BSO PROTOCOLS PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

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. **Naloxone dosing follow-up: If respiratory rate remains <12 after initial Narcan.**

   A. every 2 minutes, max 15 mg

   B. every 1 minute, max 10 mg

   C. every 5 minutes, max 5 mg

   D. only once

2. **In pediatric stroke management, where should the IV catheter be placed?**

   A. Basilic vein

   B. Jugular vein

   C. Femoral vein

   D. Antecubital vein

3. **For eye exposure to chemicals or irritants, what is the recommended immediate action?**

   A. Remove contact lenses if present

   B. Irrigate affected eye with Normal Saline

   C. Consider Pain Management

   D. Sudecone wipes (Pepper spray or Tear gas)

4. **In electrocution or lightning strike during cardiac arrest, what precaution should be considered?**

   A. Spinal motion restriction

   B. Defibrillate immediately after 30 minutes

   C. High-dose aspirin

   D. Do not perform CPR

5. **Adult Seizure: If not responsive to two doses of Versed, what is the next medication and dose?**

   A. Ketamine 100 mg IV/IO/IM (Diluted)

   B. Diazepam 5 mg IV

   C. Propofol 50 mg IV

   D. Lacosamide 100 mg IV

6. In adult burn management, which IV fluid volume is listed for initial resuscitation?

A. Normal Saline: 1L

B. Normal Saline: 2L

C. Lactated Ringer's: 1L

D. Normal Saline: 500 mL

7. Which action is recommended for adult heat cramps or heat exhaustion?

A. Ignore symptoms and continue activity

B. Administer IV caffeine

C. Move patient into shaded or air-conditioned area and remove excessive clothing

D. Apply ice packs to the neck

8. If the heart rate remains below 60, what is the recommended procedure?

A. Do Not CPR

B. Chest Compressions Only

C. PPV/Compressions 3:1

D. Push-Dose Epinephrine

9. During pediatric advanced airway Induction for Airway Control, which induction agent is used for rapid onset?

A. Etomidate 0.3 mg/kg IV/IO RAPID (1 Dose)

B. Ketamine 1 mg/kg IV/IO RAPID

C. Propofol 1 mg/kg IV/IO RAPID

D. Succinylcholine 1 mg/kg IV

10. Pediatric Beta Blocker Overdose: Transcutaneous pacing rate?

A. 60 BPM

B. 70 BPM

C. 75 BPM

D. 80 BPM

Answers

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

Explanations

1. Naloxone dosing follow-up: If respiratory rate remains <12 after initial Narcan.

A. every 2 minutes, max 15 mg

B. every 1 minute, max 10 mg

C. every 5 minutes, max 5 mg

D. only once

The main idea is to titrate naloxone to restore breathing by giving small, repeat doses and reassessing quickly. If the patient's respiratory rate stays below 12 after the initial Narcan, you continue dosing at short intervals so you can judge response promptly and avoid over- or under-reversal. The recommended approach uses a 1-minute interval for each additional dose and caps the total amount at 10 mg. This balance helps rapidly reverse opioid-induced respiratory depression while reducing the risk of precipitating withdrawal or causing withdrawal-like agitation, and it accounts for scenarios where the opioid effect could re-emerge as naloxone wears off. If there's still poor ventilation after reaching the maximum or after several doses, prioritize airway support and further medical management.

2. In pediatric stroke management, where should the IV catheter be placed?

A. Basilic vein

B. Jugular vein

C. Femoral vein

D. Antecubital vein

In pediatric stroke management, obtaining rapid, reliable IV access is essential to deliver fluids, medications, and any necessary imaging contrast. The antecubital fossa veins are the preferred peripheral IV site because they are usually larger and lie in a stable, easily accessible region of the elbow crease, allowing quick cannulation and a secure line. This minimizes the need for more invasive central venous access, which carries greater risk in children. Central sites like the jugular or femoral veins are reserved for when peripheral access fails or central access is specifically indicated. While the basilic vein can be used, the antecubital veins (median cubital or cephalic) are typically easier to cannulate in kids and provide faster, reliable access for urgent stroke management.

3. For eye exposure to chemicals or irritants, what is the recommended immediate action?

A. Remove contact lenses if present

B. Irrigate affected eye with Normal Saline

C. Consider Pain Management

D. Sudecone wipes (Pepper spray or Tear gas)

Immediate irrigation with normal saline is the best first step because it quickly dilutes and washes away any chemical or irritant from the eye, reducing surface damage and helping protect vision. Use a generous stream of isotonic saline or clean water, keeping the eye open and flushing for about 15–20 minutes to ensure the contaminant is removed from the entire ocular surface. If contact lenses are present and can be removed quickly without delaying irrigation, take them out to improve cleansing, but don't delay the flushing. After irrigation, seek medical evaluation, especially if there's ongoing pain, vision changes, or suspicion of caustic chemical exposure. Pain relief or wipes are not the primary immediate action.

4. In electrocution or lightning strike during cardiac arrest, what precaution should be considered?

A. Spinal motion restriction

B. Defibrillate immediately after 30 minutes

C. High-dose aspirin

D. Do not perform CPR

Spinal motion restriction is important here because electrical injuries from electrocution or lightning can be accompanied by blunt trauma, including neck or spine injuries that aren't immediately obvious. Protecting the spine during assessment and resuscitation helps prevent further injury while you check airway, breathing, and circulation. In practice, assume a possible cervical spine injury and keep the head and neck in a neutral, aligned position; use manual in-line stabilization and apply a collar if available, adding immobilization as you proceed with CPR or move the patient. Defibrillating immediately after a long delay isn't appropriate; defibrillation should be guided by rhythm and delivered as soon as a shockable rhythm is present, not after a fixed 30-minute wait. High-dose aspirin isn't indicated in this context, since the scenario is electrical injury with potential trauma rather than a typical myocardial infarction. And CPR should be performed when appropriate; withholding CPR contradicts basic resuscitation principles.

5. Adult Seizure: If not responsive to two doses of Versed, what is the next medication and dose?

A. Ketamine 100 mg IV/IO/IM (Diluted)

B. Diazepam 5 mg IV

C. Propofol 50 mg IV

D. Lacosamide 100 mg IV

When a seizure in an adult does not respond to two doses of a benzodiazepine, you're dealing with refractory status epilepticus and need a rapid-acting non-benzodiazepine agent to stop the seizure quickly. Ketamine fits this role because it blocks NMDA receptors involved in sustaining seizures and acts fast. It can be given IV, IO, or IM, and is often diluted for a controlled bolus delivery. This option is preferred in many protocols because ketamine tends to preserve airway reflexes and maintain blood pressure better than some other sedatives, which helps in emergency settings where airway management can be challenging. The suggested dose of 100 mg provides a rapid, sufficiently high concentration to terminate seizures promptly and can be administered via multiple routes if IV access isn't immediately available. Other choices, like repeating a benzodiazepine or using propofol or other anticonvulsants, may be used in different contexts, but for immediate control after two benzodiazepine doses, a ketamine bolus is a common next step.

6. In adult burn management, which IV fluid volume is listed for initial resuscitation?

A. Normal Saline: 1L

B. Normal Saline: 2L

C. Lactated Ringer's: 1L

D. Normal Saline: 500 mL

Initial burn resuscitation centers on rapidly restoring intravascular volume with an isotonic crystalloid. Lactated Ringer's is preferred because its electrolyte composition and buffering more closely resemble plasma, which helps maintain perfusion without driving a large chloride load that normal saline can cause when given in big volumes. Crucially, the amount isn't a fixed one-liter dose. In adults, volume is guided by the Parkland formula: about 4 mL per kilogram of body weight times the percent of total body surface area burned, all given over the first 24 hours. Half of that is administered in the first 8 hours from the time of burn, with the remainder over the next 16 hours, adjusting based on urine output and patient response. Fixed, small volumes of normal saline don't account for how much burn injury a person has or their body size, and using normal saline in large volumes can contribute to hyperchloremic acidosis. So the key idea is to choose a balanced crystalloid (lactated Ringer's) and tailor the total volume to the injury and the patient, rather than sticking to a predetermined small amount.

7. Which action is recommended for adult heat cramps or heat exhaustion?

A. Ignore symptoms and continue activity

B. Administer IV caffeine

C. Move patient into shaded or air-conditioned area and remove excessive clothing

D. Apply ice packs to the neck

Cooling and rehydrating the body are the priorities. Move the person to shade or air conditioning and remove excess clothing to help heat escape. If they can drink, offer water or an electrolyte beverage to rehydrate, and allow them to rest. Gentle stretching can help with cramps, but the main goal is cooling and fluids, not continuing activity. Avoid caffeine, which can worsen dehydration, and don't ignore symptoms or delay seeking medical help if they worsen or don't improve. Ice packs to the neck aren't the primary treatment for heat exhaustion; focus on a cooler environment and hydration first.

8. If the heart rate remains below 60, what is the recommended procedure?

A. Do Not CPR

B. Chest Compressions Only

C. PPV/Compressions 3:1

D. Push-Dose Epinephrine

When a newborn's heart rate stays below 60 beats per minute after initial ventilation, the next step is to perform chest compressions together with positive-pressure ventilation in a 3:1 ratio. This means three compressions for every breath, about 90 compressions and 30 breaths per minute. The goal is to improve both oxygen delivery and blood flow, since bradycardia in a newborn signals poor perfusion and hypoxemia. Ventilation without compressions won't sufficiently boost circulation, and compressions alone won't oxygenate the blood. Epinephrine is considered later if there's no improvement after CPR and ventilation, but the immediate recommended action is the 3:1 PPV/compressions sequence.

9. During pediatric advanced airway Induction for Airway Control, which induction agent is used for rapid onset?

A. Etomidate 0.3 mg/kg IV/IO RAPID (1 Dose)

B. Ketamine 1 mg/kg IV/IO RAPID

C. Propofol 1 mg/kg IV/IO RAPID

D. Succinylcholine 1 mg/kg IV

The main idea is choosing an induction agent that renders the patient unconscious quickly while keeping the heart and lungs stable enough for a safe airway procedure. Etomidate at 0.3 mg/kg given IV or IO acts very fast, typically producing loss of consciousness within seconds, and it does so with minimal impact on heart rate and blood pressure. It also tends to preserve spontaneous breathing, which can be advantageous during airway control in kids because it reduces the risk if the airway is difficult and ventilation becomes challenging. That combination—rapid onset plus stable hemodynamics and relatively gentle respiratory effects—makes it the preferred option for rapid induction in pediatric airway management. Propofol, while fast-acting, is more likely to cause significant drops in blood pressure and stronger respiratory depression, which can complicate securing the airway. Ketamine does provide rapid onset and preserves airway reflexes, but it raises heart rate and blood pressure and can increase secretions, which may complicate airway management in some children. Succinylcholine is a quick-acting muscle relaxant used to facilitate intubation, but it does not by itself provide anesthesia, so it's not an induction agent.

10. Pediatric Beta Blocker Overdose: Transcutaneous pacing rate?

A. 60 BPM

B. 70 BPM

C. 75 BPM

D. 80 BPM

When a child has bradycardia from beta-blocker overdose, transcutaneous pacing is used to keep the heart beating fast enough to maintain blood flow because the drug's effects blunt the heart's natural pacemaking and conduction. In pediatrics, the pacing rate is typically started around 80 beats per minute, since children rely on a higher heart rate to sustain adequate cardiac output. Rates significantly lower than that may fail to provide enough perfusion in a pediatric patient with bradycardia. If pacing capture is achieved but perfusion is still poor, you can adjust by increasing the rate or the pacing energy while continuing other supportive measures.

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!