BASIC LIFE SUPPORT FOR CHILDREN AND INFANTS 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. How many back blows should you give to an infant who is choking?

A. 3 back blows

B. 5 back blows

C. 7 back blows

D. 10 back blows

2. What is the correct technique for giving rescue breaths to a child?

A. Pinch the nostrils, seal around the mouth, and give two breaths

B. Seal the nose and mouth completely, then breathe into the mouth

C. Blow into the nose while sealing the mouth

D. Give rapid breaths without sealing the mouth

3. Who should tell you to stop providing CPR?

A. Coordinator

B. Assistant

C. Leader

D. Observer

4. How can you tell if rescue breaths are effective?

A. The chest visibly rises with each breath

B. The child becomes more active

C. The child begins to cry

D. The skin color returns to normal

5. In a life-threatening situation, what is the primary reason for providing immediate care without consent?

A. To avoid legal issues later

B. Because consent is implied in emergencies

C. To ensure the family knows you are trained

D. To provide care faster

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6. During multiple provider CPR for infants, where does the compressor stand?

A. At the infant's side

B. At the infant's head

C. At the infant's feet

D. At the infant's back

7. What is the recommended timing for ventilations if an advanced airway is in place for a child during CPR?

A. Every minute

B. Every 2 to 3 seconds

C. Every 5 seconds

D. Every 10 seconds

8. When is a child defined for Basic Life Support care?

A. From birth to 1 year

B. From 1 to the onset of puberty

C. From 1 to 10 years

D. Post-puberty until adulthood

9. What is a key difference in CPR steps if drowning is suspected?

A. Start with high-quality compressions

B. Provide initial ventilations before compressions

C. Call for emergency services first

D. Perform compressions with one hand

10. During AED analysis, what must be done according to BLS guidelines?

A. You can continue compressions

B. Everyone must clear the area

C. At least one person can stay near the AED

D. You can provide rescue breaths

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Answers

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

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Explanations

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1. How many back blows should you give to an infant who is choking?

A. 3 back blows

B. 5 back blows

C. 7 back blows

D. 10 back blows

When an infant is choking, the recommended procedure involves administering back blows to help dislodge the object causing the obstruction. The guidelines suggest delivering a total of five back blows between the shoulder blades using the heel of your hand. This approach is effective in creating the necessary force to expel the object. The rationale behind providing five back blows is to ensure that you apply adequate force while also adhering to a systematic approach that allows for multiple attempts at dislodging the obstruction without overwhelming the infant. This sequence is part of the choking rescue protocol for infants, which also includes alternating the back blows with chest thrusts if the obstruction does not clear. Other answer options exceed the recommended number of back blows, which could lead to potential fatigue for the rescuer and may not effectively address the choking situation. Thus, five back blows are considered the optimal amount to maximize the chances of successfully relieving the choking incident in an infant.

2. What is the correct technique for giving rescue breaths to a child?

A. Pinch the nostrils, seal around the mouth, and give two breaths

B. Seal the nose and mouth completely, then breathe into the mouth

C. Blow into the nose while sealing the mouth

D. Give rapid breaths without sealing the mouth

The technique for giving rescue breaths to a child involves pinching the nostrils closed, sealing your lips around the child's mouth, and delivering two gentle breaths. This method is effective because pinching the nostrils prevents air from escaping through the nose, ensuring that the breath you deliver goes directly into the lungs. Sealing the mouth creates a proper barrier, allowing for effective ventilation. The breaths should be given slowly and should be just enough to make the chest rise, which indicates that air is entering the lungs. This prevents the delivery of excessive air, reducing the risk of causing harm or discomfort to the child. In addition, delivering a high volume of air too rapidly could lead to complications such as gastric inflation. Other techniques mentioned would not allow for efficient delivery of breath. For instance, completely sealing the nose and mouth would not allow for adequate release of air, and blowing into the nose while sealing the mouth does not provide a direct pathway for air to enter the lungs, making it ineffective. Rapid breaths without sealing the mouth would result in significant air loss and would not be effective in providing necessary oxygen to the child.

3. Who should tell you to stop providing CPR?

A. Coordinator

B. Assistant

C. Leader

D. Observer

The leader in a CPR scenario is responsible for making critical decisions, including when to stop providing CPR. This individual is typically the one who assesses the situation, monitors the patient's response, and coordinates the efforts of the team. The leader will evaluate whether the victim shows signs of recovery or if emergency personnel have arrived and are taking over care. It's important to understand that other roles, such as an assistant or an observer, may provide support or report observations but do not have the final say on whether to discontinue CPR. The coordinator may organize the team but does not typically have the authority to direct medical interventions. Thus, the leader is the most appropriate person to make the call about halting resuscitation efforts.

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4. How can you tell if rescue breaths are effective?

A. The chest visibly rises with each breath

B. The child becomes more active

C. The child begins to cry

D. The skin color returns to normal

The effectiveness of rescue breaths can be observed through the visible rise of the chest with each breath. This indicates that air is being delivered into the lungs, allowing for oxygenation. When chest rise is evident, it shows that the breaths are creating enough pressure to inflate the lungs adequately, which is essential for reviving someone who is not breathing effectively. Other indicators may suggest improvement, such as increased activity or a child's return to a more normal skin color, but these are not as immediate or direct as the visible rise of the chest. While a child beginning to cry can suggest recovery, it may not necessarily be a reliable sign of effective rescue breaths at that moment. The primary and most direct assessment of effective ventilation during CPR is always the observable chest movement.

5. In a life-threatening situation, what is the primary reason for providing immediate care without consent?

A. To avoid legal issues later

B. Because consent is implied in emergencies

C. To ensure the family knows you are trained

D. To provide care faster

In life-threatening situations, the primary reason for providing immediate care without consent is because consent is implied in emergencies. This means that in cases where a person is unconscious, severely injured, or unable to communicate, it is understood that the individual would want assistance or treatment to preserve their life or prevent further harm. The legal and ethical principle of implied consent acknowledges that the urgency of the situation overrides the need for explicit consent. This concept is especially critical in emergency medical situations where every second counts. Immediate intervention can significantly increase the chances of survival and recovery, and it is based on the assumption that a reasonable person would consent to necessary medical treatment in an emergency when they are unable to make that decision themselves.

6. During multiple provider CPR for infants, where does the compressor stand?

A. At the infant's side

B. At the infant's head

C. At the infant's feet

D. At the infant's back

In multiple provider CPR for infants, the compressor stands at the infant's side. This positioning allows the person performing chest compressions to maintain an effective technique while keeping the head clear for someone else to provide rescue breaths. When rescuers work together, standing at the side of the infant facilitates better coordination and communication between providers, allowing them to efficiently switch roles if necessary. The placement at the side also helps ensure that compressions can be delivered effectively without obstructing the airway during ventilations, which is essential given the delicate nature of an infant's anatomy. In the event of a life-threatening situation, it is crucial for all providers to ensure that they can provide assistance without interfering with one another's actions.

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7. What is the recommended timing for ventilations if an advanced airway is in place for a child during CPR?

A. Every minute

B. Every 2 to 3 seconds

C. Every 5 seconds

D. Every 10 seconds

When performing CPR on a child with an advanced airway like an endotracheal tube in place, the recommended timing for delivering ventilations is to administer one breath every 2 to 3 seconds. This rhythm allows for adequate oxygenation without interrupting chest compressions excessively. Delivering breaths at this rate ensures that the child receives sufficient air to improve oxygen levels while maintaining the circulation provided by continuous chest compressions. This strategy helps to maximize the effectiveness of CPR and is grounded in the need to balance compressions with ventilations to optimize overall outcomes. The other timing options of every minute, every 5 seconds, or every 10 seconds do not provide an appropriate frequency of ventilations during CPR. Breaths given too infrequently can lead to inadequate oxygenation, while breaths offered too rapidly can disrupt the critical chest compressions that are essential for circulation during the resuscitation effort.

8. When is a child defined for Basic Life Support care?

A. From birth to 1 year

B. From 1 to the onset of puberty

C. From 1 to 10 years

D. Post-puberty until adulthood

The definition of a child in the context of Basic Life Support (BLS) is considered to extend from the age of 1 year until the onset of puberty. This classification is based on developmental stages and physiological differences between infants and older children. BLS guidelines differentiate between infants (under 1 year) and children (1 year to puberty) to ensure that the techniques used are appropriate for their size, anatomy, and physiological responses. This range focuses on the critical developmental changes that occur around puberty, including an increase in size and changes in physiological responses to cardiac arrest and other emergencies. Recognizing that children require different techniques and considerations compared to infants or adults is vital in the context of providing effective life support. It ensures that rescuers provide age-appropriate interventions that can significantly impact the outcomes for the child in an emergency situation.

9. What is a key difference in CPR steps if drowning is suspected?

A. Start with high-quality compressions

B. Provide initial ventilations before compressions

C. Call for emergency services first

D. Perform compressions with one hand

When drowning is suspected, the key distinction in CPR steps is the provision of initial ventilations before compressions. This approach is crucial because, in drowning cases, the primary problem is often related to breathing. Victims are likely to have water in their lungs, and restoring adequate oxygenation is a priority. Therefore, giving two rescue breaths before initiating chest compressions can help reintroduce oxygen to the bloodstream and vital organs, which is especially important when addressing hypoxia. This differs from standard CPR protocols, where high-quality compressions typically begin immediately. In drowning situations, the physiological state of the victim necessitates a focus on ventilations to alleviate the effects of water intake and restore normal breathing. In terms of the other choices, starting with compressions, calling for help first, or using one hand for compressions might not adequately address the underlying issues present in drowning cases.

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10. During AED analysis, what must be done according to BLS guidelines?

A. You can continue compressions

B. Everyone must clear the area

C. At least one person can stay near the AED

D. You can provide rescue breaths

During AED analysis, it is essential to ensure that everyone is clear of the area where the AED is being used. This is critical because the AED will analyze the heart rhythm to determine if a shock is needed. If people are touching the patient or are in close proximity, it could interfere with the analysis, and there's also a risk of causing harm if a shock is delivered while someone is in contact with the person receiving care. Clearing the area not only enhances the accuracy of the AED's function but also promotes safety for both the patient and bystanders. By having everyone step back, it allows for a focused environment where the AED can operate effectively, and medical responders can provide the necessary care without hazards. This emphasis on safety and accuracy aligns with the BLS guidelines to ensure the best possible outcome for the patient in a cardiac emergency.

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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:

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

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