# Pass the EMT Exam

The short guide to what the exam really asks: your next step.

**Built on the updated National Registry EMT exam (live since April 7, 2025)**

**Organized by the 5 official exam domains**
**55 original practice questions with explanations**
**Audio edition included**

**FREE SAMPLE**

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# Read This First

You studied. You passed your course. Maybe you even did well. And now there is one exam between you and your patch — or you already took it once and walked out not knowing what happened.

This guide is built for that moment. It is focused on purpose. It does not try to replace your textbook. It does one job: it helps you take what you already learned and use it the way the exam asks you to use it.

## Why good students still struggle

Many EMT courses teach by body system: the heart, the lungs, trauma, kids, childbirth. That is a good way to learn. But the updated National Registry EMT exam, live since April 7, 2025, organizes its content around the tasks an EMT performs on a call: sizing up the scene, the primary assessment, the secondary assessment, treatment and transport, and operations.

That changes what a "right answer" looks like. Many questions don't ask "what is this?" They ask what you recognize, what matters most right now, or what you should do next. A student who knows every fact can still pick an answer that is correct in general but wrong for this moment on this patient.

One note so you are not misled: real exam questions do not come in a fixed call order. The exam is adaptive, and topics are mixed. This guide follows the order of a call because that is how the test plan is organized and because it is the easiest way to train your decisions.

*Source: National Registry, EMT Examination Specifications (Test Plan), 2024; National Registry EMR and EMT Certification Examinations page, checked Nov 2026.*

## How to use this guide

- **Start with Chapters 1 and 2.** They explain how the exam works and the simple decision method used in every chapter.

- **Then follow the 14-Day Study Plan** (included with your guide). It tells you which chapters to read each day and when to do the practice questions.
- **Every chapter in Part 2 ends the same way:** a Decision Check (one short patient case worked step by step), Exam Traps, Kids on the Exam, and practice questions with explanations.
- **Use the audio** in the car, at work, or on a walk. The audio reads the chapters and all practice questions with the explanations.

## If your exam is 3 to 7 days away

Don't try to read everything twice. Do this instead:

1. Read Chapters 1 and 2 today.
2. Read Chapters 4 to 7 (Primary Assessment). This domain is about 39–43% of the exam — the biggest share by far.
3. Read Chapters 9 to 13 (Treatment and Transport, about 20–24%), then Chapter 3 (Scene Size-up and Safety, 15–19%) and Chapter 14 (Operations, 10–14%); if time allows, Chapter 8 (Secondary Assessment, 5–9%).
4. Do every practice question you can. Read the explanation even when you get it right.
5. The night before, read only the Decision Checks and Exam Traps. Then sleep.

## Important notice

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For exam preparation, use the national education standards and EMT-level scope of practice as your primary references. For actual patient care,

follow applicable laws, your local protocols and your medical direction. This guide is educational and is not a substitute for your EMT course, clinical training or professional medical guidance. It does not guarantee any exam result.

# Part 1 — How the Exam Works

# Chapter 1. How the New EMT Exam Works

Fear grows in the dark. Most of the stress around this exam comes from not knowing how it works: why it stops, why it feels hard, how it is scored. This chapter turns the lights on.

## The basics

- **Format:** a computer adaptive test (CAT), taken at a Pearson VUE test center or online with a remote proctor.
- **Length:** at least 70 items and up to 120 items.
- **Time:** 2 hours.
- **Pilot items:** the exam includes 10 unscored pilot items. You cannot tell which ones they are, and they do not affect your score. Treat every question as if it counts.
- **Fee:** $104 per attempt (as of November 2026).

*Source: National Registry EMT Test Plan (Dec 2024); EMR and EMT Certification Examinations page; EMT Candidate Handbook 2025.*

## Why it can stop at 70

A CAT does not give everyone the same test. It starts with an initial set of items. After that, the computer keeps choosing items targeted at its current estimate of your ability: when you answer correctly, the next items tend to get harder; when you miss, they tend to get easier. The computer is measuring where your ability sits compared with a fixed passing standard — the same standard for every candidate.

The exam stops after the minimum number of items as soon as the computer is 95% confident that you are above the standard, or 95% confident that you are below it. If it is not sure yet, it keeps going until it is, or until you hit 120 items or 2 hours.

What this means for you:

- **Stopping at 70 does not mean you failed.** It means the computer was sure — in either direction.
- **Feeling like every question was hard is normal.** Each time you answer correctly, the exam gets harder. A strong candidate often feels pushed to the limit.
- **Going to 120 does not mean you failed either.** It means you were close to the line and the computer needed more information.

*Source: National Registry, Examination Structure handbook (95% confidence rule); EMT Test Plan.*

## The five domains and their weights

| Domain | Share of the exam |
|---|---|
| Scene Size-up and Safety | 15–19% |
| Primary Assessment | 39–43% |
| Secondary Assessment | 5–9% |
| Patient Treatment and Transport | 20–24% |
| Operations | 10–14% |

Look at that table for a moment. Primary Assessment is about 40% of the exam — the biggest share by far. Questions about recognizing what is wrong with a patient and deciding what matters first are the core of this test. That is why this guide gives Primary Assessment four chapters.

Questions about children are not a separate section. The National Registry states that pediatric items are integrated throughout the exam. That is why every chapter in Part 2 has a "Kids on the Exam" box.

*Source: National Registry EMT Test Plan; EMR and EMT Certification Examinations page.*

## All-or-nothing scoring

Every item is scored as fully right or fully wrong. There is no partial credit. If a question asks you to pick three answers and you pick two correct ones and one wrong one, you get zero for that item. If you put five steps in order and one is out of place, you get zero.

This matters most on the newer item types. Slow down on them. Read the instruction line twice: how many answers? In what order? Into which

categories?

*Source: National Registry EMT Test Plan, "Item Types."*

## The five item types

The exam uses five item types. Here is one original example of each. (These are written for this guide. They are not real exam items. They are in addition to the 55 practice questions in Part 2.)

MULTIPLE CHOICE — CHOOSE 1 OF 4

**Example. You arrive at a two-car crash on a highway. Traffic is still moving past the scene. What should you do first?**

A) Go to the car with the most damage
B) Position the ambulance and lights to protect the scene
C) Ask the drivers if anyone is hurt
D) Call for a second ambulance

**Answer:** B

**Why:** Scene safety comes before patient contact. Moving traffic is an active hazard to you, your partner and the patients. Asking about injuries and calling resources come right after the scene is protected.

MULTIPLE RESPONSE — CHOOSE 2 OF 5, OR 3 OF 6 (THE STEM TELLS YOU HOW MANY)

**Example. Which THREE findings suggest a patient is not breathing adequately? (Choose 3.)**

A) Speaking in full sentences

B) Respiratory rate of 6 per minute

C) Shallow chest rise

D) Pink, warm skin

E) New confusion and sleepiness

F) Pulse oximetry of 98% on room air

**Answer:** B, C, E

**Why:** A very slow rate, shallow chest rise and a new change in mental status all point to inadequate breathing. Full sentences, normal skin and a normal oxygen saturation point the other way. All three correct choices are needed for credit.

OPTIONS TABLE — MARK EACH ROW

**Example. For each finding, mark whether it is part of the primary assessment or the secondary assessment.**

1. Checking whether the airway is open — Primary / Secondary
2. Asking about the patient's medications — Primary / Secondary
3. Checking for severe bleeding — Primary / Secondary
4. Examining a painful ankle in detail — Primary / Secondary

**Answer:** 1 Primary; 2 Secondary; 3 Primary; 4 Secondary

**Why:** The primary assessment finds and treats immediate life threats (airway, breathing, circulation, severe bleeding). History and detailed, focused exams belong to the secondary assessment.

BUILD LIST — PUT IN ORDER

**Example. Put these steps in the correct order for an unresponsive adult who is not breathing normally and has no definite pulse:**

- Attach the AED as soon as it is available
- Check for breathing and a pulse (no more than 10 seconds)
- Check responsiveness
- Begin chest compressions

**Answer:** Check responsiveness → Check for breathing and a pulse → Begin chest compressions → Attach the AED as soon as it is available

**Why:** You confirm unresponsiveness, check breathing and pulse quickly (no more than 10 seconds), start compressions without delay when there is no definite pulse, and use the AED as soon as it arrives. If a definite pulse is present, give assisted ventilation instead of compressions.

DRAG-AND-DROP — SORT INTO CATEGORIES

**Example. Sort these patients into "Rapid transport now" or "Can complete the full assessment on scene":**

- Adult with a deformed forearm, normal vital signs, alert
- Adult with chest pain, pale and sweaty, low blood pressure
- Child with a minor cut on the knee, playing and talking
- Adult with sudden one-sided weakness that started 20 minutes ago

**Answer:** Rapid transport now — chest pain with low blood pressure; sudden one-sided weakness. Full assessment on scene — isolated forearm injury; minor knee cut.

**Why:** Signs of poor perfusion and possible stroke are time-critical. Stable patients with isolated minor injuries can be assessed fully before transport.

The exam starts with an untimed tutorial on how the computer test works.

## How results work

- Results are posted to your National Registry account, generally within two business days. The test center cannot give you results.
- If you pass, you do not get a score breakdown.

- If you do not pass, your score is shown on a scale from 100 to 1500, where 950 is the passing point, so you can see how far you were from the standard. You do not get a percentage, and the exam is scored as a whole.

*Source: National Registry EMT Candidate Handbook 2025, Part 4.*

## Pace

With 2 hours and at most 120 items, you have about one minute per item. Rushing causes more misses than running out of time.

# Chapter 2. The Next-Step Method

Most wrong answers on this exam are not silly answers. They are good actions chosen at the wrong time. "Give oxygen" is a good action. "Splint the leg" is a good action. "Get a full set of vital signs" is a good action. The question is whether it is the right action for this patient, right now.

The Next-Step Method is a simple routine you run on every scenario question. It has four steps.

## Step 1 — Where am I in the call?

Read the stem and place yourself in one phase of care:

1. **Scene size-up and safety** — Have I arrived? Is the scene safe? How many patients? Do I need more help?
2. **Primary assessment** — Am I finding and fixing immediate life threats? (General impression, level of consciousness, airway, breathing, circulation, severe bleeding, the transport decision.)
3. **Secondary assessment** — Are the immediate threats handled, and now I'm gathering history, doing a focused exam and reassessing?
4. **Treatment and transport** — Am I carrying out specific care, moving the patient, or giving a report?
5. **Operations** — Is this about equipment, supplies, documentation, or the well-being of the crew?

Clues in the stem tell you the phase: "You arrive…", "As you approach…", "Your partner is ventilating…", "En route to the hospital…", "After the call…".

## Step 2 — Is anything about to kill this patient (or me)?

Before anything else, scan for an immediate threat:

- An unsafe scene
- Severe, uncontrolled bleeding

- An airway that is blocked or at risk
- Breathing that is absent or inadequate
- No pulse, or signs of shock

If one of these is present, the right answer usually deals with it first — even if the stem is "about" something else. A patient with a broken leg who is also snoring and unresponsive needs the airway managed before the leg.

## Step 3 — What is the question actually asking?

Read the last line of the stem slowly. Exam questions ask different kinds of things:

- **"What should you do first / next?"** — a priority decision.
- **"What is the most likely cause?"** — recognition.
- **"Which finding is most concerning?"** — prioritizing information.
- **"Which action is inappropriate / contraindicated?"** — safety and scope.
- **"Put these steps in order"** — sequence.

Many misses come from answering a different question than the one asked. If it asks what you should do next, a correct fact about the illness is not the answer.

## Step 4 — Choose the safest appropriate action within EMT scope

Among the remaining choices, pick the one that:

- deals with the most immediate threat,
- is something an EMT is allowed and trained to do,
- does not skip a required earlier step, and
- does not delay transport when transport is the treatment (for example, stroke, severe bleeding you can't control, signs of shock).

Watch for answers that sound advanced or impressive. On a national EMT exam, an answer outside EMT scope (for example, starting an IV) is not the

right answer, even if it might help in a hospital.

## The method in one example

> *You are called to a 58-year-old man who collapsed in his garage. The garage door is closed and a car engine is running. His wife is kneeling next to him. What should you do first?*

1. **Where am I?** Just arrived — scene size-up.
2. **Immediate threat?** Yes — a closed garage with a running engine suggests carbon monoxide. The threat is to you, your partner and the wife, not only the patient.
3. **What is asked?** "First."
4. **Safest appropriate action:** Do not enter the garage, and don't send anyone inside to turn off the engine or move the patient. Keep bystanders away, stage at a safe distance and request properly equipped fire/rescue personnel. Patient care starts once trained rescuers bring the patient out and the scene is safe.

The wrong answers on a question like this are usually good patient-care actions: "check his pulse", "apply oxygen", "ask the wife what happened". All of them come after scene safety.

## Why this works

The test plan's job tasks follow the flow of patient care: scene, primary, secondary, treatment and transport, operations. When you anchor every question to a phase and then check for life threats, you stop choosing actions that are right but early or right but late.

*Source: National Registry EMT Test Plan (domains and job tasks); National EMS Education Standards (2021) — scene size-up, primary assessment and reassessment competencies.*

### Remember

Phase → Threat → Question → Safest EMT action. Practice it on every scenario until it becomes automatic. It keeps your focus on the patient's most immediate need.

# Part 2 — The 5 Official Exam Domains, Organized Around Patient-Care Decisions

# Chapter 3. Scene Size-up and Safety (15–19%)

Scene size-up is where the call starts, and it is where many exam questions are decided before you ever touch the patient. The test plan lists six tasks here: plan before arrival, protect everyone from hazards, wear the right PPE, find all the patients, triage, and request the right resources.

*Source: National Registry EMT Test Plan, Scene Size-up and Safety tasks.*

## Plan before you arrive

Use what dispatch gives you. The address, the nature of the call, the number of patients, weather, time of day and any history of the location all shape your plan. Before you arrive, you and your partner should already know:

- what PPE you will put on,
- what equipment you will carry in,
- who does what,
- and whether you may need help (law enforcement, fire, more ambulances).

## Protect everyone: you first

The order of protection is **you, your crew, the patient, the public**. An injured EMT is one more patient and one less rescuer.

Common hazards the exam likes:

- **Traffic:** position the ambulance to protect the scene, use warning lights, wear high-visibility gear.
- **Violence or weapons:** if the scene is not secured, stage at a safe distance and wait for law enforcement.

- **Hazardous materials:** stay upwind and uphill, at a distance; identify the substance from a safe spot (placards, labels); don't enter unless you are trained and equipped.
- **Unstable vehicles, fire, downed power lines, confined spaces, carbon monoxide.**

If the scene is not safe and you can't make it safe, **do not enter**. Call for the right resources and wait.

## PPE matched to the hazard

Apply standard precautions with every patient, including hand hygiene. Wear gloves whenever contact with blood, body fluids, mucous membranes, broken skin or contaminated equipment is possible — which is most EMS patient contact. Add eye protection and a mask when splashing or respiratory spread is possible, and the right respirator and gown when an airborne or highly infectious disease is suspected. Choose PPE before you are exposed, not after.

## How many patients? What happened?

- **Count the patients.** Look for people who walked away, were thrown from a vehicle or are hidden (in the back seat, under a car seat, down an embankment).
- **Mechanism of injury or nature of illness.** For trauma, ask what forces were involved. For medical calls, look for clues: medication bottles, home oxygen, a hospital bed, smells.

## Triage when patients outnumber rescuers

When there are more patients than your crew can care for, you must sort them so that the most people survive. The national model guidelines accept SALT, START/JumpSTART or MUCC — use the system your region uses. The national guidelines also recommend these categories: Immediate, Delayed, Minimal, Expectant and Dead, with frequent re-triage.

*Source: NASEMSO National Model EMS Clinical Guidelines v3.0 (2022), Mass Casualty Incident.*

## SALT (Sort – Assess – Lifesaving interventions – Treatment/Transport)

1. **Global sort:** ask everyone who can walk to move to a set spot (assessed last). Ask those who can't walk to wave or move with purpose (assessed second). Those who are still or have obvious life threats are assessed first.
2. **Lifesaving interventions** (quick, within your scope, without staying with one patient): control major bleeding, open the airway (for a child, consider two rescue breaths), give an antidote by auto-injector when indicated.
3. **Individual assessment:** a patient who doesn't breathe after the airway is opened is Dead. Otherwise ask: does the patient obey commands or move with purpose? Have a peripheral pulse? Not in respiratory distress? Is major bleeding controlled? If any answer is "no" — will the patient likely survive with the resources available? Yes = Immediate; no = Expectant. If all answers are "yes": minor injuries only = Minimal; otherwise = Delayed.

*Source: SALT triage as published by CHEMM (U.S. Dept. of Health and Human Services) and county EMS protocols based on it (e.g., Sacramento County EMS 7508, 2024).*

## START (adults)

1. Everyone who can walk = **Minimal** (green).
2. **Breathing?** Not breathing → reposition the airway. Still not breathing = Dead. Starts breathing = Immediate. Breathing faster than 30 per minute = **Immediate**.
3. **Perfusion:** no radial pulse (or capillary refill longer than 2 seconds) = control bleeding and tag **Immediate**.
4. **Mental status:** can't follow simple commands = **Immediate**. Follows commands = **Delayed** (yellow).

## JumpSTART (children)

JumpSTART adapts START because children's breathing rates are faster and a child who isn't breathing may still have a pulse.

1. Children who walk = Minimal (infants and children who can't walk yet are assessed with secondary triage).
2. Not breathing → position the airway. Starts breathing = Immediate. Still not breathing: no peripheral pulse = Dead; **pulse present = give 5 rescue breaths** — starts breathing = Immediate, doesn't = Dead.
3. Breathing rate **under 15 or over 45** = Immediate. Rate 15–45 → check for a peripheral pulse; no pulse = Immediate.
4. **AVPU:** Alert, responds to Voice, or responds appropriately to Pain (localizes) = Delayed. Inappropriate response to pain (abnormal posturing) or Unresponsive = Immediate.

*Source: START and JumpSTART algorithms (JumpSTART © Lou Romig, MD, 2002) as published in Virginia Office of EMS MCI Management Module I.*

## Request resources early

Call for help as soon as you recognize the need — it takes time to arrive. Examples: more ambulances for multiple patients, fire/rescue for extrication or hazards, law enforcement for violence, a hazmat team, advanced life support for a critical patient when your system provides it, or air medical according to protocol. In a large incident, the **incident command system** gives one person command and clear roles (triage, treatment, transport, staging). Your job is to report to the right person and do your assigned role.

*Source: National EMS Education Standards (2021), EMS Operations — Incident Management, Multiple Casualty Incidents, Hazardous Materials Awareness.*

## Decision Check

Dispatch sends you to a "man down" outside a bar at 2 a.m. Police are on the way. As you pull up, you see a crowd shouting and one man lying on the sidewalk.

**Phase:** scene size-up. **Threat:** possible violence — the crowd is agitated and police haven't arrived. **Question:** what to do first. **Safest action:** don't approach. Stage at a safe distance, tell dispatch what you see, and wait for law enforcement to secure the scene.

**Why not go to the patient?** He may be critical, but entering an unsecured violent scene risks your crew and adds patients. **Key rule:** if the scene isn't safe and you can't make it safe, wait for the right resource.

## Exam Traps

- Choosing patient care before scene safety. If the stem gives you a hazard, the hazard comes first.
- Treating the first patient you see and missing others. Count patients early.
- Calling for more resources "after assessing everyone." In a mass-casualty incident, call early.
- In triage, stopping to give full care to one patient. Triage interventions are quick: open the airway, control major bleeding, move on.
- Mixing up START and JumpSTART numbers (30 for adults; under 15 or over 45 for children).

## Kids on the Exam

- In JumpSTART, a child who isn't breathing but has a pulse gets **5 rescue breaths** before being tagged; in SALT, consider **2 rescue breaths** for a child.
- Count car seats and look for children who may be hidden or thrown from a vehicle.
- Infants and toddlers who can't walk yet — or who are carried out by someone — are not automatically "Minimal"; assess each one individually.

## Practice questions — Scene Size-up and Safety (9)

MULTIPLE CHOICE

**3.1 You arrive at a single-car crash. The car has hit a utility pole and a power line is lying across the hood. The driver is awake and asking for help. What should you do?**

A) Approach carefully and check the driver's airway

B) Tell the driver to get out and walk toward you

C) Stay away from the vehicle and request the power company and fire department

D) Use a wooden board to move the line off the car

MULTIPLE CHOICE

**3.2 You are first on scene at a tanker truck rollover. A liquid is leaking, and a placard is visible on the truck. Where should you park?**

A) Downhill and downwind, close enough to see the placard

B) Uphill and upwind, at a safe distance

C) Directly behind the truck to block traffic

D) Downwind so the vapors blow away from the truck

MULTIPLE RESPONSE — CHOOSE 3

**3.3 Dispatch reports a fall at a construction site. Which THREE things should you plan before you arrive? (Choose 3.)**

A) The PPE you will need

B) The patient's insurance information

C) The equipment you will carry in

D) Whether you may need additional resources

E) The hospital bill for the transport

F) The diagnosis you will report to the hospital

MULTIPLE CHOICE

**3.4 During START triage, an adult is breathing 36 times per minute and has a radial pulse. What category is she?**

A) Minimal

B) Delayed

C) Immediate

D) Expectant

MULTIPLE CHOICE

**3.5 During JumpSTART triage, a 5-year-old is not breathing. After you position the airway, he still doesn't breathe, but he has a peripheral pulse. What is the next step?**

A) Tag him as Dead and move on

B) Give 5 rescue breaths

C) Begin full CPR

D) Tag him as Expectant

BUILD LIST — PUT IN ORDER

**3.6 Put the SALT global sort in the order patients are assessed (first to last):**

- Patients who walk to the designated area
- Patients who are still or have an obvious life threat
- Patients who wave or move with purpose

DRAG-AND-DROP — SORT INTO CATEGORIES

**3.7 Sort each adult patient into a START category (Minimal, Delayed, Immediate, Dead):**

- Walking, with a cut on the arm
- Not walking, breathing 20 per minute, radial pulse present, follows commands
- Not walking, breathing 18 per minute, no radial pulse
- Not breathing after the airway is repositioned

MULTIPLE CHOICE

**3.8 You arrive outside a home. A family member who came out tells you that four people inside have headaches and nausea. It is winter, and a gas heater has been running. What is your safest first action?**

A) Go in and give oxygen to the person with the worst headache

B) Stay outside, keep others away, and request properly equipped fire/rescue to evaluate the hazard and bring the occupants out

C) Go in and take a full set of vital signs on everyone

D) Ask about recent meals to rule out food poisoning

MULTIPLE CHOICE

**3.9 At a crash, you find one patient in the driver's seat. The rear passenger door is open and there is a child safety seat in the back, but it is empty. What should you do?**

A) Assume the seat was empty before the crash

B) Ask the driver and bystanders about other occupants and search the area

C) Focus only on the driver

D) Wait for police to search

## Answers and explanations

**3.1** C

Downed power lines are an electrical hazard that EMTs are not equipped to manage. Keep a safe distance, keep others away, and call the utility and fire department. Telling the driver to get out can also be dangerous.

**3.2** B

For a possible hazardous material, stay uphill and upwind at a safe distance. Identify the placard from far away (for example, with binoculars) and request a hazmat team.

**3.3** A, C, D

Planning before arrival covers PPE, equipment and possible extra resources. Billing, insurance and a diagnosis have no role in scene planning.

**3.4** C

In START, a respiratory rate over 30 per minute places the patient in the Immediate category, without checking further steps.

**3.5** B

JumpSTART gives a child with a pulse who isn't breathing 5 rescue breaths. If he starts breathing, he is Immediate; if not, he is tagged Dead.

**3.6** Still or obvious life threat → Wave or move with purpose → Walk to the designated area

SALT assesses those who can't move first, those who can move with purpose second, and those who can walk last.

**3.7** Walking = Minimal; follows commands with radial pulse and RR 20 = Delayed; no radial pulse = Immediate; not breathing after repositioning = Dead

START sorts by walking, breathing (over 30 = Immediate), perfusion (no radial pulse = Immediate) and mental status (follows commands = Delayed).

**3.8** B

Several people with the same symptoms near a fuel-burning heater suggests carbon monoxide. Don't enter without the right equipment and training; request fire/rescue to evaluate the hazard and remove the occupants. Care follows in a safe area.

**3.9** B

An empty car seat and an open door are clues of a possible additional patient. Counting and finding all patients is part of scene size-up.

# You just read the first chapters.

The full guide covers all 5 exam domains in 15 chapters, with 55 original practice questions, the 14-Day Study Plan and the complete audio edition.

**Get the full guide at passtheemtexam.com**