

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



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Mild Distress from acute bronchospasm in a pediatric patient is described as?**
 - A. minor wheezing and good air entry
 - B. severe respiratory distress with cyanosis
 - C. no respiratory distress with clear lungs
 - D. absent breath sounds

- 2. Which of the following is a risk factor for patient violence?**
 - A. Specified victim (consider proximity, likelihood of provocation)
 - B. Calm demeanor
 - C. Regular exercise
 - D. None

- 3. The guideline to apply gentle traction along the axis of the limb does not apply to which condition?**
 - A. Fractures
 - B. Sprains
 - C. Contusions
 - D. Dislocations

- 4. Which of the following is NOT an indication for Targeted Temperature Management?**
 - A. Age under 16 years
 - B. Post-cardiac arrest with ROSC
 - C. Post-cardiac arrest in STEMI
 - D. Palpable carotid pulse with stable rhythm

- 5. If the decision to stop en route is made, what must occur?**
 - A. The crew must abandon the original patient
 - B. The transport must resume only after the scene is deemed safe and additional resources arrive
 - C. The original patient must be left at the scene
 - D. One provider must stay with the original patient and transport must resume as soon as other resources arrive

- 6. Which laboratory value is included in adult sepsis criteria if available?**
- A. Serum lactate >4 mmol/L
 - B. ETCO₂ <25 mmHg
 - C. Temperature >100.0°F
 - D. Systolic blood pressure <90 mmHg
- 7. 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
- 8. What operational condition justifies air medical transport?**
- A. When scene arrival time to the nearest hospital including extrication time exceeds 20 minutes
 - B. Weather precludes ground ambulance use
 - C. Multiple casualties present
 - D. All of the above
- 9. Which of the following is a risk factor for patient violence?**
- A. Male gender
 - B. Older age
 - C. Calm demeanor
 - D. No prior history
- 10. Who may remove Electronic Control Weapon probes?**
- A. Law enforcement
 - B. EMTs
 - C. Medical control
 - D. The patient

Answers

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

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Explanations

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1. Mild Distress from acute bronchospasm in a pediatric patient is described as?

- A. minor wheezing and good air entry**
- B. severe respiratory distress with cyanosis
- C. no respiratory distress with clear lungs
- D. absent breath sounds

Mild distress from acute bronchospasm in a pediatric patient is best described as minor wheezing with good air entry. This reflects that airflow is still occurring through narrowed airways, producing an audible expiratory wheeze, while overall ventilation is maintained and there is no severe hypoxia. The lungs are not silent, and cyanosis is not present, indicating oxygenation is adequate at this stage. Other patterns would signal more serious problems: severe distress with cyanosis means significant hypoxia and poor air exchange; no respiratory distress with clear lungs would be a normal or minimal finding; absent breath sounds suggests a more dangerous obstruction or another pathology like a pneumothorax.

2. Which of the following is a risk factor for patient violence?

- A. Specified victim (consider proximity, likelihood of provocation)**
- B. Calm demeanor
- C. Regular exercise
- D. None

When evaluating safety during an encounter with a potentially violent patient, key risk factors are those that increase the chance of aggression, particularly who is involved and how close you are to the patient. Being treated as a specified victim means you are a defined target, and the risk rises if you're in close proximity and there's a real possibility the patient could be provoked into violence. This combination—targeting and proximity with provocation risk—directly informs how you should approach, position, and prepare for the encounter, including maintaining an escape path, calling for backup, and using de-escalation techniques. Calm demeanor and regular exercise, while helpful for reducing tension and personal resilience, do not indicate a higher risk of violence. None isn't accurate here because there are identifiable risk factors present.

3. The guideline to apply gentle traction along the axis of the limb does not apply to which condition?

- A. Fractures
- B. Sprains
- C. Contusions
- D. Dislocations**

Gentle traction along the axis of the limb is a technique used to help align long-bone fractures so they can be immobilized with a splint and transported more safely and comfortably. It is not applied to joints that are dislocated. Trying to traction a dislocation can push the joint pieces out of position, risk damage to nerves and blood vessels, and should be left to trained personnel with proper reduction procedures. For sprains and contusions, traction isn't part of standard management; you'd focus on immobilization, protection, and supportive care. So the guideline about using traction is specifically not used for dislocations.

4. Which of the following is NOT an indication for Targeted Temperature Management?

- A. Age under 16 years
- B. Post-cardiac arrest with ROSC**
- C. Post-cardiac arrest in STEMI
- D. Palpable carotid pulse with stable rhythm

Targeted Temperature Management is used to protect the brain after cardiac arrest, but only in patients who remain unconscious or unable to protect their airway after ROSC. Simply having post-arrest circulation restored (ROSC) does not by itself mean TTM should be used; if the patient has regained consciousness and shows stable neurologic function, there is no indication for cooling. So, without ongoing coma or loss of protective reflexes, this scenario is not an indication for TTM. The other situations imply ongoing neurologic risk after arrest (or clearly not arrest at all), which align with when TTM would be considered.

5. If the decision to stop en route is made, what must occur?

- A. The crew must abandon the original patient
- B. The transport must resume only after the scene is deemed safe and additional resources arrive
- C. The original patient must be left at the scene
- D. One provider must stay with the original patient and transport must resume as soon as other resources arrive**

The important idea is that patient care must continue even if you pause en route. If you decide to stop traveling to get additional help, at least one provider must stay with the patient to monitor and manage their condition, while the transport is paused or redirected. Once the other resources arrive, you resume transport and continue providing care on the way to a hospital. This is the best choice because it ensures the patient isn't left alone and receives ongoing assessment and treatment, while you efficiently bring in help to enhance safety and outcomes. Abandoning the patient at the scene or leaving them without care isn't acceptable, and waiting for the scene to be deemed safe and for resources to arrive before resuming transport can delay critical treatment. Leaving the original patient at the scene is not appropriate.

6. Which laboratory value is included in adult sepsis criteria if available?

- A. Serum lactate >4 mmol/L**
- B. ETCO₂ <25 mmHg
- C. Temperature >100.0°F
- D. Systolic blood pressure <90 mmHg

In adult sepsis assessment, a laboratory measurement can help identify tissue hypoperfusion, and lactate is the key lab value used when available. A serum lactate level greater than 4 mmol/L indicates significant hypoperfusion and higher risk, which is why it's included as a laboratory criterion for sepsis/septic shock. The other options are not laboratory values: end-tidal CO₂ is a monitoring parameter, while temperature and systolic blood pressure are vital signs. Those signs can be part of sepsis assessment, but the prompt specifically flags a lab value, making lactate the best choice.

7. 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.

8. What operational condition justifies air medical transport?

- A. When scene arrival time to the nearest hospital including extrication time exceeds 20 minutes
- B. Weather precludes ground ambulance use
- C. Multiple casualties present
- D. All of the above**

Air medical transport is justified whenever ground transport would delay reaching definitive care or isn't feasible due to safety or logistics. If getting to a hospital would take too long once extrication and on-scene time are added, a helicopter or airplane can dramatically shorten total time to definitive treatment, which is crucial for time-sensitive conditions. Weather conditions that make ground ambulances unsafe or impossible can also necessitate air transport, provided flight conditions are acceptable. In a scene with many casualties, air assets can rapidly move patients to appropriate facilities and free up ground units for triage and care. Because of these advantages, all of the listed situations justify using air medical transport.

9. Which of the following is a risk factor for patient violence?

- A. Male gender**
- B. Older age
- C. Calm demeanor
- D. No prior history

Male gender is a risk factor because aggression is more commonly observed among men, especially when they are agitated, intoxicated, or experiencing psychiatric distress. This makes male patients more likely to exhibit verbal or physical aggression, so responders should be vigilant, use de-escalation techniques, and keep a safe distance with a clear exit path. In contrast, older age is not typically linked to higher violence risk, a calm demeanor indicates lower likelihood of aggression, and having no prior history does not automatically mean safety—risk can arise even without a documented history. The key is to assess behavior in the moment and respond with appropriate safety measures.

10. Who may remove Electronic Control Weapon probes?

A. Law enforcement

B. EMTs

C. Medical control

D. The patient

Probes from an Electronic Control Weapon are handled as a scene-wide safety and evidence issue, so the removal is limited to personnel trained for this specific task. Law enforcement officers are trained to safely remove the probes and manage any embedded barbs or fragments, minimizing further tissue injury and preserving evidence if needed. Emergency medical technicians and other medical staff focus on patient assessment, airway and breathing support, circulation, and wound care, not the removal of embedded taser probes. Medical control can guide treatment, but does not perform the physical removal. The patient cannot safely remove the probes due to potential injury and lack of proper training.

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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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