

Massachusetts OEMS Protocols Basic Life Support (BLS) 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. On standing orders, how many doses can be given to pediatric and adult patients?**
 - A. Pediatric: one dose; Adult: three doses.**
 - B. Pediatric: two doses; Adult: two doses, 5 minutes apart.**
 - C. Pediatric: one dose; Adult: one dose.**
 - D. Pediatric: one dose; Adult: two doses with the second dose 5 minutes later.**

- 2. What is the age range for administering 1:1000 epinephrine?**
 - A. Greater than 1 month and less than 18 years**
 - B. Greater than 2 months and less than 30 years**
 - C. Greater than 6 months and less than 65 years**
 - D. All ages are allowed**

- 3. Which of the following is a sign of distributive shock?**
 - A. Cold, clammy skin**
 - B. JVD**
 - C. Warm, dry skin**
 - D. Hot, flushed skin**

- 4. If there is any doubt about the health care agent's authority, EMS should ...**
 - A. Transport the patient**
 - B. Return to base and file a report**
 - C. Do nothing**
 - D. Seek legal counsel**

- 5. Which actions are recommended for a patient with hypothermia to prevent further heat loss?**
 - A. Insulate from the ground and shield from wind/water**
 - B. Move to a warm environment as soon as practical**
 - C. Remove wet clothing**
 - D. All of the above**

- 6. Which scenario requires the use of a knee-chest or Trendelenburg position during transport?**
- A. Prolapsed umbilical cord**
 - B. Normal labor with no complications**
 - C. Breech presentation without prolapse**
 - D. Post-term pregnancy with no complications**
- 7. HQCPR should not be used in which situations?**
- A. Cardiac arrests without a cardiac etiology and any pediatric cardiac arrest**
 - B. Cardiac arrests with a known cardiac etiology**
 - C. All adult cardiac arrests receive HQCPR**
 - D. Non-cardiac arrest events**
- 8. Naloxone Mechanism of Action**
- A. Opioid agonist**
 - B. Opioid antagonist**
 - C. Non opioid antagonist**
 - D. Partial agonist**
- 9. Which item must be included in the PCR if a patient is restrained?**
- A. All of the above**
 - B. Time of application**
 - C. Reason for restraint use**
 - D. Types of restraints used**
- 10. Who is considered an emancipated minor?**
- A. For the purpose of medical decisions, an emancipated minor is a person under 18 who is married, widowed or divorced; the parent of a child; a member of the armed forces; pregnant or believes herself pregnant; living separate and apart from a parent/guardian and managing their own financial affairs**
 - B. Any minor under 18**
 - C. A minor who signs a consent form**
 - D. A minor who is enrolled in college**

Answers

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

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Explanations

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1. On standing orders, how many doses can be given to pediatric and adult patients?
 - A. Pediatric: one dose; Adult: three doses.
 - B. Pediatric: two doses; Adult: two doses, 5 minutes apart.
 - C. Pediatric: one dose; Adult: one dose.
 - D. Pediatric: one dose; Adult: two doses with the second dose 5 minutes later.**

This item tests how standing orders limit naloxone dosing for different ages. Under these orders, pediatric patients are given one dose, while adult patients may receive up to two doses, with the second dose given 5 minutes after the first if there's still a need for reversal. The interval allows you to observe the patient's response and airway status before giving more medication. After each dose, reassess airway, breathing, and circulation, and proceed to medical control if there's still inadequate improvement or if the patient's condition changes.

2. What is the age range for administering 1:1000 epinephrine?
 - A. Greater than 1 month and less than 18 years
 - B. Greater than 2 months and less than 30 years
 - C. Greater than 6 months and less than 65 years**
 - D. All ages are allowed

Age-based safety and labeling guide how epinephrine 1:1000 is used in the EMS setting. In many Basic Life Support protocols, the standard IM dose of 1:1000 epinephrine for suspected anaphylaxis is indicated for patients older than six months but younger than sixty-five years. This window reflects where there is solid safety data and approved use: infants under six months have limited data and higher risk considerations, while adults over sixty-five often have cardiovascular comorbidities that raise the risk of adverse effects. Epinephrine remains the first-line treatment for anaphylaxis, given intramuscularly (typically to the mid-thigh) with dosing guided by weight and protocol. Therefore, the age range that fits these guidelines is more than six months and less than sixty-five years. Other ranges either exclude patients who can benefit or include groups with different safety considerations.

3. Which of the following is a sign of distributive shock?
 - A. Cold, clammy skin
 - B. JVD
 - C. Warm, dry skin**
 - D. Hot, flushed skin

Distributive shock happens when widespread vasodilation and loss of vascular tone cause blood to pool in the peripheral vessels, reducing effective circulating volume and tissue perfusion. Because the vessels are dilated, the skin often feels warm to touch, reflecting increased cutaneous blood flow. The dryness can accompany this pattern, especially as perfusion becomes uneven and sweat production may vary. This warm, dry skin pattern contrasts with other shock types where the skin tends to be cold and clammy due to vasoconstriction and reduced peripheral perfusion. Jugular venous distention points to obstructive or cardiogenic causes, not distributive, and hot, flushed skin can appear but isn't as characteristic as the warm, dry presentation in distributive shock.

4. If there is any doubt about the health care agent's authority, EMS should ...

- A. Transport the patient**
- B. Return to base and file a report**
- C. Do nothing**
- D. Seek legal counsel**

In emergencies, when there's doubt about who has authority to authorize care, EMS acts under implied consent to provide necessary treatment and transport the patient to definitive care. You can't reliably verify a health care agent's authority in the field, and delaying treatment or seeking legal permission would risk harm or deterioration. Transporting ensures the patient receives timely care and that hospital staff can review and confirm authorization, if needed. Delaying or withholding care, or trying to resolve legal questions in the field, is not appropriate, so the correct action is to transport the patient promptly.

5. Which actions are recommended for a patient with hypothermia to prevent further heat loss?

- A. Insulate from the ground and shield from wind/water**
- B. Move to a warm environment as soon as practical**
- C. Remove wet clothing**
- D. All of the above**

Preventing further heat loss relies on interrupting how the body loses heat to the surroundings. Insulating from the ground reduces conductive heat loss from the body to a cold surface. Shielding from wind and water lowers convective heat loss and evaporative cooling, since moving air and moisture carry heat away more quickly. Moving the patient to a warmer environment reduces the ambient temperature gradient, slowing heat transfer from the body across all pathways. Removing wet clothing stops evaporative cooling and reduces heat loss through wet fabric. Together, these actions minimize heat loss on multiple fronts and support keeping core temperature from dropping further while rewarming is pursued.

6. Which scenario requires the use of a knee-chest or Trendelenburg position during transport?

- A. Prolapsed umbilical cord**
- B. Normal labor with no complications**
- C. Breech presentation without prolapse**
- D. Post-term pregnancy with no complications**

Relieving cord compression is the key idea. When the umbilical cord has prolapsed, gravity can worsen or relieve pressure on the cord depending on the position. The knee-chest or Trendelenburg position uses gravity to shift the presenting part away from the cord, reducing compression and helping preserve fetal oxygenation during transport. So, in a prolapsed cord scenario, place the patient in one of these positions, keep the presenting part gently off the cord if possible, cover the cord with moist sterile gauze, and transport urgently with continuous monitoring. Do not push the cord back. The other scenarios don't involve a prolapsed cord, so there's no need for this specific positioning. Normal labor without complications, breech without prolapse, or a post-term pregnancy without complications are managed with standard transport and obstetric precautions rather than this positioning.

7. HQCPR should not be used in which situations?

- A. Cardiac arrests without a cardiac etiology and any pediatric cardiac arrest**
- B. Cardiac arrests with a known cardiac etiology**
- C. All adult cardiac arrests receive HQCPR**
- D. Non-cardiac arrest events**

High-quality CPR is most appropriate when the arrest is cardiac in origin in adults. The scenarios where it should not be used are those where the underlying problem is not a primary cardiac stoppage or where the patient is a child, because the priorities shift toward ventilation and addressing non-cardiac causes. In arrests with non-cardiac etiologies (such as severe hypoxia, trauma, or drowning), ventilations and rapid correction of the reversible problems are emphasized, and the one-size-fits-all emphasis on continuous, high-quality chest compressions without attention to ventilation isn't appropriate. Similarly, many pediatric arrests originate from respiratory failure, so rescue breaths and airway management are crucial early on rather than focusing solely on chest compressions. By contrast, when there is a known cardiac etiology in adults, high-quality CPR is the standard approach and remains the best-supported intervention. Non-arrest events aren't candidates for CPR at all, since no cardiac arrest is occurring. So the situations where HQCPR should not be used are non-cardiac-arrest events and pediatric cardiac arrests, where the emphasis is on ventilation and addressing the underlying cause rather than on continuous, high-depth chest compressions alone.

8. Naloxone Mechanism of Action

- A. Opioid agonist
- B. Opioid antagonist**
- C. Non opioid antagonist
- D. Partial agonist

Naloxone acts as an opioid receptor antagonist. It binds to opioid receptors (especially mu receptors) with high affinity and blocks or displaces opioid molecules, preventing receptor activation. Because it does not activate the receptor itself, it reverses opioid effects like respiratory depression and sedation rather than enhancing them. It's the right choice because it specifically counteracts opioids, not non-opioid overdoses, and it can precipitate withdrawal in opioid-dependent individuals.

9. Which item must be included in the PCR if a patient is restrained?

- A. All of the above**
- B. Time of application
- C. Reason for restraint use
- D. Types of restraints used

When a patient is restrained, the PCR should capture key details to ensure safety, justification, and accountability. The time of application is essential so responders can monitor how long the restraint is in place and reassess as needed. The reason for restraint use shows why the action was necessary and supports medical and legal justification. The type of restraints used documents exactly what equipment was applied, which helps assess potential risks and protocols followed. Documenting all of these items together provides a complete, compliant record, so the best choice is to include all of the above.

10. Who is considered an emancipated minor?

- A. For the purpose of medical decisions, an emancipated minor is a person under 18 who is married, widowed or divorced; the parent of a child; a member of the armed forces; pregnant or believes herself pregnant; living separate and apart from a parent/guardian and managing their own financial affairs**
- B. Any minor under 18**
- C. A minor who signs a consent form**
- D. A minor who is enrolled in college**

Emancipation means a minor is legally treated as an adult for making medical decisions. A person under 18 is considered emancipated if they meet certain life circumstances that show independence and responsibility: they are married, widowed or divorced; they are the parent of a child; they are a member of the armed forces; they are pregnant or believe they are pregnant; or they are living apart from a parent or guardian and managing their own finances. These conditions reflect the minor's ability to handle their own health care decisions, so they can consent to treatment without a parent or guardian. Merely being under 18, signing a consent form, or being enrolled in college does not by itself establish emancipation, so those situations do not automatically grant medical decision-making authority. In practice, EMS should determine if the patient meets emancipation criteria to know who may consent for care. If not emancipated, involve a parent or guardian or follow proper local guidelines for consent.

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://maoemsprotocolsbls.examzify.com>

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

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