AHIP Airway, Breathing, and Circulation (ABC) Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. What is a simple maneuver to open the airway of an unconscious adult?

A. The head-tilt, chin-lift maneuver

B. Jaw thrust maneuver

C. Back-slapping techniques

D. Abdominal thrusts

2. What might be a reason for someone to qualify for a Special Election Period?

A. They have a chronic condition.

B. They move outside their current plan's service area.

C. They reach their maximum out-of-pocket limit.

D. They experience a significant change in income.

3. What should Myra do to enroll in a Medicare Advantage plan if she has previously enrolled in Original Medicare?

A. Switch plans immediately

B. Wait for the annual election period to choose an MA plan

C. She must enroll in Part D before choosing an MA plan

D. She can only enroll during the Special Enrollment Period

4. What physical signs may indicate shock during circulation assessment?

A. Warm, dry skin and normal heart rate

B. Cool, clammy skin, rapid heart rate, and low blood pressure

C. Redness of the skin and elevated blood pressure

D. High fever and decreased heart rate

5. What immediate step should be taken if a patient experiences sudden cardiac arrest?

A. Administer medication

B. Call for emergency assistance and start CPR

C. Wait for the patient to regain consciousness

D. Perform a rapid assessment

6. What potential penalties might a plan impose on an agent found guilty of misconduct?

A. Withhold commissions and require retraining.

B. Provide a warning and offer mentorship.

C. Increase their commissions for good sales.

D. Submit a report to a federal agency.

7. What happens to Fitzgerald's stand-alone prescription drug plan when he moves out of its service area?

A. He can continue with the same plan regardless of his location

B. He must cancel the plan manually

C. He will be automatically disenrolled from the plan

D. He will remain in the plan for up to six months after moving

8. For an adult, how deep should chest compressions be during CPR?

A. At least 1 inch (2.5 cm) deep

B. At least 1.5 inches (4 cm) deep

C. At least 2 inches (5 cm) deep

D. At least 2.5 inches (6.5 cm) deep

9. What is the compression to ventilation ratio when performing CPR on an adult?

A. 30 compressions to 2 breaths

B. 15 compressions to 2 breaths

C. 30 compressions to 1 breath

D. 15 compressions to 1 breath

10. When can Kendrick start enrolling in a Medicare Advantage plan?

A. Only after she turns 65

B. Three months before her first entitlement to Medicare Part A and B

C. During any month after she turns 62

D. Immediately upon retirement

Answers

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

Explanations

1. What is a simple maneuver to open the airway of an unconscious adult?

A. The head-tilt, chin-lift maneuver

B. Jaw thrust maneuver

C. Back-slapping techniques

D. Abdominal thrusts

The head-tilt, chin-lift maneuver is a widely recognized technique used to open the airway of an unconscious adult effectively. This method involves tilting the head back slightly while lifting the chin upward, helping to reposition the tongue and other soft tissues in the throat away from the airway. This action alleviates potential obstruction due to these tissues collapsing into the airway, allowing for improved airflow and better ventilation. In contrast, while the jaw thrust maneuver can also be used to open the airway, it is typically employed when there's a concern for spinal injuries, as it minimizes neck movement. Back-slapping techniques and abdominal thrusts are maneuvers used for other purposes, such as clearing airway obstructions but are not appropriate for simply opening the airway of an unconscious person. Thus, the head-tilt, chin-lift maneuver stands out as the most straightforward and effective method for this specific situation.

2. What might be a reason for someone to qualify for a Special Election Period?

A. They have a chronic condition.

B. They move outside their current plan's service area.

C. They reach their maximum out-of-pocket limit.

D. They experience a significant change in income.

A person may qualify for a Special Election Period (SEP) when they move outside their current plan's service area because this type of change affects their access to services and providers covered under their existing health plan. When an individual relocates and their new residence falls outside the geographic boundaries where their current health plan provides coverage, they gain the right to enroll in a new plan that is accessible in their new location. This ensures that individuals have continuous access to necessary healthcare services and support when their circumstances change significantly. While having a chronic condition, reaching a maximum out-of-pocket limit, or experiencing a significant change in income are important factors that can influence a person's healthcare choices or need for assistance, they do not typically trigger an SEP. Those changes could represent important considerations for health plan selection during the regular enrollment period, but they are not specific events that permit an individual to enroll outside of the standard enrollment timeline like a change in residency does.

3. What should Myra do to enroll in a Medicare Advantage plan if she has previously enrolled in Original Medicare?

A. Switch plans immediately

B. Wait for the annual election period to choose an MA plan

C. She must enroll in Part D before choosing an MA plan

D. She can only enroll during the Special Enrollment Period

In order for Myra to enroll in a Medicare Advantage (MA) plan after previously being enrolled in Original Medicare, waiting for the annual election period is the appropriate step. The annual election period, which usually occurs from October 15 to December 7 each year, allows beneficiaries to make changes to their Medicare coverage. During this period, individuals like Myra can switch from Original Medicare to Medicare Advantage plans, enroll in a Part D prescription drug plan, or make changes to their existing Medicare Advantage plan. It is specifically designed to facilitate such transitions, providing a clear timeline for beneficiaries to evaluate their healthcare needs and options for the upcoming year. This option aligns with Medicare's structured enrollment timelines, ensuring that beneficiaries can make informed choices about their coverage without facing penalties or gaps in care, which could occur if they were to try switching plans outside of designated enrollment periods. Thus, it is essential for beneficiaries to be aware of these timelines to maintain their healthcare coverage effectively.

4. What physical signs may indicate shock during circulation assessment?

A. Warm, dry skin and normal heart rate

B. Cool, clammy skin, rapid heart rate, and low blood pressure

C. Redness of the skin and elevated blood pressure

D. High fever and decreased heart rate

The presence of cool, clammy skin, a rapid heart rate, and low blood pressure are key indicators of shock during a circulation assessment. In a state of shock, the body reacts to insufficient blood flow and oxygen to the tissues. This results in vasoconstriction, which can cause the skin to feel cool and clammy due to reduced perfusion. A rapid heart rate is a compensatory mechanism, where the heart attempts to maintain perfusion to vital organs despite decreased circulating blood volume or pressure. Low blood pressure indicates that the circulatory system is struggling to provide adequate blood flow, which is a hallmark sign of shock. Together, these symptoms signal that the body is not adequately managing blood circulation, necessitating prompt medical intervention. The other choices do not accurately reflect the signs associated with shock, as warm, dry skin and normal heart rate would indicate adequate circulatory function rather than shock. Redness of the skin and elevated blood pressure suggest a different physiological response, perhaps inflammation as opposed to shock. Lastly, a high fever with decreased heart rate is also contrary to what is expected in shock conditions, where the body often experiences increased heart rate as a stress response.

5. What immediate step should be taken if a patient experiences sudden cardiac arrest?

A. Administer medication

B. Call for emergency assistance and start CPR

C. Wait for the patient to regain consciousness

D. Perform a rapid assessment

In the case of sudden cardiac arrest, the most critical and immediate step to take is to call for emergency assistance and begin cardiopulmonary resuscitation (CPR). This is essential because during cardiac arrest, the heart is not pumping blood effectively, which means oxygen is not being circulated to vital organs, including the brain. Without prompt intervention, a patient can suffer irreversible damage or death within minutes. Starting CPR helps to maintain some level of blood flow to the brain and other organs, increasing the chances of survival until advanced medical help arrives. Initiating CPR as quickly as possible can significantly improve outcomes in cases of cardiac arrest. Additionally, summoning emergency assistance ensures that more advanced care can be provided, such as defibrillation or medication management, in a timely manner. While other steps such as administering medication, waiting for consciousness, or performing rapid assessments are important in the overall management of patient care, they should not take precedence over the immediate initiation of CPR and the establishment of emergency resources.

6. What potential penalties might a plan impose on an agent found guilty of misconduct?

A. Withhold commissions and require retraining.

B. Provide a warning and offer mentorship.

C. Increase their commissions for good sales.

D. Submit a report to a federal agency.

Withholding commissions and requiring retraining is a common approach taken by plans when dealing with agents who have been found guilty of misconduct. This penalty serves multiple purposes. Withholding commissions acts as a financial consequence, which can deter future misconduct by making it clear that inappropriate behavior will have immediate repercussions. Additionally, requiring retraining ensures that the agent has an opportunity to understand the standards and regulations they need to adhere to in their role, promoting proper conduct in the future. This dual approach discourages repeated offenses while also fostering a learning environment to correct past mistakes. In contrast, providing a warning and offering mentorship may not be sufficient in addressing serious misconduct, as it lacks immediate consequences. Increasing commissions for good sales is unlikely to be a response to misconduct, since it would reward behaviors contrary to the rules. Submitting a report to a federal agency typically applies to severe violations, but it is not a direct penalty that the plan would impose; it more often reflects actions to enforce compliance with regulatory standards. Therefore, the option that includes withholding commissions and requiring retraining effectively addresses both accountability and improvement in agent conduct.

7. What happens to Fitzgerald's stand-alone prescription drug plan when he moves out of its service area?

A. He can continue with the same plan regardless of his location

B. He must cancel the plan manually

C. He will be automatically disenrolled from the plan

D. He will remain in the plan for up to six months after moving

When an individual like Fitzgerald is enrolled in a stand-alone prescription drug plan (PDP) and moves out of its service area, the plan's coverage is no longer valid in his new location. This leads to automatic disenrollment from the plan, meaning that the individual does not need to take any additional steps to cancel the coverage; it will be done by the plan itself as a result of the change in residence. Insurance plans are required to have specific geographic areas where they offer their services, and if a member moves outside that area, their plan cannot provide the same level of benefits or access. This is particularly important in Medicare-related plans, which are regulated to ensure that beneficiaries have access to the necessary prescription drugs in their new location. Therefore, the automatic disenrollment aligns with the policies governing these stand-alone plans, effectively protecting both the enrollee and the plan from situations where benefits would not match the location's availability.

8. For an adult, how deep should chest compressions be during CPR?

A. At least 1 inch (2.5 cm) deep

B. At least 1.5 inches (4 cm) deep

C. At least 2 inches (5 cm) deep

D. At least 2.5 inches (6.5 cm) deep

Chest compressions during CPR for adults should be performed at a depth of at least 2 inches (5 cm) deep. This depth is recommended based on research that shows effective circulation and blood flow during cardiac arrest is achieved with compressions at this depth. When compressions are too shallow, there is a risk that adequate blood flow to the heart and brain will not be maintained, which is critical for survival and recovery. The emphasis on a depth of at least 2 inches ensures that enough pressure is applied to the chest to facilitate the appropriate compression of the heart, allowing it to pump blood effectively during the emergency situation. The American Heart Association's guidelines reflect this understanding, reinforcing the importance of the correct depth to enhance the outcomes of resuscitation efforts. Chest compressions should also be performed at a rate of 100 to 120 compressions per minute, and it's essential to allow full chest recoil between compressions to optimize blood return to the heart.

9. What is the compression to ventilation ratio when performing CPR on an adult?

A. 30 compressions to 2 breaths

B. 15 compressions to 2 breaths

C. 30 compressions to 1 breath

D. 15 compressions to 1 breath

The correct answer is based on established guidelines for performing cardiopulmonary resuscitation (CPR) on adults, which specify a compression to ventilation ratio of 30:2. This means that for every 30 chest compressions delivered, the rescuer should provide 2 rescue breaths. This ratio is designed to deliver effective circulatory support while also ensuring that oxygen is supplied to the victim's lungs. The emphasis on 30 compressions followed by 2 breaths allows for a more significant number of compressions to maintain blood flow to vital organs, especially the heart and brain, which is crucial during a cardiac arrest scenario. Adhering to this ratio maximizes the chances of survival and recovery for the victim. It reflects the priority of maintaining circulatory flow while also ensuring oxygenation, which is critical in emergency situations.

10. When can Kendrick start enrolling in a Medicare Advantage plan?

A. Only after she turns 65

B. Three months before her first entitlement to Medicare Part A and B

C. During any month after she turns 62

D. Immediately upon retirement

The correct answer indicates that Kendrick can start enrolling in a Medicare Advantage plan three months before her first entitlement to Medicare Part A and B. This aligns with the enrollment rules established by Medicare, which allow individuals approaching eligibility age (generally age 65) to enroll during the Initial Enrollment Period. This period spans three months before the individual turns 65, the month of their birthday, and three months after. This rule is crucial because it allows those who are aging into Medicare to secure their coverage without any gaps at the onset of their eligibility, ensuring a smooth transition into the Medicare system. It highlights the proactive approach that Medicare encourages, allowing individuals time to research and select the best plan for their healthcare needs.