Dive Illnesses and Treatments 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. Which measure uses gas mixes to limit nitrogen effects?

A. Avoid all dives

B. Always dive to max depth

C. Use gas mixes to limit nitrogen effects

D. Ignore early signs

2. Which is a late sign of hypothermia?

A. Shivering

B. Confusion

C. Loss of consciousness

D. Cessation of shivering

3. Which is a potential late outcome of hypothermia?

A. Loss of consciousness

B. Rapid heartbeat

C. Increased energy

D. Normal skin color

4. Decompression Sickness Type 2 signs are categorized into which groups?

A. Neurological

B. Neurological, Inner Ear, and Cardiopulmonary

C. Inner Ear and Neurological

D. Cardiopulmonary only

5. Pain (in the joints) is a sign of Decompression Sickness Type 1.

A. Type 1

B. Type 2

C. Cardiopulmonary

D. Inner Ear

6. What is a recommended treatment action for middle ear squeeze during diving?

A. Cease diving

B. Report to dive supervisor

C. Seek medical attention

D. Take decongestants

7. What is the recommended treatment for hypoxia in diving when symptoms are present?

A. Surface, administer 100% O2

B. Descend to deeper depths

C. Decrease oxygen delivery

D. Delay treatment and monitor

8. What is a common immediate action in the treatment of pneumothorax?

A. Seek medical attention immediately

B. Administer 100% oxygen and monitor at home

C. Wait and see if it resolves

D. Apply chest compressions

9. What action should be taken if middle ear squeeze is suspected during a dive?

A. Cease diving

B. Continue descent

C. Increase depth

D. Ignore

10. Which of the following is a prevention measure for CNS Oxygen Toxicity?

A. Ignore CO2 absorbent status.

B. Observe depth-time limits.

C. Increase exertion during ascent.

D. Dive deeper to reduce exposure.

Answers

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

Explanations

1. Which measure uses gas mixes to limit nitrogen effects?

A. Avoid all dives

B. Always dive to max depth

C. Use gas mixes to limit nitrogen effects

D. Ignore early signs

Adjusting the breathing gas composition is a direct way to manage nitrogen-related effects in diving. By using gas mixes that lower the nitrogen fraction or replace nitrogen with helium, divers reduce the partial pressure of nitrogen at depth, which lowers the risk of nitrogen narcosis and reduces decompression stress. Nitrox blends increase oxygen content and decrease nitrogen, extending safe bottom time at recreational depths, while deeper dives use trimix (oxygen, helium, and nitrogen) to further lessen nitrogen narcosis and shorten decompression requirements because helium is less narcotic. This approach specifically targets nitrogen load and narcosis, making it the appropriate measure. Other options don't employ gas mixing to control nitrogen effects and instead either avoid diving, push depth beyond safe limits, or ignore early warning signs.

2. Which is a late sign of hypothermia?

A. Shivering

B. Confusion

C. Loss of consciousness

D. Cessation of shivering

Shivering is how the body tries to generate heat in the early stages of cold exposure. As the core temperature drops further, the body's metabolism slows and shivering can eventually stop. When shivering ceases, it means the thermoregulation system has failed and the person is entering a very advanced, potentially life-threatening stage of hypothermia. This cessation signals a late stage because active heat production has effectively shut down, often alongside worsening mental status such as confusion or decreasing responsiveness, and can progress toward unconsciousness. So, stopping shivering is the hallmark late sign. If someone isn't shivering but is obviously hypothermic, treat it as a medical emergency and begin careful warming and supportive care.

3. Which is a potential late outcome of hypothermia?

A. Loss of consciousness

B. Rapid heartbeat

C. Increased energy

D. Normal skin color

When the body cools in hypothermia, the brain becomes increasingly depressed. This progressive decline in CNS function is why loss of consciousness can occur as a late outcome. Early in hypothermia the body tries to generate heat, so things like shivering and a faster heart rate are common. As cooling continues, shivering stops and mental status deteriorates, leading to lethargy and eventual loss of consciousness. The other options don't fit as late signs: rapid heartbeat is more typical early as a compensatory response; increased energy doesn't occur with cooling; and normal skin color is unlikely because skin becomes pale or bluish due to reduced perfusion from vasoconstriction.

4. Decompression Sickness Type 2 signs are categorized into which groups?

A. Neurological

B. Neurological, Inner Ear, and Cardiopulmonary

C. Inner Ear and Neurological

D. Cardiopulmonary only

Decompression sickness type 2 reflects involvement of several body systems from inert gas bubbles that form during ascent. The signs are grouped into three categories: neurological, inner ear, and cardiopulmonary. Neurological signs can include confusion, weakness, numbness, or difficulty with balance; inner ear signs include vertigo, hearing loss, and tinnitus; cardiopulmonary signs include dyspnea, chest tightness, cough, and signs of respiratory distress. This multi-system grouping helps explain why symptoms can appear in different areas and why rapid assessment across these groups is important for deciding on urgent treatment. The other options miss at least one major category, since type 2 involves more than one system rather than just a single one.

5. Pain (in the joints) is a sign of Decompression Sickness Type 1.

A. Type 1

B. Type 2

C. Cardiopulmonary

D. Inner Ear

Joint pain is a hallmark of Decompression Sickness Type I. When a diver ascends, nitrogen coming out of solution forms bubbles in tissues and around joints, causing the characteristic musculoskeletal pain often called the bends. Type I typically involves joints, skin changes, and swelling, without the more serious neurological or cardiopulmonary symptoms. In contrast, Type II includes signs affecting the nervous system, brain, spinal cord, lungs, or inner ear. Because joint pain aligns with the musculoskeletal, non-neurological presentation of Type I, it's the best fit for this sign.

6. What is a recommended treatment action for middle ear squeeze during diving?

A. Cease diving

B. Report to dive supervisor

C. Seek medical attention

D. Take decongestants

When middle ear squeeze occurs, the immediate priority is to stop the dive. Halting descent prevents the pressure from increasing on the middle ear, reducing the risk of tympanic membrane rupture or other barotrauma. If the ear cannot equalize, forcing further descent only makes the pressure difference worse, so ceasing diving allows you to surface safely and give the ear a chance to re-equilibrate with ambient pressure. Once on the surface, monitor symptoms. If hearing loss, ear pain persists, dizziness, or drainage, seek medical attention. Reporting to a dive supervisor is a safety step for your team and future dives, but the most urgent action during the incident is to stop the dive. Decongestants are not a reliable fix for middle ear squeeze and should not replace stopping the dive and attempting safe ascent.

7. What is the recommended treatment for hypoxia in diving when symptoms are present?

A. Surface, administer 100% O2

B. Descend to deeper depths

C. Decrease oxygen delivery

D. Delay treatment and monitor

When hypoxia is present during a dive, the priority is to restore oxygen delivery as quickly as possible. The best action is to surface as soon as it is safe and breathe 100% oxygen on the surface. Giving pure oxygen maximizes the oxygen content that can reach the blood and tissues, rapidly correcting low oxygen levels and reducing the risk of organ damage. Descending to deeper depths would not help; it increases ambient pressure and gas-related problems and does not improve oxygen uptake. Decreasing oxygen delivery obviously worsens hypoxia, and delaying treatment only prolongs tissue starvation. So, surfacing promptly and providing 100% oxygen is the most effective immediate treatment for hypoxia with symptoms. Seek medical evaluation after stabilization.

8. What is a common immediate action in the treatment of pneumothorax?

A. Seek medical attention immediately

B. Administer 100% oxygen and monitor at home

C. Wait and see if it resolves

D. Apply chest compressions

The main idea here is that a pneumothorax can worsen quickly and requires urgent professional evaluation. When air leaks into the space around the lung, the lung may collapse and, if it progresses to a tension pneumothorax, can compress the heart and great vessels—an emergency situation. The most important immediate action is to seek medical attention right away so clinicians can assess severity, perform any necessary imaging, and provide definitive treatment (such as needle decompression if a tension pneumothorax is present or a chest tube for a larger leak). Giving high-flow oxygen during transport can help the body resorb the air, and staying calm with minimal activity is sensible, but these steps do not replace urgent medical care. Waiting to see if it resolves or trying to manage at home isn't appropriate, and chest compressions are used for cardiac arrest, not pneumothorax.

9. What action should be taken if middle ear squeeze is suspected during a dive?

A. Cease diving

B. Continue descent

C. Increase depth

D. Ignore

Ear barotrauma from rapid pressure change during descent must be managed by stopping the dive to prevent further worsening of the middle-ear pressure. When middle ear squeeze is suspected, ceasing the descent allows the diver to avoid increasing the pressure on the tympanic membrane, which could lead to rupture or more serious injury. If possible, attempt gentle equalization and, once safe, begin a controlled ascent to relieve the pressure. Ignoring the symptoms or continuing to dive would raise the risk of damage, while increasing depth would worsen the squeeze. Seek medical evaluation if symptoms persist.

10. Which of the following is a prevention measure for CNS Oxygen Toxicity?

A. Ignore CO2 absorbent status.

B. Observe depth-time limits.

C. Increase exertion during ascent.

D. Dive deeper to reduce exposure.

Preventing CNS oxygen toxicity comes from keeping the oxygen your body is exposed to at depth within safe limits. The key factor is the partial pressure of oxygen (PIO2); as this value rises with depth and longer exposure, the risk of CNS symptoms or seizures increases. By following established depth-time limits for your gas mix (whether using air or a nitrox mix), you ensure that PIO2 stays below a safe threshold. Dive tables or a dive computer enforce these limits, guiding you to stay within safe bottom time at a given depth and to avoid excessive exposure to high oxygen levels. Ignore CO2 absorbent status isn't about CNS oxygen toxicity; it can lead to other dangerous issues, especially on rebreathers. Increasing exertion during ascent or diving deeper both raise risk rather than reduce it, because they either don't limit or actually increase your exposure to high oxygen levels.

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://diveillnessestreatments.examzify.com

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