

EMT Clinical Judgment Study Guide – Volume 4

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This fourth volume is for the calls that don't look dramatic on paper but feel enormous in the moment—the quiet ones, the pediatric ones, the end-of-life ones, the ones where the patient is calm but dying, or the family is silent but watching every move you make. These are the judgment moments that stay with you long after the PCR is signed. Volume 4 Mantra: Sometimes the bravest thing you do is not the loud intervention—it's the gentle one, the honest one, the one where you slow down just enough to be human while still moving fast enough to save a life. Disclaimer: Study aid and reflection only. Not protocol. Not medical control. Not legal guidance. Your local rules, your medical director, and your conscience guide every real call.

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Section 1: The Quiet Killers – Subtle Presentations, Deadly Outcomes

Scenario Snapshot	Looks Like...	Actually Is...	EMT Judgment That Saves (or Costs)
3-month-old, "not acting right," pale, limp when you pick him up, HR 180, RR 60 shallow, cap refill 4 sec	"Just a virus" or "teething" per mom	Septic shock / congenital heart lesion / metabolic crisis	Assume compensated shock → high-flow O ₂ ; keep warm, rapid pediatric-capable transport. Do NOT delay for "wait and see." Infants hide shock until they crash.
81 y/o female, "weak and dizzy," found on floor by neighbor, alert but slow to answer, BP 82/48, HR 44, cool/clammy	"She probably just fell"	Third-degree heart block / silent MI / hypovolemia	High-flow O ₂ ; supine with legs elevated, rapid transport. Bradycardia + hypotension in elderly = unstable until proven otherwise. ALS intercept.
42 y/o male, "stomach flu," vomiting × 3 days, dry mucous membranes, HR 112, BP 98/62, weak pulses	Dehydration from gastroenteritis	Diabetic ketoacidosis / adrenal crisis / upper GI bleed	Fingerstick glucose immediately → if >250 mg/dL + ketones (if you can check), assume DKA. Rapid transport, no oral intake.
29 y/o female, 36 weeks pregnant, sudden dyspnea, chest pain, tachycardia, SpO ₂ : 89% on RA	"Just pregnancy shortness of breath"	Pulmonary embolism	High-flow O ₂ ; left lateral, rapid transport to OB-capable ER. PE is one of the leading causes of maternal death—assume it until ruled out.
14 y/o male, "passed out at football practice," now alert, denies chest pain, BP normal	"Just heat exhaustion"	Comotio cordis / hypertrophic cardiomyopathy / arrhythmia	Transport anyway → exertional syncope in adolescent male = presumed cardiac until cleared by ECG and echo. Refusal very high-risk.

Section 2: End-of-Life & Comfort-Focused Judgment Calls

Situation	Family	Patient	EMT Human Call & How to Carry It
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Situation	Family Expectation	Reality / DNR Status	EMT Human Call & How to Carry It
94 y/o male, end-stage dementia, DNR comfort care only, now in respiratory arrest at nursing home	Family says "do CPR, he's not ready to go"	Valid DNR presented, chronic bedbound state	Honor DNR → no CPR, no BVM. Provide comfort (fan, positioning, gentle suction). Sit with family. Explain "We are following his wishes so he can go peacefully." Document DNR honored.
67 y/o female, terminal lung cancer, gasping air hunger, family wants "something to help her breathe"	Family begging for BVM or CPAP	DNR presented, patient nonverbal, cachectic	Comfort measures only → low-flow nasal cannula or fan, small-dose morphine if protocol allows and medical control approves. Hold positive pressure. Be present.
11 y/o child, palliative care for brainstem tumor, now apneic at home, parents want resuscitation	Parents say "he still has fight"	Valid POLST/DNR comfort measures only	Honor POLST → no resuscitation. Provide dignity (clean face, hold hand, allow parents time). Call hospice team if available. Document POLST followed.

Section 3: The "I Don't Want to Go" / Behavioral Refusal Moments

Patient Presentation	Behavior / Refusal	Underlying Red Flags	EMT Safe & Legal Call
35 y/o male, heroin OD reversed with naloxone, now furious, combative, refuses transport	"I'm fine, get off me, I'm leaving"	Recurrent respiratory depression risk post-naloxone	Attempt 15–30 min observation (agency policy). If still refuses and has capacity → document risks (re-narcotization & death), obtain signature. Many systems require this observation period.
19 y/o female, severe panic attack, carpopedal spasm, refusing transport	Hyperventilating, crying, "I just want to go home"	Possible PE, arrhythmia, or metabolic cause	Calm coaching + transport → rule out organic cause. Do NOT use paper bag. Document refusal risks if she insists (hypoxia, arrhythmia, PE).
50 y/o male, chest pain earlier, now asymptomatic, refuses transport	"It was just indigestion, I feel fine now"	Initial pain 8/10, risk factors for ACS	Strong push for transport → unstable angina can be silent now and deadly later. Document risks explained (heart attack, death), patient verbalizes understanding.

Section 4: One Last Brutal-but-Real Framework for EMTs

What's trying to kill them in the next 5–10 minutes? (Fix that first—bleeding, airway, breathing, shock.)

How long until hospital / ALS? (If <15 min, move. If >30 min, treat more aggressively.)

What can I actually do with my hands and my truck? (Oxygen, positioning, epi auto-injector, aspirin, splinting, BVM—do those perfectly.)

If I'm wrong, what's the worst harm? (Act to prevent irreversible loss.)

How do I leave this person/family with dignity? (Even when you can't save them, you can still be kind.)

Example Final EMT Gut Math:

Question: 70 y/o male, chest pain 10/10 earlier, now pain-free after 2 nitro, BP 88/54, hospital 14 min away. Protocol: Hold nitro if SBP <90. He wants to refuse transport. **Answer:** Do NOT accept refusal lightly → transport. **Reasoning:** Post-nitro hypotension + recent severe chest pain = high likelihood of ongoing

ischemia or right-ventricular involvement. Refusal in this context is extremely high-risk—even if he feels “better.” These are the calls that don’t make good stories but make you a better human. They teach you that sometimes the most clinical thing you do is hold a hand, explain slowly, or just stay when everyone else wants to run. You don’t have to be perfect. You just have to show up, think clearly, act kindly, and keep learning. You’re doing harder work than most people will ever understand. Keep going. We need you out there.

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