

ANESTHESIA 2 – ANESTHETIC PROBLEMS AND EMERGENCIES PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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.

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

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1. In neonates and pediatric patients, anesthetic doses should be decreased to what fraction of the adult dose?
 - A. $1/3 - 1/2$
 - B. $1/4 - 1/3$
 - C. $1/2 - 2/3$
 - D. $3/4 - 5/6$
2. In solo BLS, which method is used for ventilation after compressions?
 - A. Mouth to Snout
 - B. Mouth to Mouth
 - C. Bag-Valve-Mask Ventilation
 - D. No Ventilation
3. Which species is associated with a bradycardia rate as low as 25 bpm during stage III anesthesia?
 - A. Dog 60-70 bpm
 - B. Cat 100 bpm
 - C. Horse 25 bpm
 - D. Cow 40 bpm
4. The most challenging high-risk patient is one with ____ disease; Minimize stress as much as possible.
 - A. Cardiac
 - B. Hepatic
 - C. Renal
 - D. Respiratory
5. Which is a core component of a massive transfusion protocol?
 - A. Ongoing life-threatening hemorrhage; early RBC:FFP:platelets ratio; warmed blood products; close monitoring of labs and correction of coagulopathy.
 - B. Prolonged observation before transfusion.
 - C. Use of autologous blood only.
 - D. Avoid crossmatching.

- 6. Which vagal maneuver is listed for use in dogs?**
- A. Carotid Sinus Massage (dog)
 - B. Nasal-Cardiac Reflex (cat)
 - C. Ocular-Cardiac Reflex (dog/cat)
 - D. Gag Reflex (unrelated)
- 7. BLS stands for which of the following?**
- A. Basic Life Support
 - B. Basic Lifelike Support
 - C. Biologic Life Support
 - D. Basic Life Safety
- 8. ALS stands for which of the following?**
- A. Advanced Life Support
 - B. Acute Lifesaver System
 - C. Additional Life Support
 - D. Advanced Lifeline Support
- 9. Opioid-induced respiratory depression in recovery: key steps in management?**
- A. Stimulate breathing, provide oxygen, assess sedation level, administer naloxone if needed, and monitor
 - B. Switch to higher-dose opioids
 - C. Withhold all oxygen
 - D. Administer benzodiazepines
- 10. For patients with cardiovascular disease, the most common problem under anesthesia is...**
- A. Bradycardia
 - B. Hypertension
 - C. Tachycardia
 - D. Arrhythmia

Answers

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

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Explanations

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1. In neonates and pediatric patients, anesthetic doses should be decreased to what fraction of the adult dose?

- A. 1/3 - 1/2
- B. 1/4 - 1/3
- C. 1/2 - 2/3
- D. 3/4 - 5/6

In neonates and children, how the body handles drugs is different from adults because organs like the liver and kidneys are immature and body composition changes with age (more total body water, less fat, and varying protein binding). This means the same amount of drug can produce a stronger or longer-lasting effect in a young patient if you use the adult dose. To reach similar systemic exposure but avoid excessive effect, anesthetic doses are typically started at a fraction of the adult dose. A practical range commonly taught is about one-half to two-thirds of the adult dose, with careful titration to effect and close monitoring for respiratory or cardiovascular responses. As the child grows and organ function matures, dosing gradually aligns more with adult patterns. The exact fraction still depends on the specific drug and the patient's age and status, but the half-to-two-thirds range is the general guideline.

2. In solo BLS, which method is used for ventilation after compressions?

- A. Mouth to Snout
- B. Mouth to Mouth
- C. Bag-Valve-Mask Ventilation
- D. No Ventilation

In solo BLS, after you start chest compressions you provide ventilation with rescue breaths delivered by mouth-to-mouth (or via a barrier device if one is available). This allows air to reach the lungs and oxygenate the blood while you continue compressions. Mouth-to-mouth is quickest and requires no equipment, which is why it's the standard method when you're alone and have no barrier device. If a bag-valve-mask or other barrier device is available and you're trained to use it, that can be used for ventilation instead, but the basic concept remains delivering breaths after compressions. Note that in exam wording you might see "mouth-to-mouth" described in various ways; the idea is the same rescue-breath technique.

3. Which species is associated with a bradycardia rate as low as 25 bpm during stage III anesthesia?

- A. Dog 60-70 bpm
- B. Cat 100 bpm
- C. Horse 25 bpm
- D. Cow 40 bpm

During stage III anesthesia, heart rate response varies by species, and horses show the strongest tendency toward profound bradycardia. Their autonomic balance under anesthesia—marked vagal influence and sensitivity to inhaled anesthetics—can push the heart rate down very low, sometimes around 25 beats per minute. This level of bradycardia is much less typical in dogs or cats, whose heart rates under similar anesthesia tend to be higher (dogs often around 60–70 bpm, cats around 100 bpm). Cattle can experience bradycardia as well, but it generally isn't as deep as what's seen in horses. So, a 25 bpm rate during stage III anesthesia is characteristic of horses, reflecting their unique autonomic and anesthetic responsiveness. Clinically, such bradycardia signals the need to reassess anesthetic depth and consider interventions to support heart rate if needed.

4. The most challenging high-risk patient is one with ____ disease; Minimize stress as much as possible.

- A. Cardiac
- B. Hepatic
- C. Renal

D. Respiratory

The main idea is that respiratory disease creates the greatest perioperative stress because breathing is the most immediately compromised system during anesthesia, and patients with limited respiratory reserve are hardest to manage. Inducing anesthesia and providing airway support directly affect ventilation and gas exchange.

Sedatives and neuromuscular drugs depress respiratory drive and muscle tone, which can lead to hypoventilation in someone with limited pulmonary reserve. Airway hyperreactivity and bronchospasm are real concerns in reactive airways disease, and secretions or mucus plugging can quickly provoke hypoxemia. Postoperatively, shallow breathing and impaired mucociliary clearance raise the risk of atelectasis, pneumonia, and respiratory failure. In diseases like COPD or restrictive lung conditions, even small physiological stresses can cause large drops in oxygenation and increases in carbon dioxide, so the patient's safety hinges on minimizing stress and preserving as much normal respiration as possible. Strategies to achieve this include using regional anesthesia when feasible to avoid airway instrumentation, employing gentle induction and careful ventilatory management with lung-protective strategies, ensuring optimal analgesia to promote deep, comfortable breaths, and aggressive pulmonary hygiene postoperatively. While cardiac, hepatic, or renal diseases are also high-risk, the immediate vulnerability to airway and ventilation problems makes respiratory disease the most challenging in this context.

5. Which is a core component of a massive transfusion protocol?

- A. Ongoing life-threatening hemorrhage; early RBC:FFP:platelets ratio; warmed blood products; close monitoring of labs and correction of coagulopathy.**
- B. Prolonged observation before transfusion.
- C. Use of autologous blood only.
- D. Avoid crossmatching.

Massive transfusion protocols are built to rapidly replace blood volume while also restoring the body's clotting ability. The key idea is not just giving red cells, but delivering them together with clotting factors and platelets in a timely, balanced way. When bleeding is life-threatening, starting transfusion with a predefined ratio of red blood cells, fresh frozen plasma, and platelets helps prevent dilutional and consumptive coagulopathy that can worsen blood loss. Using warmed blood products is essential because hypothermia impairs coagulation and platelet function, making bleeding harder to control. At the same time, you monitor closely with labs to gauge coagulation status (such as platelet count, fibrinogen, INR/PTT), and you promptly correct any deficiencies—administering plasma for clotting factors, platelets for thrombocytopenia, and products to support fibrinogen and calcium levels as citrate from transfused blood can lower calcium. This combination addresses both oxygen delivery and hemostasis, which is why it's the core component of effectively managing massive bleeding. Prolonged observation would waste critical time; relying on autologous blood alone isn't feasible in an acute, massive bleed; and while crossmatching can be useful, the emergent phase prioritizes rapid access to compatible blood components rather than delaying transfusion for extensive crossmatching.

6. Which vagal maneuver is listed for use in dogs?

- A. Carotid Sinus Massage (dog)**
- B. Nasal-Cardiac Reflex (cat)
- C. Ocular-Cardiac Reflex (dog/cat)
- D. Gag Reflex (unrelated)

The key idea is using a vagal maneuver to increase parasympathetic tone and slow conduction through the AV node, which can help terminate or slow certain supraventricular tachycardias in dogs. Carotid sinus massage accomplishes this by gently compressing the carotid sinus, stimulating baroreceptors that trigger a vagal response. The resulting bradycardia and slowed AV nodal conduction make it the most appropriate listed option for use in dogs. Other options describe reflexes that can cause bradycardia, but they are not the standard maneuvers used in dogs for rhythm control. The gag reflex is not a vagal maneuver for rhythm management and is unrelated. The nasal-cardiac reflex is more commonly described in cats, and the ocular-cardiac reflex is a bradycardic reflex that can occur with eye manipulation but is not typically listed as a routine vagal maneuver for managing arrhythmias in dogs.

7. BLS stands for which of the following?

- A. Basic Life Support**
- B. Basic Lifelike Support
- C. Biologic Life Support
- D. Basic Life Safety

BLS stands for the essential, immediate life-saving actions taken to support someone whose heart or breathing has stopped, before advanced medical care arrives. It is the foundational resuscitation knowledge that focuses on high-quality CPR, early defibrillation with an AED, scene safety, and calling for help. The key idea is to act quickly and correctly to maintain circulation and oxygen delivery until professionals take over. This differs from advanced life support, which adds airway management, drugs, and more detailed monitoring. The other options don't reflect the standard term used in medical training, so they don't fit the acronym BLS.

8. ALS stands for which of the following?

- A. Advanced Life Support**
- B. Acute Lifesaver System
- C. Additional Life Support
- D. Advanced Lifeline Support

The main idea is recognizing that in emergency and critical care, ALS refers to a higher level of resuscitation and patient management than basic care. Advanced Life Support means you have the tools and interventions beyond basic measures—such as advanced airway management, IV/IO access, medications for resuscitation and stabilization, and continuous monitoring. This is why Advanced Life Support is the correct meaning in medical contexts. The other phrases listed are not standard terminology in this field, so they don't fit the established acronym.

9. Opioid-induced respiratory depression in recovery: key steps in management?

- A. Stimulate breathing, provide oxygen, assess sedation level, administer naloxone if needed, and monitor
- B. Switch to higher-dose opioids
- C. Withhold all oxygen
- D. Administer benzodiazepines

When opioid effects depress breathing after anesthesia, the priority is to support ventilation and reverse the opioid effect while monitoring closely. Begin by ensuring the airway and breathing are supported: position the patient for a patent airway, clear secretions if needed, and provide assisted ventilation with a bag valve mask if there is inadequate spontaneous ventilation. At the same time, give supplemental oxygen to treat hypoxemia and improve oxygen delivery. Carefully assess how deeply sedated the patient is and how well they are ventilating. If respiratory depression persists or there is inadequate ventilation despite airway support, administer naloxone in titrated doses to reverse the opioid effects, aiming to restore breathing while preserving as much analgesia as possible. Monitor the patient continuously—vital signs, oxygen saturation, and, if available, capnography—to detect improvement or recurrence of depression as opioids wear off or are redistributed. Be prepared to escalate to more advanced airway management if needed. Avoid options that would worsen the situation: increasing opioids would suppress respiration further, withholding oxygen would risk hypoxia, and benzodiazepines would add to respiratory depression.

10. For patients with cardiovascular disease, the most common problem under anesthesia is...

- A. Bradycardia
- B. Hypertension
- C. Tachycardia
- D. Arrhythmia

Under anesthesia, patients with cardiovascular disease are especially prone to a slower heart rate because anesthesia tends to dampen the body's sympathetic support and can increase vagal tone. This combination makes bradycardia the most common problem. Several factors contribute. Many cardiac patients are on medications such as beta-blockers that blunt the heart's ability to speed up in response to stress or hypotension, so a fall in rate is more likely to be unopposed. Anesthetic agents like propofol and volatile agents directly depress the SA node and myocardial conduction, further lowering the heart rate. Airway manipulation and surgical stimulation can provoke reflex vagal activation, especially during induction or intubation, promoting bradycardia. Regional anesthesia can cause a sympathetic blockade, leading to vasodilation and reduced heart rate as part of the hemodynamic response. Tachycardia and hypertension can occur, but they are less common in this context, and arrhythmias are possible but bradyarrhythmias align more routinely with the typical autonomic shifts and pharmacologic effects seen in cardiovascular disease under anesthesia. If bradycardia arises, addressing depth of anesthesia, ensuring adequate preload, and using anticholinergic therapy or pacing as needed are standard approaches to restore heart rate and stability.

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://anesthesia2problemsemergencies.examzify.com>

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

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