JTED CPR Practice Test (Sample)

Study Guide

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Questions

1. What indicates that a person is experiencing gasping rather than normal breathing?

A. Regular steady breaths

B. Audible wheezing sounds

C. Irregular, sporadic sounds

D. No sounds at all

2. What are some common barriers to performing CPR?

A. Certifications required to assist

B. Fear of causing harm or incorrect technique

C. Availability of appropriate training materials

D. Lack of interest in emergency procedures

3. If an 8-month-old is unresponsive after 2 rounds of back slaps and chest compressions, what should you do next?

A. Continue back slaps

B. Begin CPR by starting with compressions

C. Call for help immediately

D. Administer oxygen

4. What should you use on an infant or child less than 8 years old if a pediatric AED is not available?

A. Do not use an AED

B. Use a manual CPR technique

C. Use an adult AED

D. Use a pediatric mask with the adult AED

5. When should you switch from back blows to abdominal thrusts for a choking child?

A. After 3 back blows have been given

B. Once the child stops coughing

C. After giving 5 back blows

D. Immediately, regardless of the situation

6. Which type of CPR can be administered if someone is unsure about their skills?

A. Full CPR with breaths

B. Hands-only CPR without breaths

C. Modified CPR with fewer compressions

D. Only rescue breaths without compressions

7. Which of the following should you prioritize if you find someone who is unresponsive and shows agonal breathing?

A. Checking for injuries

B. Starting chest compressions

C. Administering oxygen

D. Monitoring heart rate

8. If a victim with a foreign body airway obstruction becomes unresponsive, what should you do next?

A. Call for help and wait

B. Begin CPR and start giving compressions

C. Check for breathing for 2 minutes

D. Attempt to dislodge the object manually

9. During two-rescuer CPR, how often should rescuers switch roles?

A. Every minute

B. Every 2 minutes

C. Every 4 minutes

D. When fatigued

10. What is the recommended compression rate during CPR?

A. 30-40 compressions per minute

B. 80-100 compressions per minute

C. 100-120 compressions per minute

D. 40-60 compressions per minute

Answers

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

Explanations

1. What indicates that a person is experiencing gasping rather than normal breathing?

A. Regular steady breaths

B. Audible wheezing sounds

C. Irregular, sporadic sounds

D. No sounds at all

Gasping is characterized by irregular and sporadic sounds that typically occur in the absence of effective breathing. This can be a sign of serious medical conditions, such as cardiac arrest or respiratory failure. In contrast to normal breathing, which is generally rhythmic and steady, gasping comes across as erratic and can sometimes be mistaken for a type of breathing due to its sporadic nature. Other options describe breathing patterns or sounds that do not fit the description of gasping. Regular steady breaths indicate normal, healthy breathing, while audible wheezing sounds suggest an obstruction in the airways but do not represent the gasping pattern. No sounds at all might indicate a lack of breathing, which is more severe than gasping and requires immediate action.

2. What are some common barriers to performing CPR?

A. Certifications required to assist

B. Fear of causing harm or incorrect technique

C. Availability of appropriate training materials

D. Lack of interest in emergency procedures

The concern over fear of causing harm or using incorrect technique is a significant barrier to performing CPR. Many people have a hesitancy to intervene in an emergency situation due to worries about making the situation worse, potentially harming the victim, or not performing the procedure correctly. This fear can paralyze bystanders and prevent them from providing the life-saving aid that is often crucial in those moments. Research shows that bystanders are more likely to perform CPR if they have received training and feel confident about their ability to apply it. However, even those who know how to perform CPR might still hesitate due to anxiety about the responsibility and the fear of adverse outcomes. Overcoming this fear, often through community training programs, public awareness campaigns, and promoting the understanding that performing CPR—even if imperfectly—is far better than not acting at all, can significantly increase the likelihood that individuals will step in when someone needs help.

3. If an 8-month-old is unresponsive after 2 rounds of back slaps and chest compressions, what should you do next?

A. Continue back slaps

B. Begin CPR by starting with compressions

C. Call for help immediately

D. Administer oxygen

In a situation where an 8-month-old is unresponsive after attempts to clear an airway through back slaps and chest compressions, the correct action is to begin CPR by starting with chest compressions. This is crucial because performing CPR increases the chances of restoring the baby's heart rhythm and improving blood flow to vital organs. Chest compressions should be prioritized over back slaps if the child is still unresponsive, as they are essential for maintaining circulation. It is important to combine both compressions and rescue breaths for infants during CPR to effectively provide oxygen to the lungs and assist in reviving them. Immediately calling for help is also important but not the primary response once you have assessed that the baby is unresponsive. The urgent requirement here is to provide life-saving measures through CPR. Therefore, initiating compressions is the most appropriate next step in this emergency response scenario.

4. What should you use on an infant or child less than 8 years old if a pediatric AED is not available?

A. Do not use an AED

B. Use a manual CPR technique

C. Use an adult AED

D. Use a pediatric mask with the adult AED

Using an adult AED on an infant or child under the age of 8 is appropriate when a pediatric AED is not available. Adult AEDs are designed to deliver a shock that can still be effective for children, as the underlying principle of defibrillation remains the same regardless of the patient's age. In practice, it is crucial to ensure that the AED pads are placed correctly, avoiding positioning that would cause the pads to touch or overlap, especially since children have smaller chests. Adult pads can typically be used due to the safety features of the AED, which adjust the shock delivery as needed based on the patient's heart rhythm. This choice underscores the importance of using available resources to respond to life-threatening emergencies effectively, even if they are not specifically tailored for pediatric use. It is critical to remember that immediate defibrillation can significantly increase the likelihood of survival in cases of cardiac arrest, taking priority over the ideal scenario of having a pediatric AED on hand.

5. When should you switch from back blows to abdominal thrusts for a choking child?

A. After 3 back blows have been given

B. Once the child stops coughing

C. After giving 5 back blows

D. Immediately, regardless of the situation

The correct answer is that you should switch from back blows to abdominal thrusts after giving 5 back blows. This approach is based on the recommended sequence of actions for dealing with a choking child. Initially, back blows are administered to help dislodge the object blocking the airway. If these 5 back blows do not successfully clear the obstruction and the child is still in distress, it is appropriate to transition to abdominal thrusts, which can exert greater force to expel the object. This progression is designed to maximize effectiveness while ensuring the safety and well-being of the child. The focus on providing a specific number of back blows before switching to abdominal thrusts helps ensure that sufficient attempts have been made before escalating the intervention.

6. Which type of CPR can be administered if someone is unsure about their skills?

A. Full CPR with breaths

B. Hands-only CPR without breaths

C. Modified CPR with fewer compressions

D. Only rescue breaths without compressions

Hands-only CPR without breaths is the recommended approach when someone is uncertain about their CPR skills. This method simplifies the process and focuses on chest compressions, which are the most critical component for maintaining blood circulation during cardiac arrest. By performing hands-only CPR, the rescuer can effectively provide life-saving assistance without the added complexity of delivering rescue breaths. This is particularly important because high-quality chest compressions can significantly increase the chances of survival until professional medical help arrives. Emphasizing compressions over breaths reduces the anxiety associated with performing CPR, making it more likely that a bystander will step in to assist in an emergency situation. This approach is widely endorsed by organizations such as the American Heart Association, making it accessible to those who may lack training or confidence in their respiratory skills. It eliminates the need for mouth-to-mouth contact, which can be a barrier for some individuals in emergency situations.

7. Which of the following should you prioritize if you find someone who is unresponsive and shows agonal breathing?

A. Checking for injuries

B. Starting chest compressions

C. Administering oxygen

D. Monitoring heart rate

When encountering someone who is unresponsive and exhibiting agonal breathing, the most crucial step is to start chest compressions immediately. Agonal breathing is often a sign of severe distress or impending cardiac arrest, and it indicates that the person is not breathing adequately. Initiating chest compressions is essential because it helps maintain blood circulation to vital organs, particularly the brain and heart, by manually pumping blood through the body. This step is part of the basic sequence of CPR, which emphasizes the importance of restoring circulation as quickly as possible. Checking for injuries, administering oxygen, or monitoring the heart rate, while important in other contexts, do not address the immediate life-threatening situation presented by unresponsiveness and agonal breathing. In such scenarios, swift action to perform chest compressions ensures a higher chance of survival and lays the foundation for further emergency interventions, such as the use of an automated external defibrillator (AED) or advanced medical care once emergency responders arrive.

8. If a victim with a foreign body airway obstruction becomes unresponsive, what should you do next?

A. Call for help and wait

B. Begin CPR and start giving compressions

C. Check for breathing for 2 minutes

D. Attempt to dislodge the object manually

When a victim with a foreign body airway obstruction becomes unresponsive, the recommended action is to begin CPR and start giving compressions. This is appropriate because when the person is unresponsive, they cannot breathe, and their heart may stop beating effectively due to the lack of oxygen. By initiating CPR, you are essentially providing critical support to circulate any remaining oxygenated blood to vital organs until emergency medical services can arrive or until the airway can be cleared. Starting compressions aids in maintaining blood flow and allows for potential re-establishment of a normal heart rhythm. During CPR on an unresponsive individual, rescue breaths are also incorporated after every 30 compressions if the rescuer is trained to do so. This helps to provide oxygen directly into the lungs, addressing the critical issue of oxygen deprivation caused by the obstruction. The other actions, such as calling for help and waiting, checking for breathing for a long duration, or manually attempting to dislodge the object, may waste valuable time. When a person is unresponsive, every second counts, and immediate CPR is essential for preserving life.

9. During two-rescuer CPR, how often should rescuers switch roles?

A. Every minute

B. Every 2 minutes

C. Every 4 minutes

D. When fatigued

In two-rescuer CPR, it is recommended to switch roles approximately every 2 minutes. This practice helps maintain high-quality compressions. Over time, fatigue can set in for the rescuer performing chest compressions, potentially leading to decreased effectiveness in their technique. By rotating every 2 minutes, both rescuers can maintain optimal performance, ensuring consistent and effective compressions. Switching roles is essential because high-quality chest compressions involve proper technique, depth, and rate. If one rescuer becomes fatigued, their ability to deliver effective compressions may diminish, which can negatively impact the victim's chances of survival. Therefore, the two-minute interval acts as a guideline to help maintain the highest standard of care during CPR, allowing each rescuer to perform at their best while ensuring the continuous flow of compressions.

10. What is the recommended compression rate during CPR?

A. 30-40 compressions per minute

B. 80-100 compressions per minute

C. 100-120 compressions per minute

D. 40-60 compressions per minute

The recommended compression rate during CPR is 100-120 compressions per minute. This range is crucial because it is aligned with the physiological needs of a victim in cardiac arrest. Performing compressions at this rate helps maintain adequate blood flow to vital organs, especially the brain and heart, during a life-threatening situation. Compressions that are too slow may not provide enough blood circulation to sustain life, while compressions that are too fast might not effectively allow for proper filling of the heart chambers between compressions. This rate is also consistent with guidelines from major resuscitation councils worldwide, ensuring that CPR remains effective during an emergency.