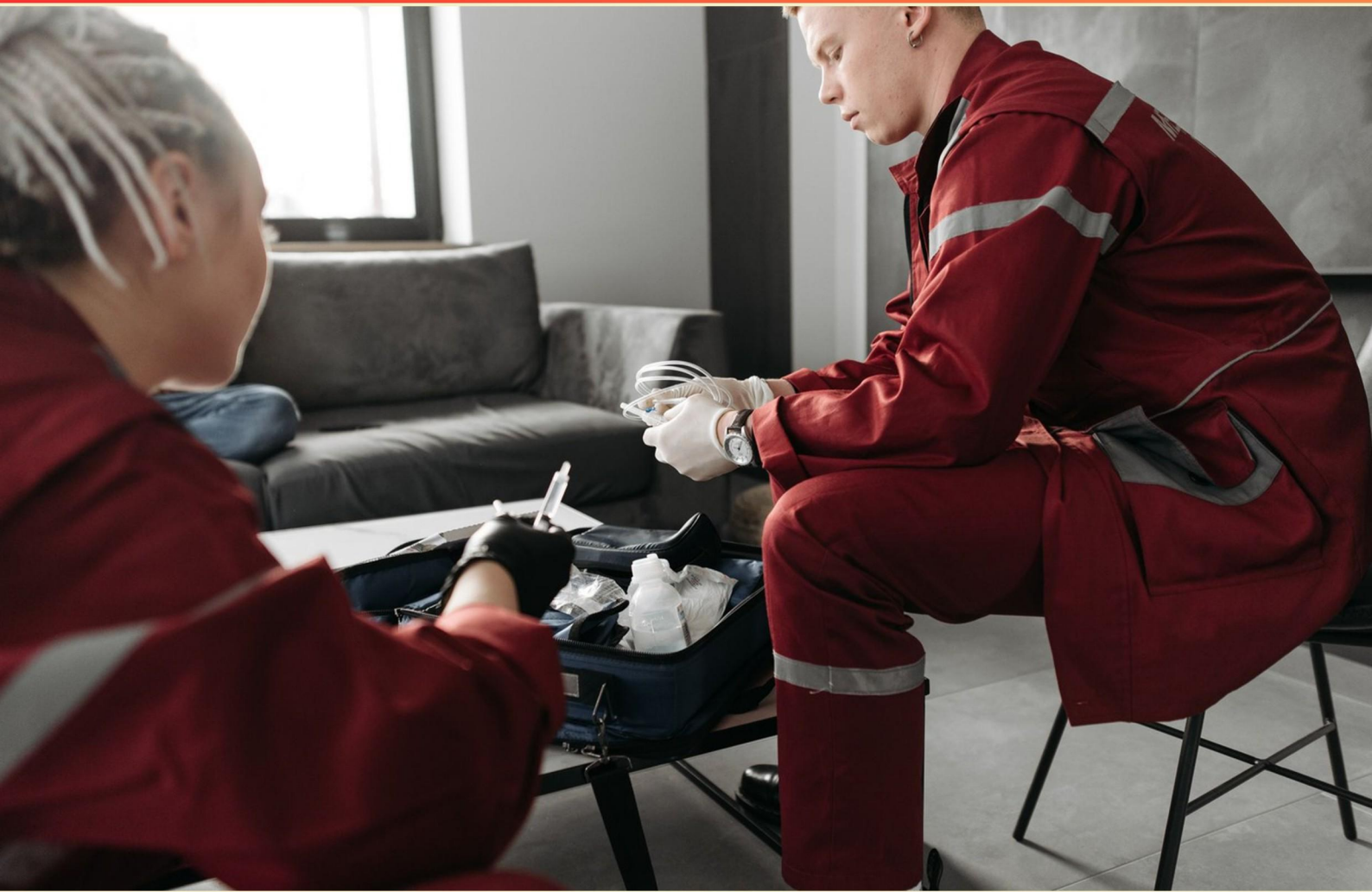


IMMEDIATE LIFE SUPPORT COURSE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://immediatelifesupport.examzify.com>



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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

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- 1. What is the best position for an unconscious but breathing patient?**
 - A. On their front
 - B. On their back
 - C. In the recovery position
 - D. Sitting upright
- 2. How should defibrillator pads be placed for a patient with a pacemaker?**
 - A. On the pacemaker directly
 - B. At least 5 cm from the device
 - C. Away from the device at least 10-15 cm
 - D. Near the device but not touching
- 3. When should you stop chest compressions to confirm a shockable rhythm?**
 - A. After 2 minutes of CPR
 - B. When the defibrillator is charged
 - C. For no longer than 5 seconds
 - D. During the shock delivery
- 4. What is the method called when rescuers alternate compressions and breaths?**
 - A. Integrated CPR
 - B. High-Quality CPR
 - C. Standard CPR
 - D. Rescue Breathing
- 5. What does CPR stand for?**
 - A. Cardiac Protection Resuscitation
 - B. Cardiovascular Primary Response
 - C. Cardiopulmonary Resuscitation
 - D. Critical Patient Recovery
- 6. What is the importance of high-quality chest compressions?**
 - A. They help maintain circulation to vital organs
 - B. They provide warmth to the body
 - C. They are effective for assessing the patient's condition
 - D. They help distract the patient from pain

- 7. For which situation should you not use an AED?**
- A. On a dry surface
 - B. In water or if the patient is in contact with a conductive surface
 - C. On a carpeted floor
 - D. When the patient is conscious
- 8. What is the recommended oxygen saturation target during post-resuscitation care?**
- A. 90-94%
 - B. 94-98%
 - C. 98-100%
 - D. 85-90%
- 9. What is the commonest cause of sudden cardiac death outside of the hospital?**
- A. Chronic obstructive pulmonary disease
 - B. Coronary artery disease
 - C. Congestive heart failure
 - D. Pulmonary embolism
- 10. When should you switch rescuers during CPR?**
- A. Every 5 minutes
 - B. Every 3 minutes
 - C. Every 2 minutes or if fatigued
 - D. As soon as the heart starts beating

Answers

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

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Explanations

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1. What is the best position for an unconscious but breathing patient?

- A. On their front
- B. On their back
- C. In the recovery position**
- D. Sitting upright

The best position for an unconscious but breathing patient is the recovery position. This position is crucial because it helps maintain an open airway and reduces the risk of aspiration if the patient vomits. When placed in the recovery position, the patient's airway is kept clear and positioned downward, allowing any fluids to drain out rather than obstructing the airway. Furthermore, this position provides safety by keeping the patient supported on their side, which is important for preventing pressure sores and maintaining circulation. It also allows for easier access in case the patient requires further medical intervention. Other positions, such as lying on the front or sitting upright, do not provide the same level of airway protection and can increase the risk of airway obstruction or other complications. Lying on the back can also pose a risk if the patient loses their airway reflexes or if there is any obstruction, potentially leading to suffocation. Thus, placing an unconscious, breathing patient in the recovery position is the most appropriate and recommended practice in immediate life support scenarios.

2. How should defibrillator pads be placed for a patient with a pacemaker?

- A. On the pacemaker directly
- B. At least 5 cm from the device
- C. Away from the device at least 10-15 cm**
- D. Near the device but not touching

When using a defibrillator on a patient with a pacemaker, it is essential to ensure that the pads are placed in a manner that avoids interference with the device's function. The correct placement is at least 10-15 cm away from the pacemaker and its leads. This distance helps to minimize the risk of the defibrillation shock interfering with the pacemaker's operation, which could result in inappropriate pacing or other complications. By positioning the pads adequately away from the device, you ensure that the electrical shock is directed primarily at the heart to restore a normal rhythm while safeguarding the pacemaker's integrity. It's crucial to recognize that pacemakers can be sensitive to external electrical fields, and placing the pads too close can disrupt their performance and lead to adverse effects on the patient's cardiac function.

3. When should you stop chest compressions to confirm a shockable rhythm?

- A. After 2 minutes of CPR
- B. When the defibrillator is charged
- C. For no longer than 5 seconds**
- D. During the shock delivery

The correct answer indicates that chest compressions should be paused for no longer than 5 seconds to confirm a shockable rhythm. This brief interruption is critical because it allows the healthcare provider to assess the heart's rhythm on the electrocardiogram (ECG) monitor. Prolonged interruptions in chest compressions can hinder the delivery of effective CPR and decrease the likelihood of a successful resuscitation. During this short pause, monitoring the rhythm is essential to determine if a shock is indicated; specifically, to identify if the rhythm is either ventricular fibrillation (VF) or pulseless ventricular tachycardia (pVT), both of which are shockable rhythms. Quickly confirming this allows for timely defibrillation, which is vital for restoring a normal heart rhythm. This approach aligns with guidelines that emphasize the importance of minimizing interruptions in chest compressions during cardiac arrest, balancing the need for rhythm assessment with ongoing high-quality CPR. Maintaining effective circulation is crucial to keeping blood flow to vital organs, particularly the brain and heart, during this life-threatening situation.

4. What is the method called when rescuers alternate compressions and breaths?

- A. Integrated CPR**
- B. High-Quality CPR
- C. Standard CPR
- D. Rescue Breathing

The method in which rescuers alternate compressions and breaths is referred to as Integrated CPR. This approach combines high-quality chest compressions with appropriate rescue breaths, ensuring that both aspects of cardiopulmonary resuscitation are performed effectively. The alternating technique is crucial in providing oxygenation to the patient's lungs while simultaneously promoting blood circulation through chest compressions. In Integrated CPR, the rescuer performs compressions to maintain blood flow and then provides rescue breaths to ventilate the lungs, addressing both components of cardiac arrest management. This method enhances the potential for successful resuscitation, especially in cases of cardiac arrest where the heart is still generating some electrical activity but is not pumping effectively. Other methods may not specifically denote this alternating sequence of compressions and breaths. High-Quality CPR focuses on the effectiveness and depth of compressions and may not necessarily imply the alternating method. Standard CPR generally refers to performing CPR according to established guidelines without distinguishing any specific methods of execution. Rescue breathing involves only providing breaths without compressions and thus is not the correct term to describe the integrated approach used during resuscitation efforts.

5. What does CPR stand for?

- A. Cardiac Protection Resuscitation
- B. Cardiovascular Primary Response
- C. Cardiopulmonary Resuscitation**
- D. Critical Patient Recovery

The term CPR stands for Cardiopulmonary Resuscitation, which emphasizes the dual focus on both the heart (cardio) and the lungs (pulmonary). This life-saving procedure is critical in emergencies where someone's breathing or heartbeat has stopped, such as in cases of cardiac arrest. The main goals of CPR are to maintain vital blood flow to the brain and other organs and to provide oxygenation until further medical help can be given. The components of CPR typically involve chest compressions and artificial ventilation, aiming to restore circulation and breathing to the affected individual. Understanding the correct terminology is essential for effective communication among healthcare providers, especially in emergency situations. Therefore, knowing that CPR specifically refers to Cardiopulmonary Resuscitation is crucial for anyone involved in first aid and emergency response training.

6. What is the importance of high-quality chest compressions?

- A. They help maintain circulation to vital organs**
- B. They provide warmth to the body
- C. They are effective for assessing the patient's condition
- D. They help distract the patient from pain

High-quality chest compressions are essential during cardiopulmonary resuscitation (CPR) because they help maintain circulation to vital organs, particularly the heart and brain, when the heart has stopped effectively pumping blood. The primary goal of CPR is to manually pump blood through the body to sustain life until advanced medical help can arrive or until the heart can be restarted. Effective chest compressions ensure that oxygenated blood continues to flow to these critical organs, preventing irreversible damage that can occur within minutes of cardiac arrest. Compressions should be of adequate depth and at the proper rate, allowing for complete recoil between compressions to facilitate blood flow. This is fundamental for preserving vital organ function and improving the chances of a successful resuscitation. Other options do not reflect the primary role of chest compressions in a resuscitation effort. While providing warmth, assessing a patient's condition, or distracting from pain may have some relevance in different medical contexts, they do not capture the critical, life-sustaining role of high-quality chest compressions during a cardiac arrest scenario.

7. For which situation should you not use an AED?

- A. On a dry surface
- B. In water or if the patient is in contact with a conductive surface**
- C. On a carpeted floor
- D. When the patient is conscious

Using an AED in water or when the patient is in contact with a conductive surface poses significant safety risks. Water can conduct electricity, and using an AED in these situations increases the likelihood of electrical conduction, which could lead to injury to both the patient and the rescuer. An AED is designed to analyze heart rhythms and deliver a shock if necessary, but if the patient's body is wet, the energy from the shock could travel in unintended directions, potentially causing harm. When treating a cardiac arrest victim, it is essential to ensure that the environment is safe for the delivery of electric shocks. For example, a dry surface is appropriate as it minimizes risks associated with electrical conduction. Similarly, while using an AED on surfaces like carpet could be less risky than in water, ensuring the patient is not in contact with conductive materials is paramount for both effectiveness and safety. It's crucial to manage the environment to protect all parties involved while providing the necessary emergency care.

8. What is the recommended oxygen saturation target during post-resuscitation care?

- A. 90-94%
- B. 94-98%**
- C. 98-100%
- D. 85-90%

The recommended oxygen saturation target during post-resuscitation care is set at 94-98%. This range is based on evidence suggesting that maintaining oxygen saturation within these levels optimizes oxygen delivery to tissues while minimizing the risk of hyperoxia, which can lead to oxidative stress and potentially detrimental effects on cells. Studies have shown that excessively high oxygen levels (above 98%) can be harmful, especially after resuscitation, as they can lead to oxidative injury. Conversely, targeting a saturation lower than 94% could indicate inadequate oxygenation and increase the risk of tissue hypoxia. Therefore, aiming for the range of 94-98% strikes a balance, ensuring that patients receive sufficient oxygen and reducing the risk of complications associated with both hypoxia and hyperoxia. This approach aligns with guidelines from resuscitation councils and best practices in managing patients post-cardiac arrest.

9. What is the commonest cause of sudden cardiac death outside of the hospital?

- A. Chronic obstructive pulmonary disease
- B. Coronary artery disease**
- C. Congestive heart failure
- D. Pulmonary embolism

The most prevalent cause of sudden cardiac death outside of the hospital is coronary artery disease. This condition involves the narrowing or blockage of the coronary arteries, which supply blood to the heart muscle. When an individual experiences severe coronary artery disease, it can lead to acute events such as myocardial infarction, which can precipitate life-threatening arrhythmias or an abrupt cessation of heart activity. Coronary artery disease is primarily driven by factors such as atherosclerosis, which is the buildup of plaques within the artery walls due to various risk factors including high cholesterol, high blood pressure, smoking, diabetes, and a sedentary lifestyle. These underlying causes create a significant risk for sudden cardiac events, particularly in individuals with existing heart conditions or those who have not been diagnosed. While other conditions mentioned, such as chronic obstructive pulmonary disease, congestive heart failure, and pulmonary embolism, can also lead to sudden death, they are not as prevalent as coronary artery disease in this context. The mechanism of sudden cardiac death through coronary artery disease is well-documented, making it a critical area of focus in both clinical practice and preventive medicine.

10. When should you switch rescuers during CPR?

- A. Every 5 minutes
- B. Every 3 minutes
- C. Every 2 minutes or if fatigued**
- D. As soon as the heart starts beating

Switching rescuers during CPR is important to maintain effective chest compressions and avoid fatigue. The correct answer is to switch every 2 minutes or if the current rescuer feels fatigued. This guideline is based on the recognition that high-quality chest compressions are critical for maintaining blood flow during cardiac arrest. After approximately 2 minutes of continuous CPR, a rescuer may begin to tire, which can impact the depth and rate of compressions. Fatigue can lead to a decrease in compression quality, thereby reducing the chances of successfully sustaining circulation and perfusion until advanced medical help arrives. Furthermore, changing rescuers every 2 minutes helps ensure that each person can maintain focus and physical performance, ultimately contributing to the overall effectiveness of the resuscitation effort. Regularly scheduled exchanges also allow for brief checks on the victim's condition and for bending down to check other important aspects, like ventilation if applicable. Switching rescuers as soon as the heart starts beating or waiting for longer durations, such as 3 or 5 minutes, may lead to gaps in chest compressions, which is detrimental in a cardiac arrest situation. Consistency in the quality and timing of compressions is key to successful resuscitation efforts.

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://immediatelivesupport.examzify.com>

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

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