

Jones & Bartlett Learning (JBL) Module 2 Practice Exam (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

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- 1. Without regular practice, your CPR skills will:**
 - A. Deteriorate over time.**
 - B. Improve over time.**
 - C. Become part of your muscle memory.**
 - D. Come back automatically when needed.**

- 2. Which statement about mechanism of injury (MOI) is correct?**
 - A. A nonsignificant MOI rules out the possibility of serious trauma.**
 - B. The exact location of injuries can be determined by MOI.**
 - C. A significant MOI always results in patient death or permanent disability.**
 - D. The MOI may allow you to predict the severity of injuries.**

- 3. Which statement best describes the action of chest recoil during CPR?**
 - A. Increases intrathoracic pressure**
 - B. Decreases venous return**
 - C. Draws air into the lungs by creating negative pressure during decompression**
 - D. Prevents air entry into the lungs**

- 4. In the handgun-in-residence scenario, which action is indicated to manage safety?**
 - A. Position yourself in between the patient and the gun and ask your partner to request law enforcement assistance.**
 - B. Direct your partner to move the gun to a safe area and then advise the patient that his weapon has been secured.**
 - C. Document the presence of the weapon, including its specific location, and continue your assessment of the patient.**
 - D. Immediately cease all patient care, carefully back out of the residence, and request law enforcement assistance.**

- 5. Minute volume is determined by which factors?**
 - A. Only tidal volume**
 - B. Only respiratory rate**
 - C. Tidal volume and respiratory rate**
 - D. Oxygen saturation**

- 6. The primary waste product of aerobic metabolism is:**
- A. carbon dioxide.**
 - B. lactic acid.**
 - C. pyruvic acid.**
 - D. adenosine triphosphate**
- 7. Which oxygen delivery device typically lacks an oxygen reservoir?**
- A. Nasal cannula.**
 - B. Venturi mask.**
 - C. Simple face mask.**
 - D. Non-rebreather mask.**
- 8. Which organ exchanges gases with the bloodstream?**
- A. Liver**
 - B. Kidneys**
 - C. Lungs**
 - D. Spleen**
- 9. The MOST significant complication associated with oropharyngeal suctioning is:**
- A. Oral abrasions from vigorous suctioning.**
 - B. Vomiting from stimulating the anterior airway.**
 - C. Hypoxia due to prolonged suction attempts.**
 - D. Clogging of the catheter with thick secretions.**
- 10. Which scenario does not involve the presence of any symptoms?**
- A. A 61-year-old female who is unconscious with facial cyanosis**
 - B. A 55-year-old male with a severe headache and 2 days of nausea**
 - C. A 49-year-old female with blurred vision and ringing in the ears**
 - D. A 44-year-old male with abdominal pain and severe dizziness**

Answers

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

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Explanations

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1. Without regular practice, your CPR skills will:

- A. Deteriorate over time.**
- B. Improve over time.**
- C. Become part of your muscle memory.**
- D. Come back automatically when needed.**

The main idea here is how CPR skills are retained. CPR relies on precise, coordinated movements and timing that you perform under pressure, so without regular practice these abilities fade. Without ongoing rehearsal, your ability to perform chest compressions with the correct depth and rate, along with other CPR steps, will deteriorate over time. Practice reinforces the motor patterns and decision-making you need in an emergency, helping you maintain accuracy and speed. If you never practice, you won't suddenly improve or "come back automatically" when needed. Muscle memory and the sequence of actions don't stay sharp on their own; refreshers are what keep them reliable. The idea that skills would improve on their own or become automatic without keeping them up-to-date isn't supported by how CPR training works. So, regular practice is essential to prevent decline and to stay prepared.

2. Which statement about mechanism of injury (MOI) is correct?

- A. A nonsignificant MOI rules out the possibility of serious trauma.**
- B. The exact location of injuries can be determined by MOI.**
- C. A significant MOI always results in patient death or permanent disability.**
- D. The MOI may allow you to predict the severity of injuries.**

MOI reflects how energy was transferred to the body during an incident, and that transfer helps you gauge what kinds of injuries might be possible. By understanding the mechanism, you can estimate the likelihood that serious injuries have occurred and anticipate the overall severity, which informs rapid assessment, triage, and how you plan treatment. However, MOI doesn't tell you exactly where injuries are or guarantee outcomes. A high-energy event raises suspicion for serious, multi-system injuries, while a significant MOI does not always result in death or permanent disability, and a low-energy MOI can still cause severe injury in some patients. So the best takeaway is that MOI can help you predict injury severity and guide evaluation, rather than pinpoint specific injuries or outcomes.

3. Which statement best describes the action of chest recoil during CPR?

- A. Increases intrathoracic pressure**
- B. Decreases venous return**
- C. Draws air into the lungs by creating negative pressure during decompression**
- D. Prevents air entry into the lungs**

Chest recoil during CPR creates negative pressure in the intrathoracic cavity as the chest rises back to its normal position after a compression. This negative pressure pulls air into the lungs and also helps return blood to the heart, aiding ventilation and circulation. That's why drawing air in during the decompression phase is the correct description. The compression phase, not the recoil, raises intrathoracic pressure; recoil does not decrease venous return, it actually increases it; and recoil does not prevent air entry, it facilitates it.

4. In the handgun-in-residence scenario, which action is indicated to manage safety?

- A. Position yourself in between the patient and the gun and ask your partner to request law enforcement assistance.**
- B. Direct your partner to move the gun to a safe area and then advise the patient that his weapon has been secured.**
- C. Document the presence of the weapon, including its specific location, and continue your assessment of the patient.**
- D. Immediately cease all patient care, carefully back out of the residence, and request law enforcement assistance.**

Managing safety starts with scene safety in a potentially dangerous environment. When a firearm is present, the top priority is to prevent access to the weapon and get trained help to secure it. Positioning yourself between the patient and the gun creates a protective barrier, reducing the chance the patient could grab the weapon or that a sudden movement could lead to discharge. At the same time, asking your partner to request law enforcement brings in professionals who can safely secure the firearm, allowing you to continue patient assessment and care from a safe distance. Moving the gun yourself is risky because any attempt to handle or rehouse it could provoke a discharge; documenting the weapon and continuing care does not address the immediate safety risk; and ceasing care and backing away would abandon the patient to a dangerous situation. So the best approach is to establish a safety barrier and call for law enforcement to secure the weapon.

5. Minute volume is determined by which factors?

- A. Only tidal volume**
- B. Only respiratory rate**
- C. Tidal volume and respiratory rate**
- D. Oxygen saturation**

Minute volume is the total amount of air moving in and out of the lungs each minute, and it depends on two factors: how much air is moved with each breath (tidal volume) and how many breaths occur each minute (respiratory rate). If you multiply the volume per breath by the number of breaths per minute, you get the total air moved per minute. Oxygen saturation, while important for gauging oxygenation, does not determine how much air is ventilated per minute. In practical terms, typical tidal volume is about 500 mL and a normal respiratory rate is around 12-20 breaths per minute, giving a minute ventilation in the 6-10 L/min range. Clinically, adjusting minute ventilation centers on changing tidal volume and respiratory rate to control CO₂ removal, with oxygen saturation monitored separately to ensure adequate oxygenation.

6. The primary waste product of aerobic metabolism is:

- A. carbon dioxide.**
- B. lactic acid.**
- C. pyruvic acid.**
- D. adenosine triphosphate**

In aerobic metabolism, fuels are fully oxidized to carbon dioxide and water to generate ATP. The primary waste product is carbon dioxide because carbon atoms are released as CO₂ during the oxidative decarboxylation of pyruvate to acetyl-CoA and again during each turn of the citric acid cycle. Oxygen serves as the final electron acceptor in the electron transport chain, forming water as another byproduct, but CO₂ is the main gaseous waste released. Lactic acid arises when oxygen is scarce and glycolysis continues anaerobically, pyruvic acid is an intermediate that feeds into the acetyl-CoA formation, and ATP is the energy molecule produced, not a waste product.

7. Which oxygen delivery device typically lacks an oxygen reservoir?

- A. Nasal cannula.
- B. Venturi mask.**
- C. Simple face mask.
- D. Non-rebreather mask.

Understanding how oxygen delivery devices provide gas is key: some use a reservoir bag that stores oxygen for inhalation, while others deliver oxygen without a dedicated bag and rely on flow or entrainment to mix with room air. A Venturi mask is designed to deliver a precise, fixed FiO₂ by forcing oxygen through a specific valve that entrains ambient air through side ports. There is no separate reservoir bag attached to this device, so the gas delivered to the patient isn't stored in a bag before inhalation. This is why it's described as lacking an oxygen reservoir—the concentration comes from the valve and entrainment, not from a stored supply. In contrast, a non-rebreather mask uses a reservoir bag to hold high-concentration oxygen for inhalation, which is why it clearly has a reservoir. Nasal cannulas and simple face masks don't rely on a reservoir for delivering oxygen, but they don't provide the same kind of fixed, precise FiO₂ as the Venturi mask, making the Venturi mask the best match for "lacks an oxygen reservoir" in this context.

8. Which organ exchanges gases with the bloodstream?

- A. Liver
- B. Kidneys
- C. Lungs**
- D. Spleen

Gas exchange with the bloodstream happens in the lungs, where air reaches tiny air sacs called alveoli surrounded by a network of capillaries. Oxygen from the alveolar air diffuses into the blood, while carbon dioxide moves from the blood into the alveoli to be exhaled. This diffusion-based transfer relies on differences in gas partial pressures and is the primary way the body both takes in oxygen and removes carbon dioxide. The other organs listed—liver, kidneys, and spleen—are involved in metabolism, filtration, and immune functions, but they do not exchange gases with inhaled air.

9. The MOST significant complication associated with oropharyngeal suctioning is:

- A. Oral abrasions from vigorous suctioning.**
- B. Vomiting from stimulating the anterior airway.**
- C. Hypoxia due to prolonged suction attempts.**
- D. Clogging of the catheter with thick secretions.**

Oropharyngeal suctioning is meant to clear secretions without compromising oxygenation, but the act can disrupt ventilation and rapidly reduce oxygen levels. The most significant risk is hypoxia from prolonged or repeated suctioning passes, especially if the patient isn't preoxygenated or if suctioning lasts longer than needed. To minimize this, provide brief suction passes (short durations when possible) and promptly re-oxygenate between passes, while monitoring oxygen saturation closely. This risk of a drop in oxygenation eclipses other potential issues like minor mucosal irritation, gagging or vomiting from airway stimulation, or catheter clogging, which are less life-threatening in comparison.

10. Which scenario does not involve the presence of any symptoms?

- A. A 61-year-old female who is unconscious with facial cyanosis**
- B. A 55-year-old male with a severe headache and 2 days of nausea**
- C. A 49-year-old female with blurred vision and ringing in the ears**
- D. A 44-year-old male with abdominal pain and severe dizziness**

This question hinges on the difference between signs and symptoms. Signs are objective findings others can observe, like unconsciousness or facial cyanosis. Symptoms are subjective experiences reported by the patient, such as headache, nausea, blurred vision, ringing in the ears, abdominal pain, or dizziness. In the scenario where the person is unconscious, they cannot report any symptoms. What's observable is the sign of unconsciousness (and facial cyanosis as a sign, not a symptom). The other scenarios describe experiences the patient can report or feel—headache with nausea, blurred vision with tinnitus, and abdominal pain with dizziness—so they involve symptoms. Therefore, the situation with unconsciousness and facial cyanosis is the one without any symptoms being reported by the patient.

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://jblmodule2.examzify.com>

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

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