

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>



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.

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!

Questions

SAMPLE

- 1. If you cannot perform full CPR, after calling 911 and getting equipment, how should you proceed?**
 - A. Stop and wait for EMS
 - B. Provide only rescue breaths
 - C. Do nothing
 - D. Continue chest compressions at 100-120 per minute
- 2. Which technique is recommended when giving chest compressions to infants?**
 - A. Two fingers technique
 - B. Encircling thumbs technique
 - C. One-hand technique
 - D. Heel of palm technique
- 3. Which option correctly describes the depth and rate for chest compressions in a child?**
 - A. 1.5 inches depth; 100-120
 - B. 2 inches depth; 140-180
 - C. 2 inches depth; 100-120
 - D. 1 inch depth; 100-120
- 4. What is the correct immediate action if you suspect poisoning exposure?**
 - A. Inducing vomiting immediately.
 - B. Move away from exposure, call Poison Control or EMS, and do not induce vomiting unless advised.
 - C. Ignore it and monitor later.
 - D. Treat with home remedies.
- 5. About how many seconds should you check for responsiveness, breathing, life-threatening bleeding and other life-threatening conditions?**
 - A. 2-3 seconds
 - B. 5-10 seconds
 - C. 15-20 seconds
 - D. 30 seconds

- 6. What is the correct depth and rate to use when giving chest compressions to an infant?**
- A. Compress the chest to a depth of about 2 inches and rate 100-120 per minute.
 - B. Compress the chest to a depth of about 1.5 inches and rate 100-120.
 - C. Compress the chest to a depth of about 1 inch and rate 140-180.
 - D. Compress the chest to a depth of about 2 inches and rate 140-180.
- 7. AED use in pediatric emergencies is appropriate for which group?**
- A. Only adults
 - B. Any child or adult with proper device configuration and prompts
 - C. Only infants
 - D. Never on children
- 8. How long should you check for normal breathing during the primary survey?**
- A. No longer than 10 seconds
 - B. 20 seconds
 - C. 30 seconds
 - D. 60 seconds
- 9. If a responsive choking person is too large for you to reach around to give abdominal thrusts, which technique should you use to give care?**
- A. Abdominal thrusts
 - B. Chest thrusts
 - C. Back blows
 - D. Call for help
- 10. For a conscious choking adult, what is the recommended initial action if trained?**
- A. Perform abdominal thrusts
 - B. Deliver rescue breaths first
 - C. Check for a pulse
 - D. Call EMS and wait for consent

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. If you cannot perform full CPR, after calling 911 and getting equipment, how should you proceed?

- A. Stop and wait for EMS
- B. Provide only rescue breaths
- C. Do nothing

D. Continue chest compressions at 100-120 per minute

When you can't perform full CPR, the priority is to keep blood circulating by delivering continuous chest compressions. High-quality compressions at a rate of about 100–120 per minute ensure that oxygenated blood keeps moving to the heart, brain, and other vital organs while you arrange ventilation or wait for advanced help and equipment. After you've called for help and obtained a device, start or keep going with chest compressions immediately. Focus on depth and recoil—compress the chest firmly (about 2 inches or 5 cm in adults), allow complete chest recoil between compressions, and minimize interruptions. If another trained rescuer becomes available, switch every two minutes to prevent fatigue. Apply an AED as soon as it's ready and follow its prompts. It's better to continue compressions than to pause for delays or to give breaths if you're unable to provide proper ventilation right away. Stopping completely or doing nothing would deprive vital organs of perfusion and markedly reduce survival chances. Providing only rescue breaths without compressions also won't sustain circulation well enough to support life during a cardiac arrest.

2. Which technique is recommended when giving chest compressions to infants?

- A. Two fingers technique
- B. Encircling thumbs technique**
- C. One-hand technique
- D. Heel of palm technique

When giving chest compressions to an infant with two rescuers, the encircling thumbs technique is preferred. In this approach, both hands wrap around the infant's chest with the thumbs positioned on the sternum and the fingers encircling the back to support it. This arrangement allows you to deliver effective, depth-controlled compressions (about 1.5 inches or 4 cm) at a steady rate of 100–120 per minute, while keeping wrists straight and reducing fatigue. It also frees the other rescuer to deliver breaths without losing rhythm. Two fingers are commonly used by a single rescuer and can lead to shallower compressions as fatigue sets in. The one-hand technique isn't standard for infants because the chest is small, making it harder to maintain proper depth and control. The heel of the palm technique isn't appropriate for infants due to the risk of injury and the difficulty in achieving the correct depth on such a small chest.

3. Which option correctly describes the depth and rate for chest compressions in a child?

- A. 1.5 inches depth; 100-120
- B. 2 inches depth; 140-180
- C. 2 inches depth; 100-120**
- D. 1 inch depth; 100-120

In pediatric CPR, aim for compressions about 2 inches (roughly 5 cm) deep, which is about one third of the child's chest, and a rate of 100–120 compressions per minute. This depth and pace maximize blood flow and allow the chest to recoil fully between compressions, sustaining perfusion to vital organs. Compressing only 1 inch or 1.5 inches is too shallow to generate adequate circulation, while a rate of 140–180 per minute is faster than recommended and can reduce the effectiveness of each compression. The combination of 2 inches in depth and 100–120 per minute best matches guidelines.

4. What is the correct immediate action if you suspect poisoning exposure?

- A. Inducing vomiting immediately.
- B. Move away from exposure, call Poison Control or EMS, and do not induce vomiting unless advised.**
- C. Ignore it and monitor later.
- D. Treat with home remedies.

When poisoning is suspected, the first priority is to limit further exposure and get professional guidance. Move away from the source to fresh air, and if safe to do so, remove contaminated clothing and rinse exposed skin or eyes with running water. Then call Poison Control or emergency services for specific instructions, giving them what you know about the substance and the person's age and symptoms. Do not induce vomiting unless a trained professional tells you to, because vomiting can cause harm: it can irritate or burn the throat, lead to aspiration into the lungs, or be dangerous depending on the substance involved. While awaiting help, monitor the person's breathing and responsiveness, and be prepared to perform CPR if they become unresponsive. Avoid home remedies or giving anything by mouth unless advised by a professional.

5. About how many seconds should you check for responsiveness, breathing, life-threatening bleeding and other life-threatening conditions?

- A. 2-3 seconds
- B. 5-10 seconds**
- C. 15-20 seconds
- D. 30 seconds

Five to ten seconds is the quick, deliberate window for this check. It's long enough to notice if someone is unresponsive, determine if they're not breathing normally, spot obvious life-threatening bleeding, and pick up other urgent signs, but short enough to avoid delaying action. If the person is unresponsive and not breathing normally, you should activate EMS and start CPR (and use an AED if available). If you see life-threatening bleeding, apply direct pressure immediately while help is on the way. Keeping the assessment to about 5–10 seconds helps you act fast and correctly in emergencies.

6. What is the correct depth and rate to use when giving chest compressions to an infant?

- A. Compress the chest to a depth of about 2 inches and rate 100-120 per minute.
- B. Compress the chest to a depth of about 1.5 inches and rate 100-120.**
- C. Compress the chest to a depth of about 1 inch and rate 140-180.
- D. Compress the chest to a depth of about 2 inches and rate 140-180.

In an infant, chest compressions must generate blood flow without risking injury, so depth is about one third of the chest diameter. That works out to roughly 1.5 inches (about 4 cm). The rate should be 100–120 compressions per minute—fast enough to sustain perfusion but not so fast that you can't allow complete chest recoil or maintain proper form. Deeper than about 1.5 inches (such as 2 inches) is too much for an infant's small chest, and shallower compressions (around 1 inch) may not produce adequate blood flow. Rates much higher, like 140–180 per minute, reduce effectiveness and can lead to poorer perfusion. Use the appropriate technique (two fingers for a single rescuer, two-thumb encircling hands for two rescuers) and minimize interruptions to maintain steady, effective compressions.

7. AED use in pediatric emergencies is appropriate for which group?

- A. Only adults
- B. Any child or adult with proper device configuration and prompts**
- C. Only infants
- D. Never on children

AED use in pediatric emergencies can be appropriate for any child or adult when the device is configured for pediatric use and you follow its prompts. Modern AEDs offer pediatric settings or pediatric pads that lower the energy level for smaller bodies, allowing safe and effective shocks for children as well as adults. If pediatric options are available, enable them and apply the pads according to the device's instructions; if not, you can still use the device by following the prompts and using the standard pads, making sure pads are placed correctly and don't touch each other. The device will analyze the rhythm and tell you if a shock is advised, and you should deliver the shock only when prompted after ensuring everyone is clear. In all cases, begin CPR promptly and continue until the device guides you or the person shows signs of life. This is why AED use is appropriate for both children and adults when proper configuration and prompts are used.

8. How long should you check for normal breathing during the primary survey?

- A. No longer than 10 seconds**
- B. 20 seconds
- C. 30 seconds
- D. 60 seconds

Checking for breathing during the primary survey should be brief—no longer than about 10 seconds. In that short window you look for chest movement, listen for breath sounds, and feel for air on your cheek. If you don't detect normal breathing within 10 seconds (and don't see regular chest rise), assume the person is not breathing normally and begin CPR immediately, calling for help or sending for an AED if available. Gasping or irregular, only-apparent breaths still count as not normal breathing, so treat those as not breathing normally and start CPR. The limit matters because spending more time assessing breathing delays starting chest compressions, and early compressions are crucial for survival.

9. If a responsive choking person is too large for you to reach around to give abdominal thrusts, which technique should you use to give care?

- A. Abdominal thrusts
- B. Chest thrusts**
- C. Back blows
- D. Call for help

When you can't reach around to perform abdominal thrusts because the person is too large, use chest thrusts. This method generates airway pressure by compressing the chest itself, which can dislodge a stuck object without needing to wrap around the abdomen. To perform chest thrusts, stand behind the person and place your hands on the center of the chest (the sternum). Position one hand over the other, and give quick, firm inward and upward thrusts on the chest. The goal is to raise the pressure inside the chest to push the object out of the airway. If the object isn't cleared after a few thrusts, call for help and continue until the airway is clear, the person can breathe or cough, or they become unresponsive (in which case you'd start CPR and call for emergency services).

10. For a conscious choking adult, what is the recommended initial action if trained?

- A. Perform abdominal thrusts**
- B. Deliver rescue breaths first
- C. Check for a pulse
- D. Call EMS and wait for consent

When someone is conscious and choking, the airway is blocked and the priority is to relieve that obstruction immediately. Abdominal thrusts (the Heimlich maneuver) create a sudden increase in chest and abdominal pressure that can force the object out of the airway, restoring airflow quickly. This is why the best first action is to perform abdominal thrusts right away. To do it, stand behind the person, wrap your arms around their waist, place a fist just above the navel with the other hand grasping the fist, and give quick, inward and upward thrusts. Keep repeating until the object is expelled or the person can breathe, cough, or speak. If the person becomes unresponsive, lower them to the ground and begin CPR with chest compressions and rescue breaths, and call EMS. Rescue breaths first would not relieve a complete airway obstruction and can push the object deeper. Checking for a pulse isn't useful for guiding a choking intervention in the moment, and waiting for EMS or consent delays relief when you're trained to act. If the person is pregnant or very obese, use chest thrusts instead of abdominal thrusts.

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!

SAMPLE