BSO Protocols Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

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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

1. **Pediatric Seizure (Not actively seizing and Febrile): Which medication and dose is indicated?**
   - **A. Acetaminophen/Tylenol: 15 mg/kg PO single dose**
   - **B. Ibuprofen: 10 mg/kg PO**
   - **C. Acetaminophen/Tylenol: 5 mg/kg PO**
   - **D. Ketamine: 0.5 mg/kg IM**

2. **In Cardiac Arrest Asystole/PEA, what is the drip configuration for the drug given?**
   - **A. Epinephrine: 2 mg in 100 mL bag, 10 drop set, 1 drop/sec**
   - **B. Epinephrine: 1 mg in 100 mL bag, 10 drop set**
   - **C. Amiodarone: 150 mg in 100 mL bag**
   - **D. Lidocaine: 1 mg/kg in 100 mL bag**

3. **Nuchal Cord – if there is more than one loop, what action should be taken?**
   - **A. Clamp and cut the cord**
   - **B. Gently hook your finger under the loop and pull it over the newborn's head**
   - **C. Keep the loop in place and await hospital care**
   - **D. Immediately perform cesarean section**

4. **In the Adult Cardiogenic Shock protocol, which ventilation option is listed?**
   - **A. Lasix: 40mg IV (1 dose)**
   - **B. Nitro-Paste: 1\" to the anterior upper chest**
   - **C. CPAP (10cmH2O)**
   - **D. Aspirin: 324mg (81mg x 4) PO**

5. **In hip fracture/dislocation care, which additional step is recommended?**
   - **A. Splint in Position of Comfort with pillows/blankets**
   - **B. Move to a hard board**
   - **C. Remove the limb**
   - **D. No care needed**

6. Pediatric Stable VT: If Amiodarone is unavailable, which drug and dose is recommended?

A. Amiodarone: 5 mg/kg IV/IO

B. Lidocaine: 1 mg/kg IV/IO Push (100 mg max)

C. Epinephrine: 0.01 mg/kg

D. Magnesium sulfate: 40 mg/kg

7. In pediatric moderate/severe allergic reaction, which Solu-Medrol dose is used?

A. Epinephrine 0.01 mg/kg IM

B. Albuterol 2.5 mg Nebulized

C. Benadryl 1 mg/kg IV/IO (Diluted)

D. Solu-Medrol 2 mg/kg IV/IO/IM (1 dose)

8. Management of a flail chest includes which of the following?

A. Administer pain medication

B. Prepare for transport

C. Stabilize flail segment with a bulky dressing

D. Apply oxygen

9. Which action is an immediate initial measure in postpartum hemorrhage resuscitation?

A. Pitocin 10 Units IM

B. High-Flow O2

C. TXA

D. Uterine Massage

10. In an adult mild allergic reaction, what is the recommended Benadryl dose?

A. 25 mg IV/IO/IM

B. 12.5 mg IV/IO/IM

C. 50 mg IV/IO/IM

D. 5 mg IV/IO/IM

Answers

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

Explanations

1. Pediatric Seizure (Not actively seizing and Febrile): Which medication and dose is indicated?

A. Acetaminophen/Tylenol: 15 mg/kg PO single dose

B. Ibuprofen: 10 mg/kg PO

C. Acetaminophen/Tylenol: 5 mg/kg PO

D. Ketamine: 0.5 mg/kg IM

Managing fever in a child who isn't actively seizing focuses on reducing fever and keeping the child comfortable. Acetaminophen is a common first-line antipyretic in pediatrics because it's effective and has a favorable safety profile when dosed correctly. A standard single oral dose is 15 mg/kg, given once, with the option to repeat every 4–6 hours as needed if the fever persists, while watching the total daily amount. This dose reliably lowers fever without the higher risk of stomach upset and other issues that can come with NSAIDs in some kids. The other options either underdose acetaminophen, rely on an NSAID without considering age or hydration factors, or use a drug (ketamine) that isn't used for fever or febrile seizures. So, acetaminophen at 15 mg/kg by mouth as a single dose is the best choice here.

2. In Cardiac Arrest Asystole/PEA, what is the drip configuration for the drug given?

A. Epinephrine: 2 mg in 100 mL bag, 10 drop set, 1 drop/sec

B. Epinephrine: 1 mg in 100 mL bag, 10 drop set

C. Amiodarone: 150 mg in 100 mL bag

D. Lidocaine: 1 mg/kg in 100 mL bag

When the heart isn't pumping effectively in arrest (asystole or PEA), epinephrine is given as a continuous infusion to boost perfusion pressure and improve blood flow to the heart and brain during CPR. The chosen setup—epinephrine 2 mg in 100 mL, using a 10 drops per mL drip set, at a rate of 1 drop per second—creates a steady, controllable infusion rather than repeated boluses. With this configuration, the flow rate is about 6 mL per minute (1 drop/sec with a 10 gtt/mL set equals 60 drops/min ÷ 10 gtt/mL = 6 mL/min). The resulting dose is roughly 0.12 mg per minute (2 mg/100 mL × 6 mL/min = 0.12 mg/min), which translates to about 1–2 micrograms per kilogram per minute for a typical adult. This rate provides sustained sympathetic stimulation to support coronary and cerebral perfusion during ongoing CPR, aligning with guidelines that favor continuous infusion after initial boluses in non-shockable rhythms. Other options either describe different drugs, different dosing methods, or rely on bolus administration rather than a continuous infusion, which is not ideal for maintaining perfusion during prolonged resuscitation.

3. Nuchal Cord – if there is more than one loop, what action should be taken?

A. Clamp and cut the cord

B. Gently hook your finger under the loop and pull it over the newborn's head

C. Keep the loop in place and await hospital care

D. Immediately perform cesarean section

Relieving constriction by sliding the loop over the baby's head is the best course because it frees the airway and maintains blood flow through the umbilical cord without severing the connection before delivery. Gently hooking a finger under the loop and guiding it over the newborn's head reduces neck compression and minimizes the risk of hypoxia, making delivery safer for both baby and mother. Clamping and cutting the cord would interrupt placental blood flow before the baby is fully delivered, which isn't appropriate when there's still a loop around the neck. Keeping the loop in place and awaiting hospital care could leave the baby under ongoing constriction. An emergency cesarean section is not the immediate action for a non-prolonged vaginal birth with a nuchal cord.

4. In the Adult Cardiogenic Shock protocol, which ventilation option is listed?

A. Lasix: 40mg IV (1 dose)

B. Nitro-Paste: 1\" to the anterior upper chest

C. CPAP (10cmH2O)

D. Aspirin: 324mg (81mg x 4) PO

In this scenario, the key idea is recognizing the ventilation strategy used for an adult in cardiogenic shock with pulmonary edema. Continuous positive airway pressure at 10 cm H2O provides noninvasive ventilation that keeps alveoli open, improves oxygenation, and reduces the work of breathing. It can also help modestly by decreasing preload and afterload, which supports the failing heart in pulmonary edema. The other items aren't ventilation options: Lasix is a diuretic to remove excess fluid, Nitro-Paste is a vasodilator to reduce preload/afterload, and Aspirin is an antiplatelet therapy. So, CPAP at 10 cmH2O is the ventilation option listed.

5. In hip fracture/dislocation care, which additional step is recommended?

A. Splint in Position of Comfort with pillows/blankets

B. Move to a hard board

C. Remove the limb

D. No care needed

When someone may have a hip fracture or dislocation, the priority is to keep the injured leg as still and supported as possible to reduce pain and prevent further injury. Splinting in the position of comfort using pillows or blankets provides gentle stabilization that preserves the leg's natural alignment without forcing movement or straightening the limb. This approach helps protect surrounding tissues, nerves, and blood vessels from additional damage and makes it safer to transport the person to medical care. Moving the person onto a hard board can create uncomfortable pressure points and may worsen pain or displacement because it rigidly fixes the limb without accommodating its natural resting position. Removing the limb or doing nothing at all would ignore the need for stabilization and could lead to serious complications, so immediate immobilization with soft supports is the appropriate step.

6. Pediatric Stable VT: If Amiodarone is unavailable, which drug and dose is recommended?

A. Amiodarone: 5 mg/kg IV/IO

B. Lidocaine: 1 mg/kg IV/IO Push (100 mg max)

C. Epinephrine: 0.01 mg/kg

D. Magnesium sulfate: 40 mg/kg

When a child with stable ventricular tachycardia doesn't have amiodarone available, lidocaine given as a single IV/IO bolus at 1 mg/kg (with a maximum of 100 mg) is the recommended next step. Lidocaine acts quickly to suppress ventricular arrhythmias, making it a practical and effective alternative in this situation. If the VT recurs, additional dosing or a short course of infusion can be used per protocol. The other options aren't the best fit here: epinephrine is a vasopressor used during CPR, not to terminate stable VT; magnesium sulfate is mainly for torsades de pointes or specific electrolyte issues; and amiodarone would be preferred but is not available in this scenario.

7. In pediatric moderate/severe allergic reaction, which Solu-Medrol dose is used?

A. Epinephrine 0.01 mg/kg IM

B. Albuterol 2.5 mg Nebulized

C. Benadryl 1 mg/kg IV/IO (Diluted)

D. Solu-Medrol 2 mg/kg IV/IO/IM (1 dose)

In pediatric moderate to severe allergic reactions, methylprednisolone (Solu-Medrol) is used as an anti-inflammatory adjunct to epinephrine to help reduce airway swelling and the chance of a ongoing or biphasic reaction. The standard dosing is 2 mg per kilogram of body weight, given as a single dose by IV, IO, or IM depending on access and patient condition, with a common maximum around 60 mg. This weight-based, single-dose approach ensures an appropriate systemic dose for children of different sizes and can be administered even if IV access isn't immediately available. While epinephrine is the main life-saving treatment and others like albuterol or diphenhydramine have roles, the specific Solu-Medrol dose being described is the 2 mg/kg single dose.

8. Management of a flail chest includes which of the following?

A. Administer pain medication

B. Prepare for transport

C. Stabilize flail segment with a bulky dressing

D. Apply oxygen

Stabilizing the flail segment with a bulky dressing is the key action because the main problem in flail chest is the chest wall instability that causes paradoxical movement and poor ventilation. By padding and securing the injured area with a bulky dressing, you limit that abnormal motion, help re-expand the affected lung, and improve breathing effort. Oxygen supports gas exchange, and analgesia improves comfort and allows deeper breaths, but they don't address the mechanical instability. Preparing for transport is essential in trauma care, yet the most direct intervention for this specific injury is external stabilization of the chest wall.

9. Which action is an immediate initial measure in postpartum hemorrhage resuscitation?

A. Pitocin 10 Units IM

B. High-Flow O2

C. TXA

D. Uterine Massage

In postpartum hemorrhage resuscitation, the immediate priority is to support breathing and oxygen delivery as you begin stabilization. Providing high-flow oxygen ensures the mother's tissues receive adequate oxygen even while blood loss is ongoing, helping prevent hypoxia and organ injury as you assess volume status and initiate resuscitation. This step fits into the ABC approach—airway and breathing come before addressing the source of bleeding. Uterine massage and uterotonics to stop the bleed, and antifibrinolytics to reduce ongoing blood loss, are essential parts of management, but they address the hemorrhage itself rather than the immediate need to optimize oxygenation during resuscitation. Ensuring good oxygenation is the fastest way to protect the patient's physiology while other measures are started.

10. In an adult mild allergic reaction, what is the recommended Benadryl dose?

A. 25 mg IV/IO/IM

B. 12.5 mg IV/IO/IM

C. 50 mg IV/IO/IM

D. 5 mg IV/IO/IM

Diphenhydramine works by blocking histamine receptors to reduce symptoms like itching and hives in a mild allergic reaction. For adults, a single 50 mg dose given IV, IO, or IM is a common, effective amount that provides rapid relief and fits standard dosing guidelines. This amount strikes a balance between achieving sufficient antihistamine effect and keeping side effects manageable. Smaller amounts, such as 5 mg or 12.5 mg, are generally too low to reliably counter histamine-driven symptoms, and while some protocols include 25 mg, 50 mg is the typical single-dose option for adults in this setting. If given IV, administer slowly and monitor for drowsiness or low blood pressure; IM is often preferred when quick access to IV isn't available.

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://bsoprotocol.examzify.com

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