ANSON RESUSCITATION QUALITY IMPROVEMENT (RQI) PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Why is bystander CPR important in the resuscitation chain?

A. It reduces the need for defibrillation.

B. It is optional.

C. It does not affect survival.

D. It buys time until professional help arrives and improves survival chances.

2. Which outcome is most improved by targeted training based on CPR performance data?

A. Compression depth, rate, and no-flow times.

B. Body weight of responders.

C. Color of team uniforms.

D. Number of defibrillations performed.

3. After an AED delivers a shock, what should rescuers do next?

A. Resume CPR, starting with chest compressions

B. Check for a pulse and breathing only

C. Stop to reassess the rhythm for several minutes

D. Move the victim to a different location

4. What is the typical compression-to-ventilation cycle for a single rescuer adult CPR?

A. 30:2

B. 15:2

C. 60:2

D. 30:3

5. When rotating rescuers, what is the recommended interval?

A. Every 60 seconds

B. Only when the AED signals

C. Approximately every two minutes

D. When the current rescuer completes a full round

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6. Which CPR quality metrics are commonly tracked by RQI?

A. Rate, depth, chest recoil, compression fraction, pause time, and ETCO2.

B. Rate and depth only.

C. ETCO2 only.

D. Pause time and chest recoil only.

7. In pediatric CPR, how does the recommended depth compare to adult CPR?

A. Depth is about the same as adult CPR.

B. Depth is roughly one-third of the chest depth (about 2 inches for children, 1.5 inches for infants).

C. Depth is twice the adult depth.

D. Depth is shallower than adult but not defined.

8. Interruption to chest compressions should be limited to no more than how many seconds?

A. 5 seconds

B. 10 seconds

C. 20 seconds

D. 30 seconds

9. Which statement about BLS and ACLS is true?

A. Medications are core to BLS

B. BLS includes defibrillation

C. Medications are part of ACLS, not core BLS

D. BLS and ACLS protocols are identical

10. What does pause time refer to in CPR quality?

A. The time spent delivering chest compressions.

B. The time when chest compressions are paused.

C. The interval between defibrillation attempts.

D. The time for post-resuscitation care.

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Answers

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

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Explanations

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1. Why is bystander CPR important in the resuscitation chain?

A. It reduces the need for defibrillation.

B. It is optional.

C. It does not affect survival.

D. It buys time until professional help arrives and improves survival chances.

Bystander CPR matters because it keeps blood flowing to the brain and heart while professional help is on the way. When the heart stops, every second reduces the chance of a good outcome. Providing chest compressions creates a bridge of perfusion, preserving brain function and increasing the odds that the heart can be shocked back to a normal rhythm when defibrillation arrives. This immediate action also helps ensure that when EMS arrives, the patient is in a more favorable state for advanced care, improving overall survival chances and reducing potential brain injury. It's not optional, and it doesn't replace the need for defibrillation. Defibrillation can be essential for many cardiac arrests, and CPR sustains the patient until a shock can be delivered and advanced treatment provided.

2. Which outcome is most improved by targeted training based on CPR performance data?

A. Compression depth, rate, and no-flow times.

B. Body weight of responders.

C. Color of team uniforms.

D. Number of defibrillations performed.

Targeted training driven by CPR performance data most directly improves the quality of chest compressions—the depth, the rate, and the no-flow times. Data shows where compressions are too shallow, too fast or too slow, or where pauses interrupt CPR for too long. By focusing practice and feedback on these aspects, responders refine their technique, maintain a guideline-consistent cadence, and shorten interruptions, all of which boost blood flow during resuscitation and are closely linked to better outcomes. Other factors like body weight or uniform color don't influence CPR performance metrics, and while defibrillation is important, the data-driven training most effectively enhances the mechanical component of CPR that has the strongest impact on survival.

3. After an AED delivers a shock, what should rescuers do next?

A. Resume CPR, starting with chest compressions

B. Check for a pulse and breathing only

C. Stop to reassess the rhythm for several minutes

D. Move the victim to a different location

After a shock, the priority is to restore blood flow by starting chest compressions immediately. Defibrillation can reset the heart's rhythm, but perfusion doesn't resume automatically, so an immediate push on the chest keeps blood circulating to the brain and heart while the AED gets ready for the next rhythm check. Checking for a pulse or breathing or pausing to reassess for several minutes wastes valuable time and isn't reliable in this situation. Moving the victim to a different location isn't needed and can cause delays. After CPR has been started, the AED will periodically reanalyze the rhythm and guide the next steps, including another shock if indicated.

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4. What is the typical compression-to-ventilation cycle for a single rescuer adult CPR?

A. 30:2

B. 15:2

C. 60:2

D. 30:3

The cycle for a single rescuer performing adult CPR is 30 compressions followed by 2 rescue breaths. This pattern keeps blood flowing effectively while still providing enough oxygen to the lungs. Chest compressions deliver circulation, so you minimize interruptions; after a set of 30 compressions, you pause briefly to deliver two breaths (about one second each) and then resume compressions. This balance—maximizing perfusion with a brief, controlled ventilation step—is why 30:2 is used for a lone adult rescuer. Keep the pace around 100–120 compressions per minute and a depth of about 2 inches (5 cm) for adults, and resume compressions promptly after the breaths. Different scenarios, like two rescuers or pediatric cases, use different ratios, but for a single rescuer adult CPR, 30:2 is the standard.

5. When rotating rescuers, what is the recommended interval?

A. Every 60 seconds

B. Only when the AED signals

C. Approximately every two minutes

D. When the current rescuer completes a full round

The main idea is to keep chest compressions high quality by swapping rescuers before fatigue reduces depth and rate. Rotating about every two minutes is the recommended interval because it balances giving fresh rescuers enough time to perform effective compressions with minimizing pauses. The AED doesn't cue when to rotate, and waiting for a full round can permit fatigue to creep in, reducing compression quality. So, approximately every two minutes is the best rule of thumb.

6. Which CPR quality metrics are commonly tracked by RQI?

A. Rate, depth, chest recoil, compression fraction, pause time, and ETCO2.

B. Rate and depth only.

C. ETCO2 only.

D. Pause time and chest recoil only.

Real-time feedback in CPR quality improvement focuses on a set of metrics that directly influence how well blood is circulated during resuscitation. The metrics tracked include rate (how many compressions per minute) and depth (how deep each compression goes) to ensure effective external chest compressions. Chest recoil is crucial because complete return of the chest after each compression allows venous return and improves perfusion. Compression fraction measures the proportion of CPR time spent delivering compressions, with higher fractions linked to better outcomes. Pause time captures interruptions in chest compressions; minimizing pauses helps maintain coronary and brain perfusion. ETCO2 provides a physiologic signal of the effectiveness of circulating blood flow and ventilation during CPR; higher ETCO2 generally indicates better perfusion. Together, these metrics give a comprehensive picture of CPR quality, which is why they're commonly tracked by RQI. Other options leave out one or more essential components, making them incomplete.

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7. In pediatric CPR, how does the recommended depth compare to adult CPR?

A. Depth is about the same as adult CPR.

B. Depth is roughly one-third of the chest depth (about 2 inches for children, 1.5 inches for infants).

C. Depth is twice the adult depth.

D. Depth is shallower than adult but not defined.

In pediatric CPR, compressions are tuned to the size of the chest. The guideline is to push about one third of the chest depth, which translates to roughly 2 inches (5 cm) for a child and about 1.5 inches (4 cm) for an infant. This proportional approach helps generate enough blood flow without risking injury to the smaller, more fragile chests of children and infants. It's different from applying the adult depth as a fixed number, because the appropriate depth scales with chest size.

8. Interruption to chest compressions should be limited to no more than how many seconds?

A. 5 seconds

B. 10 seconds

C. 20 seconds

D. 30 seconds

During CPR, keeping the chest compressions continuous maintains blood flow and perfusion to the heart and brain. Any pause allows perfusion pressure to fall, which can lower the chances of return of spontaneous circulation and good neurologic outcome. The guideline standard is to limit any interruption to no more than 10 seconds, including rhythm checks and defibrillator analysis; this balance lets medical teams quickly assess and act while resuming compressions promptly. Pauses of 20 or 30 seconds are too long and would markedly decrease perfusion, while aiming for a very brief pause (around 10 seconds) is the practical, evidence-backed target.

9. Which statement about BLS and ACLS is true?

A. Medications are core to BLS

B. BLS includes defibrillation

C. Medications are part of ACLS, not core BLS

D. BLS and ACLS protocols are identical

Medications distinguish ACLS from BLS. In Basic Life Support, the focus is on high-quality chest compressions, prompt defibrillation with an AED, and basic airway management—interventions that do not involve drugs. Advanced Cardiovascular Life Support builds on that foundation by adding pharmacologic interventions, along with more advanced rhythm interpretation, IV/IO access, and airway management. This is why medications are considered part of ACLS rather than core BLS. The other statements don't fit as well: medications aren't a feature of basic BLS, BLS isn't defined by including all pharmacologic care, and ACLS protocols are not identical to BLS because ACLS adds drugs and more advanced procedures.

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10. What does pause time refer to in CPR quality?

A. The time spent delivering chest compressions.

B. The time when chest compressions are paused.

C. The interval between defibrillation attempts.

D. The time for post-resuscitation care.

Pause time is the interval when chest compressions are not being performed during CPR. It matters because stopping compressions even briefly reduces coronary and cerebral perfusion, which can worsen outcomes. The goal in quality CPR is to keep pauses as short as possible and to minimize the total time spent not pushing on the chest, often by coordinating rhythm checks, defibrillator charging, and ventilations so interruptions are brief. So the interval described by pause time is the period you're not delivering chest compressions. The time spent actively delivering compressions is the opposite, and the other options refer to different moments in the resuscitation sequence (such as rhythm analysis/defibrillation timing or post-resuscitation care), not the interruptions in chest compressions during CPR.

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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://ansonrqi.examzify.com

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

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