JONES & BARTLETT LEARNING (JBL) MODULE 2 PRACTICE EXAM (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. During the scene size-up, which action would not be performed?

A. Noting the position of a crashed motor vehicle

B. Notifying the dispatcher to send fire personnel

C. Rapidly assessing a patient's respiratory status

D. Asking a neighbor to secure the patient's dog

2. Proper technique for suctioning the oropharynx of an adult patient includes:

A. Continuously suctioning patients with copious oral secretions.

B. Removing large, solid objects with a tonsil-tip suction catheter.

C. Suctioning for up to 1 minute if the patient is well oxygenated.

D. Suctioning while withdrawing the catheter from the oropharynx.

3. Intrapulmonary shunting results in blood bypassing nonfunctional alveoli and returning to the left side of the heart in an unoxygenated state. This describes:

A. Intrapulmonary shunting.

B. Ventilation-perfusion matching.

C. Alveolar diffusion.

D. Hypoxic pulmonary vasoconstriction.

4. While choking on dinner, a person has a weak cough, faint inspiratory stridor, and cyanosis around the lips. What should you do first?

A. Place him in a supine position and open his airway.

B. Encourage him to cough as forcefully as he can.

C. Stand behind him and administer abdominal thrusts.

D. Deliver up to five back blows and reassess him.

5. Reassessment is performed to determine all of the following, EXCEPT:

A. the patient's response to your treatment.

B. the nature of any newly identified problems.

C. whether or not the patient is deteriorating.

D. the reason why the patient called EMS.

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6. Which term describes irregular respirations with gasping that may precede death?

A. Cheyne-Stokes

B. Agonal respirations

C. Kussmaul respirations

D. Biot respirations

7. What is the typical range for the duration of a rapid exam after the primary assessment?

A. 30-60 seconds

B. 60-90 seconds

C. 90-120 seconds

D. 120-180 seconds

8. Without adequate oxygen, the body's cells:

A. Cease metabolism altogether, resulting in carbon dioxide accumulation in the blood.

B. Begin to metabolize fat, resulting in the production and accumulation of ketoacids.

C. Incompletely convert glucose into energy, and lactic acid accumulates in the blood.

D. Rely solely on glucose, which is completely converted into adenosine triphosphate.

9. A nasopharyngeal airway is inserted: which statement is correct in terms of orientation for the right nare?

A. Bevel pointing downward if inserted into the left nare.

B. Into the smaller nostril with the tip following the roof of the nose.

C. Into the larger nostril with the tip pointing away from the septum.

D. Bevel facing the septum if inserted into the right nare.

10. Irregular respirations characterized by an increasing rate and depth of breathing followed by periods of apnea are called:

A. ataxic respirations

B. eupneic respirations

C. agonal respirations

D. Cheyne-Stokes respirations

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Answers

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

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Explanations

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1. During the scene size-up, which action would not be performed?

A. Noting the position of a crashed motor vehicle

B. Notifying the dispatcher to send fire personnel

C. Rapidly assessing a patient's respiratory status

D. Asking a neighbor to secure the patient's dog

Scene size-up focuses on safety and the overall situation before approaching a patient. It involves noting hazards like the position of a crashed vehicle to gauge stability, summoning additional help to ensure adequate resources, and taking steps to keep bystanders and pets out of danger, such as asking a neighbor to secure the patient's dog. Rapidly assessing a patient's respiratory status, by contrast, is part of the primary assessment conducted after you enter the scene. It's a clinical check of the airway and breathing, not a scene-wide safety evaluation. So that rapid respiratory assessment would not be performed during the scene size-up.

2. Proper technique for suctioning the oropharynx of an adult patient includes:

A. Continuously suctioning patients with copious oral secretions.

B. Removing large, solid objects with a tonsil-tip suction catheter.

C. Suctioning for up to 1 minute if the patient is well oxygenated.

D. Suctioning while withdrawing the catheter from the oropharynx.

Proper suction technique focuses on removing secretions safely while protecting the airway and keeping oxygenation intact. The best method is to insert the suction catheter into the mouth to reach the oropharynx, then apply suction while withdrawing the catheter from the oropharynx, using a gentle rotation to sweep secretions away as you pull back. This approach minimizes stimulation and avoids pushing secretions deeper into the airway, and it allows you to remove material efficiently as you withdraw. Keep each suction pass short—about 10 seconds or less—and pause to re-oxygenate between attempts. Continuously suctioning when secretions are heavy can lead to hypoxia and mucosal injury, so intermittent suctioning is preferred. Using a tonsil-tip suction catheter to grab large solid objects isn't appropriate—foreign bodies require different tools and techniques. Suctioning for as long as a full minute, even if the patient seems well-oxygenated, is too long and increases the risk of hypoxia; brief passes with rest periods are safer.

3. Intrapulmonary shunting results in blood bypassing nonfunctional alveoli and returning to the left side of the heart in an unoxygenated state. This describes:

A. Intrapulmonary shunting.

B. Ventilation-perfusion matching.

C. Alveolar diffusion.

D. Hypoxic pulmonary vasoconstriction.

The main idea is intrapulmonary shunting—the blood passes through portions of the lung that are not participating in gas exchange because the alveoli are nonfunctional or not ventilated. When blood bypasses these alveoli, it returns to the left heart still unoxygenated, creating a venous shunt. This is why the blood leaving the lungs is not oxygenated, and it helps explain why oxygen therapy often has limited effect in shunt states. This differs from ventilation-perfusion matching, where some alveoli are underventilated compared with their perfusion but there is still some gas exchange occurring. It's also distinct from alveolar diffusion limitations, where the barrier to gas movement is the alveolar-capillary membrane rather than a complete lack of ventilation in certain units. Hypoxic pulmonary vasoconstriction is the protective mechanism that reduces blood flow to poorly ventilated areas to improve overall gas exchange, not the process of blood bypassing alveoli.

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4. While choking on dinner, a person has a weak cough, faint inspiratory stridor, and cyanosis around the lips. What should you do first?

A. Place him in a supine position and open his airway.

B. Encourage him to cough as forcefully as he can.

C. Stand behind him and administer abdominal thrusts.

D. Deliver up to five back blows and reassess him.

This situation tests the need to relieve a severe airway obstruction in an alert adult using abdominal thrusts (the Heimlich maneuver). When someone has a weak cough, inspiratory stridor, and blue lips, air isn't getting through, so you must act quickly to dislodge the object. Abdominal thrusts from behind sharply increase airway pressure, which can pop the blockage out and restore airflow. To do this, stand behind the person, wrap your arms around their waist, place a fist just above the navel with the other hand over it, and deliver quick upward thrusts. Placing the person on their back to open the airway wouldn't remove the blockage and could delay relief. Encouraging them to cough isn't enough once ventilation is compromised and cyanosis is present. While back blows can be used in some protocols, abdominal thrusts directly target the obstruction and are the most effective immediate action for an adult with a severe choking incident. If the person becomes unresponsive, call for help and start CPR, checking the mouth for and removing any visible object if possible.

5. Reassessment is performed to determine all of the following, EXCEPT:

A. the patient's response to your treatment.

B. the nature of any newly identified problems.

C. whether or not the patient is deteriorating.

D. the reason why the patient called EMS.

Reassessment is about checking how the patient is doing after you've begun treatment and seeing how they're responding. It focuses on current status and trends: is the patient's condition improving, staying the same, or getting worse? Are there any new problems, and does the patient still need the same level of care or a change in treatment or transport decisions? This helps you adjust care in real time and prevents deterioration. The reason the patient called EMS is established during the initial scene assessment and history taking. It's background information that informs your plan, but reassessment concentrates on the patient's present condition and response to treatment, not on reaffirming why EMS was contacted. For example, after giving oxygen and relieving chest tightness, reassessment would look at vital signs, level of consciousness, work of breathing, and pain relief to determine if the patient is improving or needs further intervention.

6. Which term describes irregular respirations with gasping that may precede death?

A. Cheyne-Stokes

B. Agonal respirations

C. Kussmaul respirations

D. Biot respirations

Recognizing agonal respirations: these are irregular, gasping breaths that often occur as life ends. They can be sporadic and labored, sometimes sounding like brief, shallow gasps, and may be followed by periods of no breathing. This pattern signals severe physiologic distress near death, such as during cardiac arrest. It differs from Cheyne-Stokes, which shows a regular cycle of waxing and waning breathing with pauses; Kussmaul breathing is a steady, deep, rapid pattern typical of metabolic acidosis; Biot respirations are irregular in depth with unpredictable periods of apnea. The essential idea is that agonal respirations are the gasping, irregular breaths indicating imminent decline rather than a normal or restorative breathing pattern.

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7. What is the typical range for the duration of a rapid exam after the primary assessment?

A. 30-60 seconds

B. 60-90 seconds

C. 90-120 seconds

D. 120-180 seconds

The rapid exam after the primary assessment is meant to be a quick, systematic sweep to find obvious injuries that could require immediate action. It's designed to be short enough to prevent delaying transport or urgent interventions, yet long enough to check the major body regions (head, neck, chest, abdomen, pelvis, limbs, and back) for signs of trauma. The typical duration is about 60 to 90 seconds, which balances speed with thoroughness. If something life-threatening is found during this quick check, it's addressed right away, then transport or additional care proceeds. Durations much shorter than this may miss visible injuries, while longer windows risk delaying definitive care, so the 60–90 second range is the standard.

8. Without adequate oxygen, the body's cells:

A. Cease metabolism altogether, resulting in carbon dioxide accumulation in the blood.

B. Begin to metabolize fat, resulting in the production and accumulation of ketoacids.

C. Incompletely convert glucose into energy, and lactic acid accumulates in the blood.

D. Rely solely on glucose, which is completely converted into adenosine triphosphate.

When oxygen is limited, cells can't run the full aerobic respiration that makes most ATP. Instead, they keep glycolysis going in the cytoplasm, which breaks glucose down to pyruvate and yields only a small amount of ATP. To keep glycolysis going without oxygen, pyruvate is converted to lactate, regenerating NAD+ so glycolysis can continue. This causes lactic acid to accumulate in the blood, signaling anaerobic metabolism. That's why this option is best: it describes incomplete glucose breakdown with lactic acid buildup, which is the hallmark of cells operating under low-oxygen conditions. The other possibilities aren't consistent with how cells meet energy needs without oxygen—metabolism doesn't stop, fat is not the primary fuel turned into ketoacids in this scenario, and glucose isn't perfectly converted into ATP just by using oxygen-starved pathways.

9. A nasopharyngeal airway is inserted: which statement is correct in terms of orientation for the right nare?

A. Bevel pointing downward if inserted into the left nare.

B. Into the smaller nostril with the tip following the roof of the nose.

C. Into the larger nostril with the tip pointing away from the septum.

D. Bevel facing the septum if inserted into the right nare.

Orientation matters for a nasopharyngeal airway because you want it to glide smoothly along the nasal floor with minimal trauma to the delicate nasal passages. When inserting into the right nostril, the bevel of the airway should face the nasal septum (medially). This alignment guides the tube toward the midline and along the floor, helping it pass past the inferior turbinate and reach the pharynx without catching on the lateral wall or causing mucosal injury. The other statements describe directions that would increase resistance or risk of trauma—for example, directing the bevel away from the septum, aiming the tip toward the roof, or choosing the larger nostril for reasons other than proper alignment.

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10. Irregular respirations characterized by an increasing rate and depth of breathing followed by periods of apnea are called:

A. ataxic respirations

B. eupneic respirations

C. agonal respirations

D. Cheyne-Stokes respirations

Cheyne-Stokes respirations show a distinctive cyclical pattern where the breaths gradually become deeper and faster (crescendo), then slow and shallow, followed by a temporary pause in breathing (apnea) before the cycle repeats. This waxing and waning of breathing depth and rate, with clear periods of apnea, is what sets it apart from normal breathing and other abnormal patterns. It often appears in people with serious neurologic or cardiac conditions, such as advanced heart failure or brain injury, and it can signal that the patient's condition is worsening. In contrast, ataxic respirations are irregular and unpredictable, eupneic respirations are normal, and agonal respirations are gasping, labored, and near death without the orderly crescendo–decrescendo pattern.

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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://jblmodule2.examzify.com

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

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