BSO PROTOCOLS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://bsoprotocol.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. For an adult open fracture, which dressing is part of initial management?

A. Moist sterile dressing

B. Dry dressing

C. Wet to dry gauze

D. No dressing

2. In pediatric hypoglycemia, what is the maximum dose of D10 that may be administered IV/IO?

A. Oral Glucose: 15 g (> 2 y/o)

B. D10: 5 ml/kg IV/IO (Max 100 ml)

C. Glucagon: 0.5 mg IM (<20 kg) 1 mg IM (>20 kg)

D. Zofran: 0.1 mg/kg IV/IO/PO

3. In pediatric allergic reaction (anaphylactic shock), which Solu-Medrol dose is used?

A. Epinephrine 0.01 mg/kg IM (0.5 ml) IMMEDIATELY

B. Push-Dose Epinephrine (1:100,000): 1 ml every 30 seconds (IO Preferred)

C. Albuterol 2.5 mg Nebulized

D. Solu-Medrol 2 mg/kg IV/IO/IM (1 dose)

4. In the Post ROSC adult checklist, what parameter is targeted at approximately 100 mmHg?

A. Rate (heart rate)

B. Rhythm

C. Blood Pressure around 100 mmHg

D. 12-Lead ECG

5. For penetrating junctional trauma, which hemostatic option is listed?

A. Apply pressure bandage

B. Tourniquet use

C. Suture kit

D. Clotting agent or XSTAT

SAMPLE

6. In the management of evisceration, what is the recommended dressing approach for protruding tissue?

A. Replace or move the tissue with gloved hands

B. Apply a dry sterile dressing directly over tissue

C. Cover protruding tissue with a moist sterile dressing and then a dry sterile dressing

D. Pack tissue with gauze and refrigerate

7. Which non-pharmacologic intervention is included in the postpartum hemorrhage protocol?

A. Intravenous Fluids

B. Uterine Massage

C. Epidural Anesthesia

D. Manual Bladder Expression

8. In Adult Unstable VT, what energy levels are used for synchronized cardioversion?

A. 200 J, then 150 J

B. 100 J

C. 300 J

D. 150 J, then 200 J

9. During pediatric advanced airway Induction for Airway Control, which induction agent is used for rapid onset?

A. Etomidate 0.3 mg/kg IV/IO RAPID (1 Dose)

B. Ketamine 1 mg/kg IV/IO RAPID

C. Propofol 1 mg/kg IV/IO RAPID

D. Succinylcholine 1 mg/kg IV

10. In open pneumothorax, what is the recommended first-line dressing?

A. Monitor for signs of tension pneumothorax

B. Administer oxygen and ongoing assessment

C. Apply vented chest seal/occlusive dressing

D. Refer for imaging before action

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. For an adult open fracture, which dressing is part of initial management?

A. Moist sterile dressing

B. Dry dressing

C. Wet to dry gauze

D. No dressing

The main idea here is protecting and preparing an open fracture wound for definitive treatment by creating a moist, sterile barrier. Using a sterile moist dressing over the wound helps prevent drying of tissue, reduces the chance of contaminant entry, and makes transport and later surgical debridement safer by preserving tissue viability and minimizing infection risk. A dry dressing lacks moisture and can allow the wound surface to desiccate, which can impede healing and increase contamination risk. A wet-to-dry gauze approach, while historically used for debridement, can stick to viable tissue, cause pain, and remove healthy tissue during changes, which is not desirable in an open fracture. Leaving the wound uncovered (no dressing) also exposes it to the environment, increasing the risk of infection. So, applying a moist sterile dressing is the appropriate initial step to protect the wound while awaiting definitive care.

2. In pediatric hypoglycemia, what is the maximum dose of D10 that may be administered IV/IO?

A. Oral Glucose: 15 g (> 2 y/o)

B. D10: 5 ml/kg IV/IO (Max 100 ml)

C. Glucagon: 0.5 mg IM (<20 kg) 1 mg IM (>20 kg)

D. Zofran: 0.1 mg/kg IV/IO/PO

In pediatric hypoglycemia, the standard IV/IO dextrose bolus is 5 mL/kg of D10, with a maximum total of 100 mL. This provides about 0.5 g/kg of dextrose, delivering rapid correction while avoiding excessive fluid or glucose load. For example, a 20 kg child would receive 100 mL of D10. If IV access isn't available, other routes or agents come into play, but the D10 dosing remains a 5 mL/kg bolus capped at 100 mL.

3. In pediatric allergic reaction (anaphylactic shock), which Solu-Medrol dose is used?

A. Epinephrine 0.01 mg/kg IM (0.5 ml) IMMEDIATELY

B. Push-Dose Epinephrine (1:100,000): 1 ml every 30 seconds (IO Preferred)

C. Albuterol 2.5 mg Nebulized

D. Solu-Medrol 2 mg/kg IV/IO/IM (1 dose)

In pediatric anaphylaxis, steroids are used as adjunctive therapy to reduce ongoing inflammation and help prevent late or biphasic reactions, but they don't treat the immediate emergency—that role belongs to epinephrine, which must be given first. The dissolvable methylprednisolone formulation (Solu-Medrol) is dosed at 2 mg/kg, given IV, IO, or IM as a single dose, with a maximum around 60 mg. This dose provides systemic anti-inflammatory effects quickly after the urgent stabilization steps have begun. The other options address immediate needs—epinephrine for rapid cardiovascular improvement or airway/bronchospasm management with albuterol—but the steroid dose specifically used in this context is the 2 mg/kg single-dose regimen.

SAMPLE

4. In the Post ROSC adult checklist, what parameter is targeted at approximately 100 mmHg?

A. Rate (heart rate)

B. Rhythm

C. Blood Pressure around 100 mmHg

D. 12-Lead ECG

After resuscitation, preserving adequate organ perfusion is essential. The parameter targeted near 100 mmHg refers to the systolic blood pressure. Keeping SBP around 100 mmHg helps ensure sufficient cerebral and coronary perfusion, reducing the risk of secondary brain injury while avoiding the dangers of hypotension or excessive hypertension. Rate and rhythm are monitored to detect instability, but they don't have a fixed numeric target like 100 mmHg. A 12-lead ECG is used to assess cardiac rhythm and ischemia, not to set a blood pressure target. Therefore, the focus on Blood Pressure around 100 mmHg is the correct choice.

5. For penetrating junctional trauma, which hemostatic option is listed?

A. Apply pressure bandage

B. Tourniquet use

C. Suture kit

D. Clotting agent or XSTAT

In penetrating junctional trauma, controlling bleeding quickly is crucial, but these wounds are at sites where a tourniquet can't be placed and direct pressure is often insufficient. Hemostatic agents or devices designed for junctional and non-compressible areas are used to promote rapid clot formation and fill the wound to achieve hemostasis. Clotting agents or products like XSTAT work by actively promoting clotting right at the injury and, in the case of XSTAT, expanding into the wound to apply internal pressure and seal bleeding. This makes them particularly effective for junctional regions such as the groin or axilla where other methods struggle to control hemorrhage. Direct pressure bandages can help with some bleeding, but they may not stop heavy junctional bleeding on their own. Tourniquets are not practical or effective at junctional sites and can cause tissue damage if misapplied. A suture kit requires a sterile environment and more time than is typically available in the field, so it's not a first-line solution for rapid hemorrhage control in these injuries. Therefore, the most appropriate choice for penetrating junctional trauma is using a clotting agent or XSTAT to rapidly achieve hemostasis.

6. In the management of evisceration, what is the recommended dressing approach for protruding tissue?

A. Replace or move the tissue with gloved hands

B. Apply a dry sterile dressing directly over tissue

C. Cover protruding tissue with a moist sterile dressing and then a dry sterile dressing

D. Pack tissue with gauze and refrigerate

The main idea is to protect exposed tissue by keeping it moist and sterile while preventing contamination, rather than manipulating it or drying it out. In an evisceration, tissue should be covered with a sterile dressing that's moistened with normal saline to prevent desiccation, then a dry sterile dressing placed on top to act as a barrier and absorb moisture. This two-layer approach preserves tissue viability and reduces infection risk until surgical care can be provided. Pushing or replacing the tissue with gloved hands can cause injury and contamination; applying a dry dressing directly over exposed tissue can dry it out; refrigerating or packing then refrigerating isn't appropriate and can worsen damage. Keep the patient warm and seek urgent medical attention.

SAMPLE

7. Which non-pharmacologic intervention is included in the postpartum hemorrhage protocol?

A. Intravenous Fluids

B. Uterine Massage

C. Epidural Anesthesia

D. Manual Bladder Expression

Fundal massage is the non-pharmacologic measure included in the postpartum hemorrhage protocol. By gently massaging the uterus, you stimulate contractions and help it firm up, which compresses bleeding vessels and reduces blood loss. This immediate, bedside action can be done while arranging pharmacologic treatments like uterotonics. Other options don't address the bleeding in the same way: epidural anesthesia is for pain control, not hemorrhage management; manual bladder expression isn't a standard step for stopping postpartum bleeding; intravenous fluids help support circulation but don't directly stop the uterine bleed.

8. In Adult Unstable VT, what energy levels are used for synchronized cardioversion?

A. 200 J, then 150 J

B. 100 J

C. 300 J

D. 150 J, then 200 J

When an adult is unstable with ventricular tachycardia that has a pulse, the goal is to terminate the tachycardia quickly with a synchronized shock that's strong enough to convert but as gentle as possible to the heart. Synchronized cardioversion means the shock is timed with the R wave so you don't hit during the vulnerable moment that could trigger ventricular fibrillation. The best sequence is to deliver a first synchronized shock at 150 joules, and if conversion doesn't occur, deliver a second shock at 200 joules. This escalating approach uses moderate energies that are typically effective with modern biphasic defibrillators and minimizes myocardial injury, while still being strong enough to interrupt the VT when synchronized. Starting at 100 joules or jumping straight to much higher energies isn't aligned with this common protocol for unstable VT with a pulse. A single 150 joule shock followed by 200 joules if needed provides a practical, effective progression.

SAMPLE

9. During pediatric advanced airway Induction for Airway Control, which induction agent is used for rapid onset?

A. Etomidate 0.3 mg/kg IV/IO RAPID (1 Dose)

B. Ketamine 1 mg/kg IV/IO RAPID

C. Propofol 1 mg/kg IV/IO RAPID

D. Succinylcholine 1 mg/kg IV

The main idea is choosing an induction agent that renders the patient unconscious quickly while keeping the heart and lungs stable enough for a safe airway procedure. Etomidate at 0.3 mg/kg given IV or IO acts very fast, typically producing loss of consciousness within seconds, and it does so with minimal impact on heart rate and blood pressure. It also tends to preserve spontaneous breathing, which can be advantageous during airway control in kids because it reduces the risk if the airway is difficult and ventilation becomes challenging. That combination—rapid onset plus stable hemodynamics and relatively gentle respiratory effects—makes it the preferred option for rapid induction in pediatric airway management. Propofol, while fast-acting, is more likely to cause significant drops in blood pressure and stronger respiratory depression, which can complicate securing the airway. Ketamine does provide rapid onset and preserves airway reflexes, but it raises heart rate and blood pressure and can increase secretions, which may complicate airway management in some children. Succinylcholine is a quick-acting muscle relaxant used to facilitate intubation, but it does not by itself provide anesthesia, so it's not an induction agent.

10. In open pneumothorax, what is the recommended first-line dressing?

A. Monitor for signs of tension pneumothorax

B. Administer oxygen and ongoing assessment

C. Apply vented chest seal/occlusive dressing

D. Refer for imaging before action

Open pneumothorax involves a chest-wall defect that can pull air into the pleural space during inspiration. The first thing to do is seal that wound with an occlusive dressing that is vented if possible. A vented chest seal lets air escape during exhalation, which prevents air from building up in the chest and reduces the risk of progressing to a tension pneumothorax while still protecting the wound from entry of air. Providing oxygen and ongoing assessment are important, but they don't address the immediate problem of air entering the chest. Delaying to imaging isn't feasible in the urgent field setting, and waiting without sealing the wound risks worsening collapse of lung function. Therefore, applying a vented chest seal or occlusive dressing is the best first step.

SAMPLE

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://bsoprotocol.examzify.com

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

SAMPLE