

BASIC LIFE SUPPORT FOR CHILDREN AND INFANTS PRACTICE TEST (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.

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. What is the recovery position for a responsive child?**
 - A. Roll them onto their back to keep their head elevated
 - B. Place them in a sitting position
 - C. Roll them onto their side to keep the airway clear
 - D. Keep them lying flat on their stomach
- 2. How often should you reassess the victim during CPR?**
 - A. Every minute
 - B. Every 2 minutes or after 5 cycles of compressions and breaths
 - C. After every cycle of compressions
 - D. Only when using an AED
- 3. During multiple provider CPR for infants, where does the compressor stand?**
 - A. At the infant's side
 - B. At the infant's head
 - C. At the infant's feet
 - D. At the infant's back
- 4. If you are the sole provider performing CPR on a child, how many chest compressions should you deliver?**
 - A. 15 compressions
 - B. 30 compressions
 - C. 45 compressions
 - D. 60 compressions
- 5. In children and infants, what are the most common causes of cardiac arrest?**
 - A. Respiratory failure or shock
 - B. Trauma or drowning
 - C. Electrocution or choking
 - D. Heart defects or dehydration

- 6. What is the fourth step of AED use for children and infants?**
- A. Expose the chest
 - B. Deliver a shock
 - C. Attach the pads
 - D. Prepare to let the AED analyze the heart's rhythm
- 7. In the context of CPR, what is critical when switching compressions and using an AED?**
- A. Compressions must be stopped when analyzing
 - B. Compressions can continue during analysis
 - C. Providers should keep the area quiet
 - D. The AED must remain on at all times
- 8. Why is it important to perform rescue breaths at a slow and controlled rate?**
- A. To prevent hyperventilation
 - B. To ensure the child breathes out properly
 - C. To allow time for chest compressions
 - D. To maximize airflow
- 9. Which of the following is NOT a component of the pediatric in-hospital cardiac chain of survival?**
- A. Pediatric Advanced Life Support
 - B. Prevention
 - C. Recognition of Cardiac Emergency
 - D. Recovery
- 10. What is the role of supplemental oxygen upon achieving ROSC when delivering CPR to a child?**
- A. Use oxygen based on available supply
 - B. Use oxygen to induce hyperoxygenation
 - C. Follow facility protocols to maintain normal oxygen saturation
 - D. Supplemental oxygen is not needed

Answers

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

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Explanations

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1. What is the recovery position for a responsive child?

- A. Roll them onto their back to keep their head elevated
- B. Place them in a sitting position
- C. Roll them onto their side to keep the airway clear**
- D. Keep them lying flat on their stomach

The recovery position for a responsive child is to roll them onto their side to keep the airway clear. This position is essential because it helps maintain an open airway, which is crucial for breathing. By positioning the child on their side, any fluids or potential obstructions can drain from the mouth, reducing the risk of choking. This position also allows for easier access to monitor the child's breathing and responsiveness. While other options may seem reasonable at a glance, they do not provide the same level of airway protection. Keeping a child on their back could pose a risk if they were to vomit, as this could block their airway. A sitting position may not be stable or safe, especially if the child loses consciousness or control. Lying flat on their stomach is not advised due to the same risks that come with obstructing the airway. Thus, placing the child in the recovery position on their side is the best practice for ensuring their safety and well-being until help arrives.

2. How often should you reassess the victim during CPR?

- A. Every minute
- B. Every 2 minutes or after 5 cycles of compressions and breaths**
- C. After every cycle of compressions
- D. Only when using an AED

Reassessing the victim during CPR is crucial to ensure that you monitor their condition and adjust your actions as necessary. After performing 5 cycles of CPR, which typically takes about 2 minutes, it's important to reassess the victim. This allows the rescuer to check for signs of recovery, such as normal breathing or responsiveness, and to respond appropriately based on the victim's changing condition. Reassessing every 2 minutes or after 5 cycles of compressions and breaths provides a structured approach to ensure that you're not continuously interrupting the chest compressions, which could reduce the effectiveness of CPR. Interruptions can affect blood flow and oxygen delivery to vital organs, so timing is important. This method aligns with guidelines from organizations such as the American Heart Association, emphasizing the need to perform CPR effectively while also being responsive to any changes in the victim's status.

3. During multiple provider CPR for infants, where does the compressor stand?

- A. At the infant's side
- B. At the infant's head
- C. At the infant's feet**
- D. At the infant's back

In multiple provider CPR for infants, the compressor stands at the infant's side. This positioning allows the person performing chest compressions to maintain an effective technique while keeping the head clear for someone else to provide rescue breaths. When rescuers work together, standing at the side of the infant facilitates better coordination and communication between providers, allowing them to efficiently switch roles if necessary. The placement at the side also helps ensure that compressions can be delivered effectively without obstructing the airway during ventilations, which is essential given the delicate nature of an infant's anatomy. In the event of a life-threatening situation, it is crucial for all providers to ensure that they can provide assistance without interfering with one another's actions.

4. If you are the sole provider performing CPR on a child, how many chest compressions should you deliver?

- A. 15 compressions
- B. 30 compressions**
- C. 45 compressions
- D. 60 compressions

When performing CPR on a child as the sole provider, the current guidelines recommend delivering 30 chest compressions followed by 2 rescue breaths. This ratio ensures that there is a sufficient amount of blood circulation generated by the compressions while also providing necessary oxygenation through the rescue breaths. The rationale behind delivering 30 compressions is based on the need to maintain blood flow effectively during cardiopulmonary resuscitation. The cycle of compressions followed by rescue breaths aims to provide a balance between circulation and oxygen delivery, optimizing the chances of resuscitation. This approach is particularly important for children, as their physiology may require attention to both heart and lung function in the event of a cardiac arrest. The specific ratio of 30:2 has been established to promote effective CPR outcomes in pediatric patients, maintaining a focus on the need for immediate and continued support until emergency medical services arrive.

5. In children and infants, what are the most common causes of cardiac arrest?

- A. Respiratory failure or shock**
- B. Trauma or drowning
- C. Electrocutation or choking
- D. Heart defects or dehydration

Respiratory failure or shock is recognized as the most common cause of cardiac arrest in children and infants due to their unique physiological characteristics. Children and infants have smaller airways, and their respiratory systems can be more easily compromised by various situations like respiratory illnesses, choking, or severe asthma attacks. When respiratory failure occurs, it can rapidly lead to decreased oxygen being delivered to the heart and other vital organs, resulting in cardiac arrest. Shock, including hypovolemic shock due to dehydration or blood loss, also plays a significant role. In children, even a minor loss of fluid can lead to significant impacts on their circulatory system, causing their hearts to fail if not promptly addressed. This response highlights the importance of maintaining adequate airway management and circulatory support to prevent cardiac arrest in this vulnerable population. While trauma, drowning, electrocution, choking, heart defects, and dehydration can contribute to cardiac arrest, they are not as prevalent as the effects of respiratory issues or shock in this age group, making the primary focus on airway and respiratory support crucial for effective emergency response in children and infants.

6. What is the fourth step of AED use for children and infants?

- A. Expose the chest
- B. Deliver a shock
- C. Attach the pads
- D. Prepare to let the AED analyze the heart's rhythm**

The fourth step of using an Automated External Defibrillator (AED) for children and infants is to prepare to let the AED analyze the heart's rhythm. This step is crucial as it allows the device to determine whether a shock is needed. Once the pads are properly attached to the patient's chest as per the earlier steps, the AED will prompt the user to ensure that no one is touching the patient while it analyzes the heart's electrical activity. This process is critical because the AED relies on the electrical signals from the heart to identify an arrhythmia, particularly a life-threatening condition such as ventricular fibrillation or pulseless ventricular tachycardia. If an appropriate rhythm is detected, the AED will advise the user to deliver a shock. Skipping this step would prevent the AED from performing its essential function of deciding whether a shock is required, thus potentially endangering the patient's life.

7. In the context of CPR, what is critical when switching compressions and using an AED?

- A. Compressions must be stopped when analyzing**
- B. Compressions can continue during analysis
- C. Providers should keep the area quiet
- D. The AED must remain on at all times

Stopping compressions during the AED's analysis phase is critical to ensure the device can accurately assess the heart rhythm. If compressions continue while the AED is analyzing, it may interfere with the readings, leading to incorrect judgments about whether a shock is needed. The AED relies on a clear assessment of the heart's activity, which can be obscured by the mechanical movement and electrical activity produced by ongoing chest compressions. Maintaining a quiet environment is typically encouraged for communication and focus but is not as essential during this specific phase as ensuring the AED can perform its analysis correctly. Additionally, while keeping the AED turned on throughout the process is important for continued guidance and safety, it is most crucial to stop compressions at the right moment to allow for an accurate assessment and potentially critical shock delivery.

8. Why is it important to perform rescue breaths at a slow and controlled rate?

- A. To prevent hyperventilation**
- B. To ensure the child breathes out properly
- C. To allow time for chest compressions
- D. To maximize airflow

Performing rescue breaths at a slow and controlled rate is essential primarily to prevent hyperventilation. Hyperventilation can lead to a decrease in carbon dioxide levels in the blood, which can cause complications such as decreased blood flow to the brain and other organs. By ensuring that rescue breaths are given slowly and at an appropriate volume, you help maintain a balanced exchange of gases. This controlled approach allows the child's body to utilize the oxygen being provided without overwhelming their system. Hyperventilation is particularly concerning in children and infants, whose physiological responses can be more sensitive than those of adults. Therefore, managing the rate and depth of breaths is crucial to provide the most effective care in an emergency situation, ensuring that the child receives both adequate oxygen and maintains appropriate carbon dioxide levels in the blood.

9. Which of the following is NOT a component of the pediatric in-hospital cardiac chain of survival?

- A. Pediatric Advanced Life Support
- B. Prevention**
- C. Recognition of Cardiac Emergency
- D. Recovery

The component of the pediatric in-hospital cardiac chain of survival that is not included is prevention. The pediatric chain of survival typically consists of four key elements: recognition of the cardiac emergency, activation of the emergency response system (which often includes calling for help and providing appropriate life support), effective cardiopulmonary resuscitation (CPR), and the utilization of advanced life support measures such as Pediatric Advanced Life Support (PALS) training. While prevention of cardiac events is certainly a crucial aspect of overall pediatric care and health management, it does not fall within the immediate response framework of the cardiac chain of survival that focuses on the actions taken during a cardiac emergency. The chain emphasizes the steps needed to address the emergency once it occurs, making it vital that responders are equipped with the knowledge and skills necessary for recognition, response, and recovery rather than prevention strategies.

10. What is the role of supplemental oxygen upon achieving ROSC when delivering CPR to a child?

- A. Use oxygen based on available supply
- B. Use oxygen to induce hyperoxygenation
- C. Follow facility protocols to maintain normal oxygen saturation**
- D. Supplemental oxygen is not needed

Following the return of spontaneous circulation (ROSC) after CPR, the primary role of supplemental oxygen is to ensure that the child's oxygen saturation reaches a normal level, which is crucial for adequate tissue perfusion and recovery. Maintaining normal oxygen saturation reduces the risk of further complications related to hypoxia. Utilizing supplemental oxygen helps to quickly restore adequate oxygen levels in the bloodstream, which can be especially vital in a post-cardiac arrest scenario where the child's body may still be recovering from the effects of prolonged oxygen deprivation. Monitoring oxygen saturation with a pulse oximeter can guide the amount of supplemental oxygen needed to achieve a saturation level usually between 94-99%. Other approaches, such as inducing hyperoxygenation, could risk oxygen toxicity, and there is no need for arbitrary use of available oxygen supplies without regard for saturation levels. Inappropriate use of oxygen can either lead to inadequate oxygenation or excessive oxygen levels, both of which can be harmful. Therefore, following facility protocols is essential to ensure both accuracy and safety in oxygen delivery after ROSC.

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://blsforchildreninfants.examzify.com>

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

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