BLS Hospital Corpsman Practice Exam (Sample)

Study Guide

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Questions

1. What is the primary concern associated with airway obstruction?

A. Prevention of bleeding

B. Prevention of inhalation or ventilation

C. Prevention of heart rhythm abnormalities

D. Prevention of loss of consciousness

2. What protection do CPR breathing barriers provide?

A. Against physical injury

B. Against exposure to blood and bodily fluids

C. Against electrical hazards

D. Against airborne pathogens

3. What is the primary purpose of chest compressions during CPR?

A. To restore normal breathing

B. To improve blood circulation

C. To clear the airway

D. To stabilize the spine

4. For children, how should you begin CPR if they are found unresponsive with no pulse?

A. Only provide rescue breaths until emergency help arrives

B. Begin with chest compressions immediately

C. Check for breathing for 10 seconds

D. Place them on their side to clear airways

5. What is the recommended ratio of compressions to rescue breaths in adult CPR?

A. 15:2

B. 30:2

C. 5:1

D. 10:1

6. What is defined as the cessation of heart function?

- **A. Myocardial infarction**
- **B. Arrhythmia**
- **C. Cardiac arrest**
- **D. Heart failure**

7. What is the recovery position used for?

- **A. To maintain a stable posture**
- **B. To ensure an open airway in an unresponsive but breathing patient**
- **C. To prepare for transport to a medical facility**
- **D. To prevent patient movement**

8. How often should a ventilation be given to a patient in respiratory arrest?

- **A. Once every 3 seconds**
- **B. Once every 5 to 6 seconds**
- **C. Once every 10 seconds**
- **D. Once every 2 minutes**

9. What is the appropriate chest compression technique for adults?

- **A. Using one hand**
- **B. Using two hands**
- **C. Using the knee**
- **D. Using the forearm**

10. What is the purpose of back blows when assisting a choking individual?

- **A. To check for responsiveness**
- **B. To force air into the lungs**
- **C. To create pressure to expel the obstruction**
- **D. To signal for help**

Answers

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

Explanations

1. What is the primary concern associated with airway obstruction?

A. Prevention of bleeding

B. Prevention of inhalation or ventilation

C. Prevention of heart rhythm abnormalities

D. Prevention of loss of consciousness

The primary concern associated with airway obstruction is the prevention of inhalation or ventilation. When the airway becomes blocked, it inhibits the ability to move air in and out of the lungs, which is crucial for oxygenation of the blood. Without adequate airflow, the body may not receive the oxygen it needs, leading to hypoxia (insufficient oxygen in the tissues) and potentially life-threatening situations. While other concerns, such as loss of consciousness and heart rhythm abnormalities, can occur as secondary effects of inadequate ventilation, the immediate and critical risk is the inability to breathe. This makes maintaining a clear airway essential during emergency situations, as restoring ventilation allows for the resumption of normal oxygenation and prevents further complications. The focus on airway obstruction emphasizes the importance of airway management in medical emergencies, particularly for healthcare providers who must respond promptly to such situations to safeguard a patient's life.

2. What protection do CPR breathing barriers provide?

A. Against physical injury

B. Against exposure to blood and bodily fluids

C. Against electrical hazards

D. Against airborne pathogens

CPR breathing barriers are specifically designed to provide a shield between the rescuer and the victim during mouth-to-mouth resuscitation. The primary purpose of these barriers is to protect the rescuer from exposure to blood and bodily fluids, which can transmit infectious diseases. By covering the victim's mouth, the barrier prevents direct contact, thus reducing the risk of the rescuer being exposed to potentially harmful substances during the resuscitation process. In addition to safeguarding against blood and fluids, CPR breathing barriers also serve to create a sealed environment to optimize the effectiveness of rescue breaths, ensuring that the air delivered to the patient is not lost and is as effective as possible. This design feature enhances the safety and effectiveness of CPR for both the rescuer and the victim.

3. What is the primary purpose of chest compressions during CPR?

A. To restore normal breathing

B. To improve blood circulation

C. To clear the airway

D. To stabilize the spine

The primary purpose of chest compressions during CPR is to improve blood circulation. When a person's heart stops beating, the normal flow of blood to vital organs ceases, which can lead to irreversible damage in just a few minutes. Performing chest compressions helps to manually pump blood through the heart and vital organs, providing essential oxygen and nutrients, and maintaining a level of circulation that can sustain life until advanced medical help arrives. This process is critical in increasing the chances of survival and reducing the risk of long-term damage to the brain and other organs. While restoring normal breathing, clearing the airway, and stabilizing the spine are important components of comprehensive patient care, they do not directly address the immediate need to circulate blood effectively during cardiac arrest. Hence, enhancing circulation through chest compressions is the foremost priority in a CPR situation.

4. For children, how should you begin CPR if they are found unresponsive with no pulse?

A. Only provide rescue breaths until emergency help arrives

B. Begin with chest compressions immediately

C. Check for breathing for 10 seconds

D. Place them on their side to clear airways

When a child is found unresponsive without a pulse, initiating CPR with chest compressions is crucial because it helps maintain circulation to vital organs, particularly the brain and heart. Since children might experience cardiac arrest due to respiratory issues, starting with chest compressions ensures that blood continues to flow while you assess the situation further. Starting CPR with chest compressions also aligns with the recommendations of the American Heart Association, which emphasizes that effective chest compressions are vital in the early phase of cardiac arrest. This approach helps maximize the chances of a favorable outcome by maintaining blood flow until emergency medical services can take over. Other methods, such as solely providing rescue breaths or checking for breathing, could delay critical life-saving actions. Placing the child on their side might be useful in certain cases, such as when they are breathing or if there is a risk of choking, but it is not the appropriate first step in cardiac arrest situations where immediate chest compressions are necessary.

5. What is the recommended ratio of compressions to rescue breaths in adult CPR?

A. 15:2

B. 30:2

C. 5:1

D. 10:1

In adult CPR, the recommended ratio of compressions to rescue breaths is 30:2. This means that for every 30 chest compressions performed, two rescue breaths should be provided. This ratio is designed to ensure adequate blood flow and oxygenation during a cardiac arrest situation, focusing initial efforts on compressions, which are critical for maintaining circulation until professional medical help arrives or until the person begins to show signs of recovery. The 30:2 ratio is established based on guidelines that emphasize the importance of high-quality chest compressions at an adequate rate and depth. By performing 30 compressions before giving rescue breaths, rescuers can maintain blood circulation more effectively, as continuous compressions are vital for keeping oxygen moving to vital organs. The two rescue breaths then provide necessary oxygenation to the lungs. This approach has been corroborated by evidence and teaching from organizations such as the American Heart Association, which provides updated guidelines for CPR practices. The simplified ratio allows for better retention of skills during training and practical application in emergencies.

6. What is defined as the cessation of heart function?

A. Myocardial infarction

B. Arrhythmia

C. Cardiac arrest

D. Heart failure

Cessation of heart function is specifically referred to as cardiac arrest. This condition occurs when the heart stops beating effectively, leading to a halt in blood flow throughout the body. During cardiac arrest, the heart may be experiencing either an absence of a pulse or uncoordinated heart rhythms that prevent it from pumping blood. Understanding this concept is crucial for medical personnel, particularly in emergency situations, as recognizing cardiac arrest allows for immediate intervention such as cardiopulmonary resuscitation (CPR) and defibrillation, which are vital for restoring heart function and potentially saving a life. While other terms like myocardial infarction, arrhythmia, and heart failure are related to heart conditions, they describe different phenomena. Myocardial infarction refers to a heart attack, where blood flow to a part of the heart is blocked, but the heart may still function. Arrhythmia describes abnormal heart rhythms that may or may not lead to cardiac arrest. Heart failure involves the heart's inability to pump effectively, but it is not synonymous with the complete cessation of heart function that is seen in cardiac arrest.

7. What is the recovery position used for?

A. To maintain a stable posture

B. To ensure an open airway in an unresponsive but breathing patient

C. To prepare for transport to a medical facility

D. To prevent patient movement

The recovery position is specifically designed to ensure that an unresponsive patient who is still breathing has a clear and open airway. By placing the patient in this lateral position, the risk of airway obstruction is significantly reduced, as the tongue is less likely to block the throat and any fluids that may be present have a lower chance of leading to aspiration. This position also allows for drainage of fluids, which is particularly important in cases of vomiting or potential respiratory compromise. When a patient is unresponsive, maintaining their airway is paramount to supporting their breathing and preventing further complications. The recovery position also helps enable proper circulation and provides a means for monitoring the patient's condition while minimizing the risk of additional injury, especially in traumatic situations. Other options, while they may relate to overall patient care, do not accurately reflect the primary purpose of the recovery position in the context of an unresponsive patient who is still breathing.

8. How often should a ventilation be given to a patient in respiratory arrest?

A. Once every 3 seconds

B. Once every 5 to 6 seconds

C. Once every 10 seconds

D. Once every 2 minutes

In cases of respiratory arrest, the recommended protocol for providing artificial ventilation involves delivering breaths at a rate of once every 5 to 6 seconds. This rate is critical because it allows for an adequate exchange of air, ensuring that oxygen is delivered to the lungs while allowing sufficient time for exhalation. Delivering breaths too frequently can lead to complications, such as the risk of over-inflating the lungs, which may contribute to decreased effectiveness of ventilation and potential injury to lung tissue. This 5 to 6 seconds interval strikes a balance between maintaining adequate oxygenation and preventing air from entering the stomach, which could lead to complications like aspiration. Understanding the correct timing for ventilation is important for effective resuscitation efforts in patients experiencing respiratory arrest.

9. What is the appropriate chest compression technique for adults?

A. Using one hand

<u>B. Using two hands</u>

C. Using the knee

D. Using the forearm

The appropriate chest compression technique for adults involves using two hands, specifically the heel of one hand placed on the center of the chest, with the other hand placed on top and interlaced fingers. This method ensures that adequate force is applied to the chest, allowing for effective compression and venous return to the heart. The use of two hands allows the rescuer to generate enough pressure, which is critical for promoting blood circulation during cardiac arrest. Proper hand positioning and technique are vital for maximizing the effectiveness of the compressions, which should be delivered at a rate of about 100 to 120 compressions per minute and at a depth of at least 2 inches. This method is widely endorsed in basic life support training and guidelines to ensure optimal outcomes during resuscitation efforts.

10. What is the purpose of back blows when assisting a choking individual?

A. To check for responsiveness

B. To force air into the lungs

<u>C. To create pressure to expel the obstruction</u>

D. To signal for help

The purpose of back blows when assisting a choking individual is to create pressure to expel the obstruction. This technique, which involves delivering firm blows between the shoulder blades, is designed to generate sufficient force in the airway to dislodge the object that is blocking breathing. When the back blows are effective, they can help to dislodge the foreign body, allowing the individual to breathe again. Back blows are part of the choking rescue procedure which typically involves a combination of techniques, including abdominal thrusts. When executed properly, the pressure created from these blows can help mobilize the obstruction due to the sudden and forceful movement that occurs in the body during this action. Other options do not accurately reflect the purpose of back blows. Checking for responsiveness is a separate assessment to determine the individual's condition. Forcing air into the lungs is not the function of back blows; that action would be related to rescue breaths, and signaling for help is a vital step but is not the direct purpose of delivering back blows.