HOSA CPR/First Aid Assessment Practice Test (Sample)

Study Guide

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Questions

1. What is a NOT common sign of an abdominal injury?

A. Rigid abdomen

B. Pale, ashen, moist skin

C. Frequent headaches

D. Severe pain

2. What type of poison might be encountered when handling lawn fertilizers?

A. Ingested poisons

B. Absorbed poisons

C. Inhaled poisons

D. Injected poisons

3. What condition is characterized by low sugar levels and high insulin levels?

A. Hyperglycemia

B. Diabetes mellitus

C. Hypertension

D. Hypoglycemia

4. What should be done if there is a bleeding wound while splinting an injury?

A. Ignore it unless it worsens

B. Control the bleeding first

C. Apply a splint over the wound

D. Use a tourniquet immediately

5. What signifies heat exhaustion?

A. Dry, red skin

B. Cool, moist, pale skin

C. Rapid heartbeat

D. Dehydration

6. How deep should compressions be performed during infant CPR?

A. 1/4 inch to 1/2 inch

B. 1/2 inch to 1 inch

C. 1 inch to 2 inches

D. 2 inches to 3 inches

7. What is the first step in the pediatric chain of survival?

A. Early CPR

B. Rapid activation of EMS

C. Prevention of arrest

D. Advanced life support

8. Who should you call prior to administering care to a victim?

A. A friend or family member

B. 911 or EMS

C. Your local hospital

D. The victim's doctor

9. Which of the following are types of choking?

A. Acute and chronic

B. Anatomical and mechanical

C. Simple and complex

D. Partial and complete

10. Which type of bite may require antivenin as part of the treatment?

A. All insect bites

B. Snake bites from non-venomous snakes

C. Snake bites from pit vipers

D. Spider bites

Answers

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

Explanations

1. What is a NOT common sign of an abdominal injury?

A. Rigid abdomen

B. Pale, ashen, moist skin

C. Frequent headaches

D. Severe pain

Frequent headaches are not a common sign of an abdominal injury. Abdominal injuries typically manifest through physical signs and symptoms directly related to the abdomen or the surrounding areas. These can include a rigid abdomen, pale or ashen skin that may be moist due to shock or internal bleeding, and severe pain in the abdominal region itself. In contrast, headaches are not typically associated with abdominal trauma and can arise from many other unrelated conditions. Therefore, identifying a headache as a symptom would not align with the expected presentations of an injuries to the abdomen. Understanding the specific signs associated with abdominal trauma is critical, as it helps in recognizing the need for prompt medical attention and appropriate interventions for those injuries.

2. What type of poison might be encountered when handling lawn fertilizers?

A. Ingested poisons

B. Absorbed poisons

C. Inhaled poisons

D. Injected poisons

Lawn fertilizers can contain various chemicals that may be absorbed through the skin during handling. When handling these products, the risk of absorption is significant because many fertilizers contain fertilizers that can irritate the skin or be toxic if absorbed. This route of poisoning is particularly relevant if gloves or protective equipment are not used, potentially leading to skin irritation or systemic toxicity. While lawn fertilizers might also present the possibility of being ingested (for instance, if someone accidentally consumes them), inhaled (if dust particles or fumes are released), or injected (though this is less typical), the most direct risk when simply handling the product—especially with bare skin—leans heavily towards absorption. Thus, this option reflects the fundamental concern when it comes to safety practices in using such materials.

3. What condition is characterized by low sugar levels and high insulin levels?

A. Hyperglycemia

B. Diabetes mellitus

C. Hypertension

D. Hypoglycemia

The condition characterized by low sugar levels and high insulin levels is hypoglycemia. This occurs when there is an imbalance between insulin and glucose in the bloodstream. In hypoglycemia, the body produces excess insulin relative to the amount of glucose present, leading to a significant drop in blood sugar levels. Symptoms may include shakiness, confusion, irritability, sweatiness, and in severe cases, loss of consciousness. Understanding this condition is crucial for recognizing how insulin functions in the body. Normally, insulin helps regulate blood sugar levels by allowing glucose to enter cells for energy. When insulin levels are too high compared to glucose levels, it results in hypoglycemia, which can be dangerous if not promptly treated.

4. What should be done if there is a bleeding wound while splinting an injury?

A. Ignore it unless it worsens

B. Control the bleeding first

C. Apply a splint over the wound

D. Use a tourniquet immediately

When managing a bleeding wound while splinting an injury, the priority is to control the bleeding first. This approach ensures that the patient does not lose significant amounts of blood, which can lead to shock or further complications. Controlling the bleeding may involve applying direct pressure to the wound with a clean cloth or bandage, or using other methods, depending on the severity of the bleeding. Once the bleeding is effectively controlled, splinting can be performed to stabilize the injury without exacerbating the wound. Addressing the bleeding simultaneously ensures that the patient's overall condition is prioritized, allowing for more effective and safer care. Applying a splint over the wound or using a tourniquet immediately may interfere with necessary wound care or be inappropriate in certain situations. Ignoring the bleeding completely could have serious and potentially life-threatening consequences, so it is essential to take appropriate action to manage it before proceeding with other treatments.

5. What signifies heat exhaustion?

A. Dry, red skin

B. Cool, moist, pale skin

C. Rapid heartbeat

D. Dehydration

Heat exhaustion is characterized by the body's response to prolonged exposure to heat, often accompanied by loss of fluids and electrolytes. One of the hallmark signs associated with heat exhaustion is cool, moist, pale skin. This occurs because the body is attempting to cool itself through sweating, which leads to moisture on the skin's surface. The skin may appear pale due to reduced blood flow as the body diverts blood to the core to protect vital organs. In heat exhaustion, individuals may feel weak, dizzy, or nauseated, and their skin can feel cool despite the high environmental temperature, presenting a clear indicator of the body's struggle to maintain its temperature balance. The cooler skin contrasted with severe overheating symptoms effectively signifies heat exhaustion, making it the most accurate choice.

6. How deep should compressions be performed during infant CPR?

A. 1/4 inch to 1/2 inch

B. 1/2 inch to 1 inch

C. 1 inch to 2 inches

D. 2 inches to 3 inches

The appropriate depth of chest compressions during infant CPR should be between 1/2 inch to 1 inch. This range is crucial because infants have a smaller and more pliable chest cavity, which means that compressions need to be both effective and safe. Compressions that are too shallow may not adequately circulate blood, while those that are too deep can risk injury to the infant's developing ribcage and organs. Therefore, aiming for a depth of at least 1/2 inch but no more than 1 inch balances the need for effective CPR with the safety of the infant. Understanding these guidelines is essential for anyone performing CPR on infants, as it ensures that the compressions provided are both efficacious and considerate of the delicate physiology of young children.

7. What is the first step in the pediatric chain of survival?

A. Early CPR

B. Rapid activation of EMS

C. Prevention of arrest

D. Advanced life support

The first step in the pediatric chain of survival is prevention of arrest. This emphasis on prevention is particularly important in pediatric care because many cardiac arrests in children are often associated with respiratory issues or other preventable conditions. By focusing on preventing situations that could lead to cardiac arrest, such as ensuring that children have proper safety measures in place, are free from choking hazards, and receive prompt medical attention for illnesses or injuries, caregivers and healthcare providers can significantly reduce the incidence of cardiac arrest in children. Effective prevention strategies may include promoting safety education, encouraging healthy lifestyle choices, and ensuring routine health checks to catch any potential health issues early. This proactive approach underscores the fundamental principle that in pediatric emergencies, early intervention and preventative care can save lives and improve outcomes before any critical events like cardiac arrest occur.

8. Who should you call prior to administering care to a victim?

A. A friend or family member

B. 911 or EMS

C. Your local hospital

D. The victim's doctor

When you encounter a victim needing care, prioritizing the safety and health of the individual is crucial. Calling 911 or emergency medical services (EMS) is the correct course of action because these professionals are trained to handle medical emergencies and can provide immediate assistance. They have access to the necessary resources, including advanced medical care and transportation to a hospital if needed. In emergencies, prompt professional help is essential, as they can assess the severity of the situation and provide life-saving interventions. This is especially important if the victim is unresponsive, has difficulty breathing, or displays other serious symptoms. Their skills and equipment can make a significant difference in the outcome of the victim's condition. Other options, such as contacting a friend, family member, a local hospital, or the victim's doctor, may not provide the immediate assistance required. These individuals might not have the capacity to respond effectively to an urgent medical situation, potentially delaying necessary care and worsening the victim's condition. Thus, calling 911 or EMS is vital for timely and effective emergency response.

9. Which of the following are types of choking?

A. Acute and chronic

B. Anatomical and mechanical

C. Simple and complex

D. Partial and complete

The correct answer identifies anatomical and mechanical choking as the two types of choking. Understanding these categories is essential for effectively recognizing and responding to choking situations. Anatomical choking occurs when a person's own body obstructs the airway, often due to the tongue or throat tissues collapsing, particularly in unconscious individuals or those experiencing certain medical conditions. This type of choking can happen if the person is in a relaxed state where the muscles cannot maintain an open airway. Mechanical choking, on the other hand, refers to blockages caused by an external object. This can include any item that physically obstructs the airway, such as food (like a piece of meat), small toys, or other objects that can get lodged in the throat. Recognizing these two types of choking is crucial for administering appropriate first aid or CPR, as the interventions may differ based on the cause of the obstruction. Understanding the distinctions helps responders assess the situation accurately and act swiftly to clear the airway and restore normal breathing.

10. Which type of bite may require antivenin as part of the treatment?

A. All insect bites

B. Snake bites from non-venomous snakes

C. Snake bites from pit vipers

D. Spider bites

The correct answer is the type of snake bites from pit vipers, which include rattlesnakes, copperheads, and cottonmouths. These snakes are known to possess potent venom that can cause significant harm to humans. The venom from pit vipers can lead to severe symptoms such as tissue damage, bleeding disorders, and even life-threatening reactions. Antivenin, a specific treatment designed to neutralize the effects of the venom, is crucial in cases of pit viper bites to halt the progression of the symptoms and reduce complications. In contrast, not all insect bites require antivenin because most do not introduce venom that necessitates such intervention. Non-venomous snake bites do not typically pose a threat that would require antivenin, as they lack the harmful venoms found in snakes like pit vipers. Spider bites vary in their potential harm, and while some can be serious, many do not require specialized antivenin treatment for spider venom. This makes pit viper bites the only category among the options that necessitates the use of antivenin as part of the treatment protocol.