Swollen tongue.
    - *The Fix:* **Epinephrine (Auto-injector).**
    - *Dose:* Adult 0.3mg / Peds 0.15mg.
    - *Trap:* "Patient has hives and BP of 100/60." Wait. "Patient has hives and is wheezing." **EPI NOW.**

Chapter 13: Trauma (Stop the Bleed)

Trauma is simple: Plug the hole, fix the air, keep them warm.

Bleeding Control Hierarchy

The old days of "elevation and pressure points" are gone.

1. **Direct Pressure:** Gloved hand.
2. **Tourniquet:** If direct pressure fails OR if bleeding is arterial (bright red, spurting).
    - *Location:* High and tight (or 2-3 inches above wound). Never over a joint.
    - *Tightness:* Until the bleeding stops and the distal pulse disappears.
    - *Pain:* It will hurt. Tell the patient. Do not loosen it.

Head Injuries & Cushing's Triad

If a patient hits their head, watch the intracranial pressure (ICP).

- **Cushing's Triad (Herniation is imminent):**
    - **Hypertension** (High BP, widening pulse pressure).
    - **Bradycardia** (Low HR).
    - **Irregular Respirations** (Cheyne-Stokes).
- *The Fix:* This is the **ONLY** time you hyperventilate a patient.
    - *Rate:* 20 breaths/min. (Controlled hyperventilation to shrink vessels).

The Three Collisions

In a car crash, there are three impacts:

1. Car hits tree.
2. Body hits steering wheel.
3. Organs hit inside of body wall (coup-contrecoup brain injury, aortic tear).
    - **Index of Suspicion:** Just because they look fine on the outside doesn't mean their aorta isn't torn. High speed = High trauma center.

Impaled Objects

- **General Rule:** Do not remove. Stabilize with bulky dressings.
- **Exceptions (The only times you remove):**
    1. Through the cheek (or other airway obstructions).
    2. Interferes with CPR (knife in center of chest).

Chapter 14: Obstetrics & Pediatrics

Obstetrics (The Two Patients)

- **Supine Hypotensive Syndrome:** Pregnant mom (3rd trimester) lies flat -> baby crushes Vena Cava -> BP drops.
    - *Fix:* **Transport on Left Lateral Recumbent side.**
- **Placenta Previa:** Placenta covers cervix. **Painless** bright red bleeding.
- **Placental Abruption:** Placenta tears off wall. **Painful** dark red bleeding (trauma/hypertension).
- **Prolapsed Cord:** Cord comes out first. Baby's head crushes it.
    - *Fix:* This is a dire emergency. Insert gloved fingers to push baby's head off the cord. Mom in Knee-Chest position.
- **Nuchal Cord:** Cord around neck.
    - *Fix:* Slip over head. If too tight, clamp and cut immediately.

Pediatrics (Not Small Adults)

> **[Peds Insight]**
> *Kids crash from respiratory failure, not cardiac issues.*

- **The Pediatric Assessment Triangle (PAT):**
    - **Appearance:** Tone, interactivity, gaze (TICLS).
    - **Work of Breathing:** Retractions, noises.
    - **Circulation to Skin:** Pallor, mottling, cyanosis.
    - *Do this from the doorway.* Do not touch the kid yet.
- **Respiratory Failure:** Kids have healthy hearts. If a kid goes into cardiac arrest, it was a respiratory problem first. **Fix the Airway.**
- **Epiglottitis:** Drooling, tripod position, high fever.
    - *Trap:* DO NOT look in the mouth. DO NOT insert a tongue depressor. You will spasm the airway shut. Rapid transport.

Chapter 15: Operations (The Silent Killer)

This is where "smart" students fail. Memorize these rules.

Triage (START Method)

RPM: Respiration, Perfusion, Mental Status.

1. **Green (Walking Wounded):** "Everyone who can hear me, walk to the tree."
2. **Black (Deceased/Expectant):** Not breathing -> Open Airway -> Still not breathing? = **Black.**
3. **Red (Immediate):**
    - Breathing > 30/min.
    - Capillary refill > 2 sec (or no radial pulse).
    - Cannot follow commands (Mental status).
    - *Scenario:* Patient isn't breathing. You open airway. They start breathing. = **Red.**
4. **Yellow (Delayed):** Serious but stable. Can follow commands, normal stats, but can't walk (broken femur).

Hazmat Zones

- **Hot Zone:** Contamination present. Techs only.
- **Warm Zone:** Decontamination corridor.
- **Cold Zone:** Command post, EMS treatment, Staging.
- *Rule:* EMS stays in the **Cold Zone** unless trained/equipped otherwise. Patient must be decontaminated in Warm Zone *before* you touch them.

Safety & Staging

- **Scene Safety:** It is ALWAYS the first assessment.
- **Staging:** If the call is for a shooting/stabbing, you **Stage** (park away from scene) until PD clears it. Do not drive to the house.
- **Helicopters:** Landing zone **100x100 feet**. Approach from downhill/front. Never approach from the tail.

Part IV: The Execution

Chapter 16: The Mental Game

The NREMT is 20% medicine and 80% psychology. Anxiety is the enemy of intelligence. When your heart rate goes above 140 bpm, your prefrontal cortex (the part of your brain that makes decisions) shuts down. You revert to "fight or flight."

You cannot answer complex clinical questions in "fight or flight" mode. You will misread the question, miss the word "NOT," and pick an impulsive answer.

> **[Mindset Reset]**
> *Your anxiety wants you to second guess. DON'T!.*

The Panic Spiral

It starts with one hard question.

1. You don't know the answer.
2. You get frustrated.
3. You rush the next question to "make up time."
4. You miss that one too.
5. Now you feel like you are failing.
6. The spiral begins.

The Fix: The Tactical Reset If you find yourself reading the same sentence three times, **STOP.** Take your hands off the mouse. Close your eyes.

- **Inhale** for 4 seconds.
- **Hold** for 1 second.
- **Exhale** for 6 seconds. Do this twice. It forces your parasympathetic nervous system to kick in and lowers your heart rate. You are now ready to read again.

> **[Mindset Reset]**
> *Slow breathing restores reasoning.*

Trust Your Gut (The "Blink" Effect)

Your subconscious mind processes the clinical picture faster than your conscious mind.

- You read the stem.
- Your brain whispers: *"It's a tension pneumo."*

- You look at the answers.
- You start doubting: *"But wait, what if it's a hemothorax? What about the blood pressure?"*
- You change your answer.

Statistically, your first instinct is usually right. Unless you find definitive evidence in the text that proves your first thought wrong (e.g., "breath sounds are clear"), **stick with your gut.**

> **[Mindset Reset]**
>
> *Your first instinct is usually right.*

Chapter 17: The 7-Day Crunch-Time Plan

> *Do not cram randomly. You need a surgical strike plan for the final week.*

Day 7: The Primary Assessment (The Foundation)

- **Focus:** Memorize the NREMT Skill Sheets for Medical and Trauma Assessment.
- **Why:** The flow of the exam matches the flow of these sheets exactly. BSI -> Scene Safety -> ABCs.
- **Task:** Write out the assessment steps on a whiteboard from memory until perfect.

Day 6: Airway & Breathing (The Gatekeeper)

- **Focus:** OPA/NPA rules, Suction times, Oxygen vs. Ventilation logic, COPD drive.
- **Task:** Do 20 practice questions specifically on Airway. Read every explanation.

Day 5: Cardiology & Resuscitation

- **Focus:** CPR ratios, AED rules, Shock recognition (Compensated vs Decompensated).
- **Task:** Review AHA Guidelines.

Day 4: Medical Emergencies

- **Focus:** Diabetes (Sugar vs Shock), Stroke, Seizures, Anaphylaxis (Epi criteria).
- **Task:** Create a cheat sheet comparing Hypoglycemia vs. Hyperglycemia symptoms.

Day 3: Trauma & Operations

- **Focus:** Bleeding control, Head injuries (Cushing's), Triage (START), Hazmat zones.
- **Task:** Review the Rule of Nines for burns.

Day 2: Simulation Mode

- **Focus:** Endurance.
- **Task:** Take **ONE** full-length timed practice exam (100+ questions). Simulate the environment: No phone, no music, no snacks.
- **Review:** Spend 2 hours reviewing *why* you got questions wrong.

Day 1: The Taper

- **Focus:** Rest.
- **Task:** Light review of your own notes. No new questions. No heavy studying. Stop by 6:00 PM.
- **Sleep:** Go to bed early. Sleep is better for your score than 2 more hours of cramming.

Chapter 18: Test-Day Playbook

The Night Before

- Lay out your clothes (dress comfortably, layers for AC).
- Put your ID and keys in your shoes (so you can't forget them).
- Check the route to the testing center.

The Parking Lot

- Do **NOT** bring your notes into the center.
- Do **NOT** sit in your car trying to memorize one last drug dosage.
- If you don't know it by now, you won't know it in 10 minutes. Cramming now just spikes your cortisol.
- Listen to music that hypes you up. Walk in with swagger.

During the Exam

1. **The Whiteboard:** You will get a whiteboard or scratch paper. Write down anything you are afraid of forgetting (GCS scale, Rule of Nines, Vital signs) *immediately* when the timer starts. Dump your brain.
2. **No Backtracking:** Once you click "Next," that question is gone forever. Do not mourn it. It does not exist. Focus on the screen in front of you.
3. **Hide the Clock:** If the countdown timer stresses you out, click to hide it. Check it every 20 questions.

After the Exam

- The computer will shut off. You will stare at a blank screen.
- You will feel confused. You will likely feel like you failed.
- **This is normal.**
- Walk out. Go eat a good meal.
- **Do not check the NREMT website every 5 minutes.** It usually takes 12-24 hours (sometimes longer) for results.
- Wait for the email.

Results

If you fail:

- Do not panic
- Read the performance report
- Target the weakest domains
- Prepare a 2-3 week focused plan
    - You will have a mandatory 14 day wait before you can schedule your next attempt, use this time wisely!

- Use Medic 138 scenarios and study guides to strengthen your judgment

If you pass:

- Celebrate! You have earned it!
- Update your training program and your state licensing board
- Start preparing for protocols and onboarding

Good luck. Go save some lives!

About Medic 138

Medic 138 is not a textbook company. We are a tactical training resource for EMS providers who want to master the craft, not just pass a test.

We believe that ***Clinical Judgment*** is the single most important skill in medicine. It cannot be memorized; it must be trained.

Join the Ranks:

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