

MASSACHUSETTS OEMS PROTOCOLS BASIC LIFE SUPPORT (BLS) PRACTICE EXAM (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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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. Which scenario describes the appropriate resuscitation approach for trauma?**
 - A. Penetrating trauma with short transport time to the ED
 - B. Blunt trauma with pulselessness
 - C. Decapitation
 - D. Inhalation injury
- 2. What is the total aspirin dose in the protocol?**
 - A. 324-325 mg PO (81 mg tablet x4)
 - B. 500 mg PO
 - C. 100 mg PO
 - D. 81 mg PO
- 3. What is the dose/route for nitroglycerin?**
 - A. 1 tablet or spray sublingual; max 3 doses every 5 minutes if symptoms persist and administration criteria are met
 - B. 1 tablet IV infusion
 - C. 2 sprays sublingual every 10 minutes
 - D. Oral tablet daily
- 4. To withhold resuscitation in lividity or rigor, which combination of findings must be present?**
 - A. Absent respirations for at least 30 seconds, absent carotid pulse for at least 30 seconds, absent lung sounds bilaterally for at least 30 seconds
 - B. Absent respirations for at least 30 seconds, absent carotid pulse for at least 30 seconds, absent lung sounds bilaterally for at least 30 seconds, and non-reactive pupils
 - C. Absent respirations for 15 seconds, absent carotid pulse for 30 seconds, absent lung sounds bilaterally for 30 seconds, and reactive pupils
 - D. Absent respirations for at least 60 seconds, absent carotid pulse for at least 60 seconds, absent lung sounds bilaterally for 60 seconds, and non-reactive pupils

- 5. In a newborn with meconium-stained amniotic fluid, when should suctioning of the oropharynx and nares be performed?**
- A. Routine suctioning is discouraged; suction oropharynx and nares only if respiratory depression or obstruction
 - B. Routine suctioning is always performed
 - C. Suctioning is never performed
 - D. Suction should be done immediately after birth regardless
- 6. Must all four criteria be met to withhold resuscitation in lividity or rigor?**
- A. All four criteria must be present
 - B. Any one criterion suffices
 - C. Only two criteria
 - D. No criteria apply
- 7. After 8 minutes or 4 cycles what should be done?**
- A. Stop CPR
 - B. Switch to counterproductive ventilation
 - C. Defibrillate immediately
 - D. If passive insufflation was previously being done, switch to BVM ventilation; If BVM was being done from the beginning maintain BVM ventilation; Continue 2 min rounds of uninterrupted chest compressions
- 8. Which condition is included in pediatric standing orders but not in adult standing orders?**
- A. Severe Bronchospasm
 - B. Severe Anaphylaxis
 - C. Mild reaction
 - D. Allergic rhinitis
- 9. In what position should a patient be placed when experiencing heat exhaustion?**
- A. Supine with legs elevated
 - B. Prone
 - C. Left lateral recovery
 - D. Standing upright

10. For lung sounds absent bilaterally, duration?

- A. 60 seconds
- B. 30 seconds
- C. 15 seconds
- D. 45 seconds

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Answers

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

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Explanations

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1. Which scenario describes the appropriate resuscitation approach for trauma?

- A. Penetrating trauma with short transport time to the ED**
- B. Blunt trauma with pulselessness
- C. Decapitation
- D. Inhalation injury

In penetrating trauma, when you can reach the ED quickly, the best prehospital approach is rapid transport with minimal on-scene delays while you control any external bleeding. The idea is to get definitive surgical care as fast as possible, because hemorrhage is the immediate life-threatening issue and surgical teams can best control it. On the scene, apply direct pressure or a tourniquet to stop bleeding, but don't linger with lengthy resuscitation efforts that delay getting the patient to definitive care. The other scenarios don't fit this approach. Blunt trauma with pulselessness generally requires immediate chest compressions and rapid transport, but the emphasis in the penetrating, short-transport situation is on getting to the ED quickly rather than performing extensive on-scene resuscitation. Decapitation is not survivable and resuscitation is not pursued. Inhalation injury centers on airway management and high-flow oxygen, with airway securing prioritized, rather than focusing on rapid transport alone without addressing airway.

2. What is the total aspirin dose in the protocol?

- A. 324-325 mg PO (81 mg tablet x4)**
- B. 500 mg PO
- C. 100 mg PO
- D. 81 mg PO

Total aspirin dose in this protocol is 324–325 mg given by mouth, achieved by four 81 mg tablets. This amount provides rapid antiplatelet effect for suspected ACS and aligns with standard EMS guidelines. The protocol uses four 81 mg tablets precisely to reach about 324 mg (often rounded to 325 mg in wording). A higher dose like 500 mg isn't the target, and doses of 100 mg or 81 mg fall short of the effective total dose for this use.

3. What is the dose/route for nitroglycerin?

- A. 1 tablet or spray sublingual; max 3 doses every 5 minutes if symptoms persist and administration criteria are met**
- B. 1 tablet IV infusion
- C. 2 sprays sublingual every 10 minutes
- D. Oral tablet daily

Nitroglycerin for acute chest pain in the EMS setting is given sublingually. Each dose is 0.4 mg, delivered as either a tablet or a spray placed under the tongue. If symptoms persist after 5 minutes, administer a second dose, and if still needed, a third dose, for a maximum of three doses total. This route and dosing are used only if the patient is eligible (no contraindications and adequate blood pressure). The other options are not used in this setting: an IV infusion is not a BLS route, an oral tablet daily is for chronic management not acute treatment, and giving two sprays every 10 minutes doesn't follow the standard 5-minute interval.

4. To withhold resuscitation in lividity or rigor, which combination of findings must be present?

- A. Absent respirations for at least 30 seconds, absent carotid pulse for at least 30 seconds, absent lung sounds bilaterally for at least 30 seconds
- B. Absent respirations for at least 30 seconds, absent carotid pulse for at least 30 seconds, absent lung sounds bilaterally for at least 30 seconds, and non-reactive pupils**
- C. Absent respirations for 15 seconds, absent carotid pulse for 30 seconds, absent lung sounds bilaterally for 30 seconds, and reactive pupils
- D. Absent respirations for at least 60 seconds, absent carotid pulse for at least 60 seconds, absent lung sounds bilaterally for 60 seconds, and non-reactive pupils

When deciding to withhold resuscitation, you confirm death by showing multiple definite signs that life is not present and cannot be reversed. The most reliable combination includes absence of breathing, an absent central pulse, no breath sounds, and a lack of pupil reaction to light. These together strongly indicate that the patient is dead and resuscitation would be inappropriate. The time frames used are typically at least about 30 seconds to be sure the signs aren't transient. So, the best match is no respirations for at least 30 seconds, no carotid pulse for at least 30 seconds, no lung sounds bilaterally for at least 30 seconds, and non-reactive pupils. The other options either omit a sign that must be present (like non-reactive pupils), use a shorter or longer observation period, or include a sign that would argue against death (such as reactive pupils).

5. In a newborn with meconium-stained amniotic fluid, when should suctioning of the oropharynx and nares be performed?

- A. Routine suctioning is discouraged; suction oropharynx and nares only if respiratory depression or obstruction**
- B. Routine suctioning is always performed
- C. Suctioning is never performed
- D. Suction should be done immediately after birth regardless

Suctioning is not done routinely in a newborn with meconium-stained fluid. The priority is to assess breathing and ensure the airway is clear without delaying ventilation. Suctioning of the mouth and nose should be used only if there are signs of airway obstruction or respiratory depression. If the infant is vigorous with regular breathing and good tone, do not suction and proceed with drying, warming, and basic airway care. If the infant is not breathing or has poor tone or signs of distress, suction the oropharynx and nasopharynx to clear secretions before or while initiating ventilation. Routine suctioning for every birth in this setting is discouraged because it can delay necessary ventilation and may not improve outcomes.

6. Must all four criteria be met to withhold resuscitation in lividity or rigor?

A. All four criteria must be present

B. Any one criterion suffices

C. Only two criteria

D. No criteria apply

In this situation, deciding death in the field relies on a combination of signs rather than a single cue. When lividity or rigor is present, you don't withhold resuscitation based on just one finding. You assess four objective indicators: unresponsiveness to stimuli, absence of spontaneous breathing, absence of a central pulse, and the presence of irreversible signs of death such as rigor mortis or dependent lividity. Only when all four are present is withholding resuscitation appropriate. This comprehensive check reduces the risk of declaring death prematurely and ensures a clear, unambiguous determination. If fewer than all four signs are present, resuscitation should continue and the patient reassessed.

7. After 8 minutes or 4 cycles what should be done?

A. Stop CPR

B. Switch to counterproductive ventilation

C. Defibrillate immediately

D. If passive insufflation was previously being done, switch to BVM ventilation; If BVM was being done from the beginning maintain BVM ventilation; Continue 2 min rounds of uninterrupted chest compressions

High-quality CPR hinges on two things: keeping blood flow with uninterrupted chest compressions and providing adequate ventilation without breaking the rhythm. After about eight minutes (four two-minute cycles), you should reassess airway management and keep the compression pattern consistent. If you've been relying on passive insufflation for ventilation, switch to bag-valve-mask ventilation to provide reliable breaths. If you've been ventilating with a bag-valve-mask from the start, continue doing so. In any case, maintain two-minute rounds of uninterrupted chest compressions, with rhythm checks and possible defibrillation performed as indicated at the end of each cycle.

8. Which condition is included in pediatric standing orders but not in adult standing orders?

A. Severe Bronchospasm

B. Severe Anaphylaxis

C. Mild reaction

D. Allergic rhinitis

Severe bronchospasm is included in pediatric standing orders but not in adult standing orders. The idea behind this difference is that pediatric protocols often authorize EMS providers to give a bronchodilator (like albuterol) for a child with severe bronchospasm without needing direct physician approval, to ensure rapid relief and prevent deterioration. In adults, bronchodilators for bronchospasm are typically not authorized as a standalone standing-order treatment and may require medical control or a different protocol path. Severe anaphylaxis is usually treated with epinephrine under standing orders in both pediatric and adult protocols, so it isn't unique to the pediatric side. Mild reactions and allergic rhinitis generally aren't managed by separate pediatric standing orders in the same way, making them less fitting as the pediatric-unique option.

9. In what position should a patient be placed when experiencing heat exhaustion?

A. Supine with legs elevated

B. Prone

C. Left lateral recovery

D. Standing upright

When heat exhaustion is present, the goal is to support blood flow back to the heart and brain after dehydration and vasodilation. Lying on the back with the legs elevated helps push blood from the legs toward the central circulation, stabilizing blood pressure and reducing dizziness or faintness. This position is preferred because it promotes venous return and gives the body a better chance to recover in the early stages. The other positions don't provide the same benefit: standing upright can worsen dizziness and hypotension, lying face down doesn't aid circulation, and the left lateral recovery position is mainly used if there's a risk of vomiting to protect the airway. If vomiting or airway issues aren't a concern, keep them flat with legs elevated while cooling and monitoring.

10. For lung sounds absent bilaterally, duration?

A. 60 seconds

B. 30 seconds

C. 15 seconds

D. 45 seconds

Focusing your auscultation for lung sounds for a reliable, efficient check is key when both lungs have no audible air movement. Listening for about 30 seconds allows you to cover multiple critical zones—both sides, anterior and posterior, upper and lower areas—and confirm there are no breath sounds without delaying urgent care. If you go too short, you risk missing subtle sounds or not checking all fields; if you go much longer, you waste valuable time when the patient needs immediate ventilation. With absent bilateral breath sounds, you should start assisted ventilation (bag-valve mask with high-flow oxygen) and move quickly to transport, while continuing to reassess as directed by protocol.

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://maoemsprotocolsbbs.examzify.com>

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

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