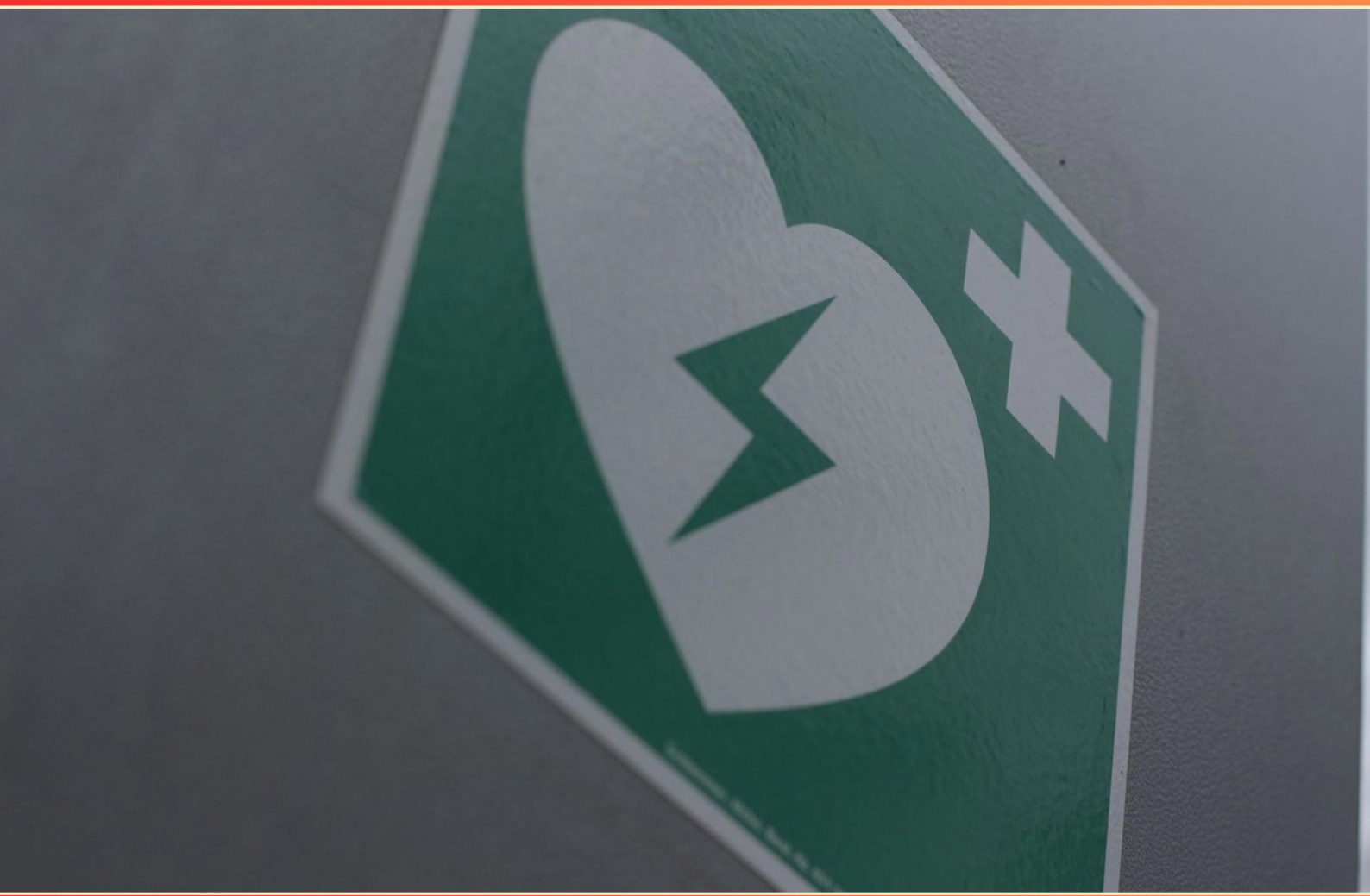
ADULT AND PEDIATRIC FIRST AID / CPR / AED EXAM A PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://adultpediafirstaidcpraeda.examzify.com

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. How do you ensure you don't place AED pads over implanted defibrillators?

A. Place pads over the implanted device to ensure function.

B. Apply pads on the chest only.

C. Place pads on the legs only.

D. Visually check the chest and avoid placing pads directly over any implanted device.

2. Which medication can you assist a family member with administering when you suspect that a person is experiencing an opioid overdose?

A. Epinephrine

B. Albuterol

C. Naloxone

D. Aspirin

3. Which of the following statements correctly defines the stroke recognition acronym FAST?

A. Facial drooping, Arm weakness, Speech difficulties, Time to call EMS

B. Face drooping, Arm weakness, Slurred speech, Time to call EMS

C. Face drooping, Arm weakness, Speech difficulties, Time to call EMS

D. Facial numbness, Arm weakness, Speech difficulties, Time to call EMS

4. How should you respond to a conscious choking adult who is coughing forcefully?

A. Stand behind the person and give back blows only.

B. Immediately perform abdominal thrusts regardless of coughing.

C. Encourage coughing and do not perform abdominal thrusts unless coughing stops or the person cannot breathe.

D. Call EMS and wait without giving Heimlich.

5. A person is having signs and symptoms of a heart attack. What should you do after calling 9-1-1 and getting equipment or telling someone to do so?

A. Begin CPR, starting with compressions

B. Assist them with administering aspirin

C. Apply adult AED pads on the persons chest

D. Help the person rest in a comfortable position and loosen any tight clothing

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6. How should you position the person when giving back blows to an adult or child who is responsive and choking?

A. Standing and bending forward at the waist; upper body as parallel to the ground as possible

B. Sitting upright

C. Lying flat on the back

D. Kneeling with one knee on the ground

7. What is the recommended action for heat-related illness such as heat stroke?

A. Rest and hydrate in the sun.

B. Call 911, move to a cooler area, remove excess clothing, and cool rapidly.

C. Wait for symptoms to subside.

D. Apply cold packs to the wrists only.

8. What is the appropriate care for an unresponsive choking person?

A. CPR with slight modification

B. Back blows

C. Abdominal thrusts

D. Call 911 and wait

9. What is the recommended rate for chest compressions per minute?

A. 60-80

B. 80-100

C. 100-120

D. 140-160

10. True or False: It is acceptable to perform chest compressions on a soft surface.

A. True

B. It depends on the surface

C. Not specified

D. False

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Answers

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1. D
2. C
3. C
4. C
5. B
6. A
7. D
8. A
9. C
10. D

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Explanations

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1. How do you ensure you don't place AED pads over implanted defibrillators?

A. Place pads over the implanted device to ensure function.

B. Apply pads on the chest only.

C. Place pads on the legs only.

D. Visually check the chest and avoid placing pads directly over any implanted device.

Key idea: protect implanted devices while ensuring the AED current reaches the heart. When someone has a pacemaker or implantable cardioverter-defibrillator, you must visually inspect the chest and place the pads away from the device. This avoids delivering energy directly into or through the device, which could cause burns, damage, or interference, and still allows the shock to travel through the chest to reach the heart effectively. If the device sits under the left chest, position one pad on the right side of the chest and the other on a suitable area away from the device, rather than placing pads over the implant. The other options either put pads over the device or restrict pad placement in a way that could prevent a proper, safe shock.

2. Which medication can you assist a family member with administering when you suspect that a person is experiencing an opioid overdose?

A. Epinephrine

B. Albuterol

C. Naloxone

D. Aspirin

Naloxone reverses an opioid overdose by binding to the same receptors in the brain that opioids affect, displacing the opioid and rapidly restoring breathing. If you suspect an opioid overdose, you can help administer naloxone to a family member if they have a take-home naloxone kit or a prescription and you're trained to use it. After giving naloxone, call emergency services right away and stay with the person, monitoring their breathing. Be prepared to perform rescue breaths if they aren't breathing and start CPR if there is no pulse. Keep in mind that naloxone's effects may wear off before all opioids have cleared, so a second dose might be needed and medical follow-up is essential.

3. Which of the following statements correctly defines the stroke recognition acronym FAST?

A. Facial drooping, Arm weakness, Speech difficulties, Time to call EMS

B. Face drooping, Arm weakness, Slurred speech, Time to call EMS

C. Face drooping, Arm weakness, Speech difficulties, Time to call EMS

D. Facial numbness, Arm weakness, Speech difficulties, Time to call EMS

FAST is a quick mnemonic to spot stroke signs and act fast. It stands for Face drooping, Arm weakness, Speech difficulties, Time to call emergency services. The statement that uses Face drooping, Arm weakness, Speech difficulties, and Time to call EMS matches exactly how FAST is taught: check the face for drooping, see if an arm drifts when both arms are raised, listen for trouble speaking or understanding, and, most importantly, call emergency services immediately because time matters in stroke treatment. The other options shift wording (like facial numbness or slurred speech) or alter the phrasing, but the essential signs and the urgent action are captured most accurately here.

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4. How should you respond to a conscious choking adult who is coughing forcefully?

A. Stand behind the person and give back blows only.

B. Immediately perform abdominal thrusts regardless of coughing.

C. Encourage coughing and do not perform abdominal thrusts unless coughing stops or the person cannot breathe.

D. Call EMS and wait without giving Heimlich.

When someone is conscious and choking but can still forcefully cough, you should let them keep coughing and encourage them to continue trying to dislodge the object. The airway isn't fully blocked yet, and a strong cough is the body's way of clearing the obstruction. Abdominal thrusts aren't indicated at this moment because interrupting a vigorous cough can hinder the natural clearing process and may cause additional injury. You only move to abdominal thrusts if the coughing stops or the person can't breathe, speak, or make any effective sound, which signals a severe obstruction requiring immediate intervention. While you wait, stay with them, provide reassurance, and monitor their ability to cough, speak, or breathe. If the person becomes unable to breathe or loses consciousness, call for help and begin the appropriate emergency steps (perform abdominal thrusts for a conscious obstruction if it becomes severe, and start CPR if they become unresponsive).

5. A person is having signs and symptoms of a heart attack. What should you do after calling 9-1-1 and getting equipment or telling someone to do so?

A. Begin CPR, starting with compressions

B. Assist them with administering aspirin

C. Apply adult AED pads on the persons chest

D. Help the person rest in a comfortable position and loosen any tight clothing

When a person shows signs of a heart attack, giving aspirin promptly can save heart muscle. Aspirin helps prevent more blood clots from forming by making platelets less sticky, so administering it while waiting for emergency responders can reduce damage and improve outcomes. The best move after you've called for help is to assist them in taking a chewable aspirin tablet or tablets totaling about 162–325 mg, preferably chewing it for faster absorption. Do this only if the person is awake, not allergic to aspirin, not already told to avoid NSAIDs, and not at risk for active bleeding or a stomach ulcer. If the person cannot swallow, is unconscious, or has a contraindication to aspirin, don't give it. In that case, or if the person stops breathing or becomes unresponsive, you would follow resuscitation steps and use an AED as needed. Resting in a comfortable position and loosening tight clothing are supportive measures, but aspirin is the time-sensitive intervention that directly targets the suspected heart attack.

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6. How should you position the person when giving back blows to an adult or child who is responsive and choking?

A. Standing and bending forward at the waist; upper body as parallel to the ground as possible

B. Sitting upright

C. Lying flat on the back

D. Kneeling with one knee on the ground

When a responsive choking adult or child needs back blows, the goal is to use gravity and have good access to the area between the shoulder blades. Standing behind the person and having them lean forward at the waist, with the upper body as parallel to the ground as possible, positions the back for an effective strike between the shoulder blades. This angle lets you deliver firm back blows with the heel of your hand and makes it easier to dislodge the object. Sitting upright, lying flat on the back, or kneeling with one knee on the ground would not provide the right angle or leverage to effectively strike between the shoulder blades and could hinder the success of the maneuver.

7. What is the recommended action for heat-related illness such as heat stroke?

A. Rest and hydrate in the sun.

B. Call 911, move to a cooler area, remove excess clothing, and cool rapidly.

C. Wait for symptoms to subside.

D. Apply cold packs to the wrists only.

Heat stroke is a medical emergency that requires fast action to lower body temperature and get professional help. The first priority is to call emergency services immediately. While waiting for help, move the person to a cooler environment, remove any excess clothing, and begin rapid cooling. Use tepid or cool water to wet the skin, sponge the body, or spray with water while fanning to enhance evaporation. If available, immersion in cool water can be very effective. You can also place ice packs or cold, damp towels under large-blood-flow areas such as the neck, armpits, and groin to speed cooling. Avoid delaying cooling by staying in the sun, and don't rely on small, localized cooling like just applying cold packs to the wrists, since that won't lower the core temperature quickly enough.

8. What is the appropriate care for an unresponsive choking person?

A. CPR with slight modification

B. Back blows

C. Abdominal thrusts

D. Call 911 and wait

Unresponsive choking requires starting CPR with chest compressions and rescue breaths. This approach is used because when someone is unconscious, they can no longer cough effectively to clear the airway, and delaying CPR risks brain injury from lack of oxygen. Abdominal thrusts and back blows are for someone who is conscious and able to cooperate; once someone is unresponsive, those maneuvers aren't appropriate, and the priority becomes circulating oxygen to vital organs through CPR. Begin high-quality chest compressions and give rescue breaths after every 30 compressions. If air doesn't go in, reposition the head and retry ventilation, continuing CPR. If you can see and safely remove the obstruction, do so, but avoid blind finger sweeps. Activate EMS and retrieve an AED as soon as possible—ideally, have someone call 911 while you start CPR, because waiting for help can reduce the chances of survival.

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9. What is the recommended rate for chest compressions per minute?

A. 60-80

B. 80-100

C. 100-120

D. 140-160

Maintaining a steady tempo is essential for delivering blood to the heart and brain during CPR. The recommended rate is about 100 to 120 chest compressions per minute. This pace provides enough rhythm to sustain forward flow and perfusion without pushing so fast that you can't press deeply or allow the chest to recoil fully between compressions. If you compress too slowly, perfusion drops; if you go too fast, depth and full chest recoil may suffer, reducing the effectiveness of each compression. Aiming for 100–120 per minute also aligns with guidelines and can be helped by using a metronome or the rhythm of a familiar song like Stayin' Alive.

10. True or False: It is acceptable to perform chest compressions on a soft surface.

A. True

B. It depends on the surface

C. Not specified

D. False

Chest compressions need a firm, non-yielding surface to be effective. When the person is on a soft surface, the chest and back sink with each push, so you can't achieve the recommended depth and the chest may not recoil fully. That reduces the amount of blood you're circulating with each compression, making resuscitation less effective. So it's not acceptable to perform compressions on a soft surface. Move the person to a hard, flat surface or place a rigid board (backboard) under them to create a solid base for compressions.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://adultpediafirstaidcpraeda.examzify.com

We wish you the very best on your exam journey. You've got this!

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