

American Red Cross Basic Life Support (BLS) Provider Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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	16

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

- 1. In infants, where do you check for a pulse during CPR?**
 - A. At the carotid artery in the neck.**
 - B. At the brachial artery.**
 - C. At the radial artery in the wrist.**
 - D. At the femoral artery in the groin.**

- 2. What position should you place an unresponsive adult victim after using naloxone?**
 - A. Facing upward**
 - B. In a side recovery position**
 - C. Flat on their back**
 - D. Seated upright**

- 3. What are signs of effective chest compressions?**
 - A. Good air movement and pulse**
 - B. Plenty of noise from the chest**
 - C. Good chest recoil and noticeable rise in the chest during rescue breaths**
 - D. Frequent pauses between compressions**

- 4. When performing chest thrusts on an infant with an obstructed airway, to what depth should you push?**
 - A. ¼ inch**
 - B. ½ inch**
 - C. 1 inch**
 - D. 1½ inches**

- 5. What is the first step of the In-Hospital Pediatric Cardiac Chain of Survival?**
 - A. Early high-quality CPR**
 - B. Recognition of cardiac emergency**
 - C. Pediatric advanced life support**
 - D. Surveillance and prevention**

- 6. During CPR, how deep should chest compressions be for infants?**
- A. About 1 inch**
 - B. About 1.5 inches**
 - C. About 2 inches**
 - D. 1/2 inch only**
- 7. When should you activate the emergency response system when facing a collapsed victim?**
- A. After confirming the victim is breathing**
 - B. Immediately upon discovering the victim**
 - C. After confirming the victim is unresponsive**
 - D. Once help arrives**
- 8. In what order should the links of the In-Hospital Adult Cardiac Chain of Survival be performed?**
- A. Recognition, Early CPR, Early defibrillation, Integrated care, Recovery, Surveillance.**
 - B. Surveillance, Recognition, Early CPR, Early defibrillation, Integrated care, Recovery.**
 - C. Recognition, Early defibrillation, Integrated care, Early CPR, Recovery, Surveillance.**
 - D. Early CPR, Recognition, Surveillance, Recovery, Early defibrillation, Integrated care.**
- 9. What is the correct ratio of compressions to ventilations for one-rescuer CPR?**
- A. 15:1**
 - B. 30:2**
 - C. 10:1**
 - D. 20:2**
- 10. Which of the following is a sign that someone is choking?**
- A. Ability to speak normally**
 - B. Inability to breathe**
 - C. Inability to speak or cough effectively**
 - D. Holding their abdomen**

Answers

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

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Explanations

1. In infants, where do you check for a pulse during CPR?

- A. At the carotid artery in the neck.
- B. At the brachial artery.**
- C. At the radial artery in the wrist.
- D. At the femoral artery in the groin.

In infants, the appropriate location to check for a pulse during CPR is at the brachial artery. This artery is located inside the upper arm, between the elbow and shoulder, and it is a reliable site to assess circulation in infants. Given their smaller size, it is often difficult to detect a pulse in larger arteries such as the carotid or radial arteries. The brachial artery presents a more accessible option for monitoring pulse in this age group, enabling the rescuer to quickly assess whether effective circulation is present. Checking for a pulse in infants is crucial as it helps determine whether to start chest compressions. If a pulse is not present, or if it is less than 60 beats per minute despite effective ventilation, chest compressions should begin. Understanding the correct checking point for the pulse in infants ensures effective and timely intervention during CPR.

2. What position should you place an unresponsive adult victim after using naloxone?

- A. Facing upward
- B. In a side recovery position**
- C. Flat on their back
- D. Seated upright

After administering naloxone to an unresponsive adult victim, positioning them in a side recovery position is crucial for several reasons. This position helps to maintain a clear airway, as it allows any fluids or vomit to exit the mouth and reduces the risk of aspiration. The recovery position also facilitates better breathing mechanics compared to being flat on their back, which could lead to airway obstruction. Using naloxone can reverse opioid overdose effects, which may lead to sudden withdrawal symptoms. These symptoms can cause the person to become agitated or vomit, increasing the likelihood of choking if they are not in the correct position. Thus, placing the individual in the side recovery position is a standard practice to ensure their safety while monitoring their responsiveness and vital signs after naloxone administration.

3. What are signs of effective chest compressions?

- A. Good air movement and pulse
- B. Plenty of noise from the chest
- C. Good chest recoil and noticeable rise in the chest during rescue breaths**
- D. Frequent pauses between compressions

Effective chest compressions are critical for maintaining blood flow and oxygenation during a cardiac arrest event. One key indicator of effective compressions is the ability to achieve good chest recoil. This means that after each compression, the chest should fully return to its normal position, allowing the heart to refill with blood. Immediate previous compressions followed by a noticeable rise in the chest during rescue breaths demonstrate that the rescuer is effectively pumping blood through the heart and ensuring that oxygen can be delivered to the lungs. The indication of good chest recoil is particularly important because it enhances circulation during the decompression phase of CPR. Noticing a rise in the chest when performing rescue breaths further confirms that air is entering the lungs, which is essential for delivering oxygen to the body's tissues. These two factors together signal that compressions are being performed adequately, which is crucial for increasing the chances of survival in a cardiac arrest situation.

4. When performing chest thrusts on an infant with an obstructed airway, to what depth should you push?

- A. ¼ inch
- B. ½ inch
- C. 1 inch
- D. 1½ inches**

When performing chest thrusts on an infant who has an obstructed airway, the depth of compression should be around 1½ inches. This depth is crucial because it ensures that enough force is applied to create a pressure differential that can effectively expel an object causing the obstruction. Infants have a different physiological structure compared to older children and adults; thus, it is vital to apply appropriate depth without exceeding safety limits for their developing bodies. The guidelines emphasize that the thrusts need to be firm and effective while also ensuring the infant's safety and minimizing the risk of injury. Too shallow a depth might not generate sufficient pressure to dislodge the obstruction, while excessive force could lead to damage to the infant's fragile chest wall. Therefore, performing chest thrusts at a depth of 1½ inches strikes the right balance between effectiveness and safety in managing a life-threatening airway obstruction in infants.

5. What is the first step of the In-Hospital Pediatric Cardiac Chain of Survival?

- A. Early high-quality CPR**
- B. Recognition of cardiac emergency**
- C. Pediatric advanced life support**
- D. Surveillance and prevention**

The first step of the In-Hospital Pediatric Cardiac Chain of Survival is focused on surveillance and prevention. This step emphasizes the importance of proactive measures in healthcare settings to prevent cardiac emergencies from occurring in the first place. By recognizing risk factors, monitoring patients closely, and implementing preventive strategies, healthcare providers can effectively minimize the chances of cardiac events in pediatric patients. This approach establishes a foundation for the subsequent steps in the chain, such as recognizing a cardiac emergency, providing early high-quality CPR, and administering advanced life support. Surveillance and prevention serve to create a safe process within hospitals, ensuring that potential emergencies are addressed before they escalate into life-threatening situations.

6. During CPR, how deep should chest compressions be for infants?

- A. About 1 inch**
- B. About 1.5 inches**
- C. About 2 inches**
- D. 1/2 inch only**

For infants, chest compressions should be performed to a depth of about 1.5 inches (approximately 4 centimeters). This depth is crucial because it ensures effective circulation and blood flow to vital organs during a cardiac emergency. Using the correct depth is vital for providing adequate compressions to the infant's body, which is smaller and more fragile compared to adults or children, thus requiring slightly less depth for compressions to be effective and safe. While performing CPR, it is essential to allow full chest recoil between compressions to enable the heart to refill with blood. The technique must be adapted to the size and anatomy of the infant to maximize efficacy and minimize the risk of injury.

7. When should you activate the emergency response system when facing a collapsed victim?

- A. After confirming the victim is breathing**
- B. Immediately upon discovering the victim**
- C. After confirming the victim is unresponsive**
- D. Once help arrives**

Activating the emergency response system after confirming that the victim is unresponsive is critical because it ensures that help is on the way without unnecessary delays. In a situation where a victim has collapsed, responsiveness is a primary assessment step. If the victim does not respond to stimuli, this indicates a potential medical emergency that requires immediate intervention. By contacting emergency services as soon as you verify the victim is unresponsive, you initiate the chain of survival, which is essential in increasing the chances of a positive outcome. This prompt action allows for quick medical assistance to arrive, enabling advanced care to be provided as soon as possible. While other factors such as assessing breathing may be important, the priority is to ensure that professional help is summoned for a potentially life-threatening situation.

8. In what order should the links of the In-Hospital Adult Cardiac Chain of Survival be performed?

- A. Recognition, Early CPR, Early defibrillation, Integrated care, Recovery, Surveillance.**
- B. Surveillance, Recognition, Early CPR, Early defibrillation, Integrated care, Recovery.**
- C. Recognition, Early defibrillation, Integrated care, Early CPR, Recovery, Surveillance.**
- D. Early CPR, Recognition, Surveillance, Recovery, Early defibrillation, Integrated care.**

The correct order of the links in the In-Hospital Adult Cardiac Chain of Survival is structured to ensure a timely and effective response to cardiac emergencies. The process begins with Surveillance, which involves monitoring patients for signs of deteriorating conditions; this allows for early identification of potential cardiac events. Next is Recognition, where staff must quickly recognize the signs of cardiac arrest. Following recognition, the immediate action is Early CPR, which is crucial for maintaining blood circulation and oxygenation until advanced care can be provided. Early defibrillation is next, as it is critical to restore a normal heart rhythm as soon as possible after a cardiac arrest. After these immediate actions, Integrated care encompasses the advanced medical treatment provided by healthcare professionals. Finally, Recovery refers to the phase where the patient is stabilized and monitored for potential further complications. Each step is vital and interlinked, emphasizing the importance of a coordinated approach to enhance patient survival rates after cardiac arrest.

9. What is the correct ratio of compressions to ventilations for one-rescuer CPR?

- A. 15:1
- B. 30:2**
- C. 10:1
- D. 20:2

In one-rescuer CPR, the correct ratio of compressions to ventilations is 30:2. This means that for every 30 chest compressions administered, the rescuer should provide 2 rescue breaths. This ratio is established to optimize the effectiveness of CPR for adults and is designed to maintain adequate blood circulation and oxygenation during a cardiac arrest. The emphasis on chest compressions is particularly important, as they are crucial for keeping blood flowing to vital organs, especially the brain and heart. By providing compressions at a rate of 30 to every 2 ventilations, a rescuer can ensure that there is minimal interruption in compressions, leading to better outcomes for the victim. This ratio was established based on research and guidelines from organizations such as the American Heart Association, which aim to provide clarity and uniformity in emergency response procedures. The other ratios listed do not align with the current guidelines for adult CPR and would not be effective in ensuring adequate circulation and oxygenation during cardiac arrest situations.

10. Which of the following is a sign that someone is choking?

- A. Ability to speak normally
- B. Inability to breathe
- C. Inability to speak or cough effectively**
- D. Holding their abdomen

The indication that someone is choking is best represented by the inability to speak or cough effectively. When a person is choking, their airway is partially or fully obstructed, which prevents air from passing normally. If they are unable to speak or cough effectively, this suggests that their airway might be significantly compromised. Effective coughing is a natural response that can help expel an object blocking the airway, but if the airway is severely obstructed, this reflex may not function properly. Assessing a person's ability to communicate helps by providing clear signals that intervention is necessary. Those who can still speak or cough might not be in immediate danger of total obstruction, allowing them to potentially clear the obstruction themselves. The presence of other signs of choking, such as clutching the abdomen, may indicate distress (often referred to as the Heimlich maneuver signal), but the most direct signs related to the obstruction of the airway are the inability to cough or speak.

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://americanredcross-basiclifesupportprovider.examzify.com>

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