

PEDIATRIC ADVANCED LIFE SUPPORT (PALS) INSTRUCTOR PRACTICE TEST (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. What is the normal tidal volume range for a child in milliliters per kilogram of body weight?**
 - A. 2-4 mL/kg
 - B. 5-7 mL/kg
 - C. 8-10 mL/kg
 - D. 12-15 mL/kg
- 2. What is the primary purpose of the exposure assessment during the primary evaluation?**
 - A. To evaluate mental status changes
 - B. To identify trauma and signs of altered temperature
 - C. To check for pre-existing medical conditions
 - D. To measure vital signs
- 3. Which of the following is not associated with decreased LOC?**
 - A. Drugs
 - B. Hypercarbia
 - C. Mild dehydration
 - D. Hypoxemia
- 4. What is the recommended rate for delivering chest compressions for infants during CPR?**
 - A. 60-80 compressions per minute
 - B. 80-100 compressions per minute
 - C. 100-120 compressions per minute
 - D. 120-140 compressions per minute
- 5. What is the normal systolic blood pressure for a toddler?**
 - A. 86-106
 - B. 97-115
 - C. 110-131
 - D. 102-120

- 6. In a child who is gasping, what is the first action you take?**
- A. Check for a pulse
 - B. Start CPR immediately
 - C. Provide rescue breaths
 - D. Call for help
- 7. What is the key characteristic of drugs administered via the endotracheal tube (ETT) during CPR?**
- A. They have consistent absorption
 - B. They are always given in standard IV doses
 - C. They are lipid soluble
 - D. They are not recommended for any drugs
- 8. How often can epinephrine be administered during CPR?**
- A. Every 5 minutes
 - B. Every minute
 - C. Every 10 minutes
 - D. Every 2-3 minutes
- 9. What vital signs indicate a possible need for immediate intervention in the case of altered breathing?**
- A. Increased heart rate
 - B. Apnea or significantly increased effort in breathing
 - C. High blood pressure
 - D. Unequal limb strength
- 10. If using an AED in auto mode and no shock is advised, what should you do next?**
- A. Pause CPR and reassess the victim
 - B. Continue CPR, starting with chest compressions
 - C. Change the AED pads
 - D. Wait for further instructions from the AED

Answers

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

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Explanations

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1. What is the normal tidal volume range for a child in milliliters per kilogram of body weight?

- A. 2-4 mL/kg
- B. 5-7 mL/kg**
- C. 8-10 mL/kg
- D. 12-15 mL/kg

The normal tidal volume range for a child is 5-7 mL/kg of body weight. Tidal volume refers to the amount of air that is inhaled and exhaled during normal breathing. This range is based on the physiological needs of children, which differ from those of adults due to their smaller size and developing respiratory systems. In pediatric patients, using the appropriate tidal volume is crucial during ventilation support, as it helps ensure adequate gas exchange and prevents potential lung injury from over-distension. This range accommodates the child's metabolic requirements and supports optimal oxygenation and ventilation. It is important for healthcare providers to adjust tidal volumes based on their assessment of the child's condition, keeping within this range to promote effective respiratory function without causing harm.

2. What is the primary purpose of the exposure assessment during the primary evaluation?

- A. To evaluate mental status changes
- B. To identify trauma and signs of altered temperature**
- C. To check for pre-existing medical conditions
- D. To measure vital signs

The primary purpose of the exposure assessment during the primary evaluation in Pediatric Advanced Life Support is to identify trauma and signs of altered temperature. This assessment is critical because it allows healthcare providers to inspect the patient for any physical injuries that may not be immediately apparent, such as lacerations, contusions, or fractures. Additionally, checking for signs of altered temperature can help identify cases of hyperthermia or hypothermia, which are vital to treat promptly to prevent further complications. By ensuring that the child is completely exposed (while maintaining dignity and protecting against hypothermia), providers can obtain a comprehensive understanding of any life-threatening injuries or conditions that need urgent intervention. This thorough assessment is a key step in determining the immediate and appropriate management of the patient. Understanding trauma and temperature changes can directly influence treatment decisions, making this assessment foundational in the emergency response process.

3. Which of the following is not associated with decreased LOC?

- A. Drugs
- B. Hypercarbia
- C. Mild dehydration**
- D. Hypoxemia

The rationale behind identifying mild dehydration as not typically associated with decreased level of consciousness (LOC) relates to the physiological impacts of dehydration compared to other conditions. While severe dehydration can lead to confusion and altered mental states due to reduced cerebral perfusion and electrolyte imbalance, mild dehydration is less likely to produce significant cognitive impairment. In contrast, conditions like drug intoxication or overdose can lead to altered mental status due to CNS depression or stimulation, severely affecting LOC. Hypercarbia, which is an elevated level of carbon dioxide in the blood, can lead to confusion and decreased alertness as CO₂ levels can cause respiratory acidosis and impact brain function. Hypoxemia, or inadequate oxygenation of the blood, can result in significant neurologic deficits and decreased LOC, as the brain is highly sensitive to low oxygen levels and may quickly manifest signs of dysfunction. Overall, mild dehydration typically does not impair consciousness to the extent seen in the other listed conditions, making it the exception in this context.

4. What is the recommended rate for delivering chest compressions for infants during CPR?

- A. 60-80 compressions per minute
- B. 80-100 compressions per minute
- C. 100-120 compressions per minute**
- D. 120-140 compressions per minute

The recommended rate for delivering chest compressions for infants during CPR is 100-120 compressions per minute. This rate is supported by current guidelines, which emphasize the importance of providing effective chest compressions that can maintain adequate blood flow and improve the chances of successful resuscitation. Delivering compressions at this rate ensures that sufficient blood is being pumped to vital organs, particularly the brain and heart. The target rate aligns with the physiological needs of infants, as their hearts can respond best to compressions delivered at this cadence, balancing effectiveness with the risk of causing injury due to overly rapid compressions. In practice, achieving a rate of 100-120 compressions allows for both the delivery of adequate blood flow and enough time for the heart to fill between compressions, promoting better outcomes in a resuscitation scenario. Adhering to this compression rate is crucial for effective CPR in infants and is a fundamental component of pediatric advanced life support training.

5. What is the normal systolic blood pressure for a toddler?

- A. 86-106**
- B. 97-115
- C. 110-131
- D. 102-120

The normal systolic blood pressure for a toddler is typically in the range of 86 to 106 mmHg. This range is standardized for children aged 1 to 4 years, reflecting what is considered healthy for this age group. Maintaining an appropriate blood pressure is crucial, as it indicates how well the heart is pumping blood and delivering oxygen to the body, which is essential for overall health and development in toddlers. The other ranges provided do not align with established pediatric guidelines for toddlers. Variations in blood pressure norms can occur based on age, size, and physiological factors, which is why it is important for health professionals to be aware of the specific benchmarks for different pediatric age groups to ensure proper assessment and intervention as needed.

6. In a child who is gasping, what is the first action you take?

- A. Check for a pulse
- B. Start CPR immediately**
- C. Provide rescue breaths
- D. Call for help

When a child is gasping, this indicates a severe respiratory distress or failure, and it is a sign that the child is not effectively breathing. In this critical situation, the first action to take is to start CPR immediately. This approach is necessary because gasping is not sufficient to maintain adequate oxygenation and circulation. Initiating CPR helps to restore blood circulation and provides essential oxygen to vital organs until further assistance can be obtained or more advanced care is available. It is crucial to respond swiftly since delays can lead to irreversible damage or even death. While checking for a pulse is important in assessing the child's condition, the presence of gasping means that immediate CPR intervention is vital rather than taking the time to check for a pulse. Similarly, while rescue breaths and calling for help are necessary steps in a comprehensive response to a pediatric emergency, the immediate priority is to start compressions to ensure the child receives adequate blood flow.

7. What is the key characteristic of drugs administered via the endotracheal tube (ETT) during CPR?

- A. They have consistent absorption
- B. They are always given in standard IV doses
- C. They are lipid soluble**
- D. They are not recommended for any drugs

The key characteristic of drugs administered via the endotracheal tube (ETT) during CPR is that they are lipid-soluble. This is because lipid-soluble drugs can more easily cross cell membranes and enter systemic circulation when administered via this route. When drugs are given through the ETT, they need to be in a form that can be quickly absorbed into the bloodstream. Lipid-soluble drugs possess this quality, enabling a faster therapeutic effect, which is critical in emergency situations like cardiac arrest. It's important to note that not all medications can be effectively administered this way; therefore, understanding which drugs are appropriate for ETT administration is essential for correct dosing and efficacy during a resuscitation attempt. The other options highlight misconceptions about ETT medication administration: the absorption of drugs given through this route may not be consistent, the dosing does not follow standard IV doses due to differences in bioavailability, and while certain medications are recommended for ETT use, it is not accurate to say that no drugs should ever be used via this route.

8. How often can epinephrine be administered during CPR?

- A. Every 5 minutes
- B. Every minute
- C. Every 10 minutes
- D. Every 2-3 minutes**

Epinephrine is a critical medication used during pediatric advanced life support (PALS) in cases of cardiac arrest. The recommended interval for administering epinephrine is every 2 to 3 minutes during cardiopulmonary resuscitation (CPR). This timing is established to ensure that the medication can exert its effects on increasing myocardial and cerebral perfusion pressure during resuscitation efforts while avoiding potential complications associated with more frequent dosing. The rationale for every 2 to 3 minutes is based on the pharmacokinetics of epinephrine, which allows sufficient time for the medication to circulate and exert its effects on the heart and blood vessels. This timing aligns with updates and protocols established in the most recent resuscitation guidelines to improve outcomes in pediatric patients experiencing cardiac arrest. Ensuring that epinephrine is administered within this timeframe allows for the optimization of resuscitative efforts, ultimately influencing the chances of restoring spontaneous circulation.

9. What vital signs indicate a possible need for immediate intervention in the case of altered breathing?

- A. Increased heart rate
- B. Apnea or significantly increased effort in breathing**
- C. High blood pressure
- D. Unequal limb strength

The need for immediate intervention in the case of altered breathing is most clearly indicated by apnea or significantly increased effort in breathing. Apnea refers to a complete cessation of breathing, which requires immediate action to restore ventilation and ensure oxygenation. This can lead to a rapid decline in the patient's condition, resulting in hypoxia and potential cardiac arrest if not addressed promptly. Similarly, significantly increased effort in breathing, often characterized by signs such as retractions, grunting, or use of accessory muscles, indicates respiratory distress. When a child is struggling to breathe, it can signal a severe underlying issue, such as an obstruction or a respiratory illness, necessitating urgent evaluation and intervention. While an increased heart rate can indicate stress or compensatory response to various conditions, it does not solely reflect the status of the respiratory system and may not require immediate action in the same way apnea or severe respiratory effort would. High blood pressure and unequal limb strength, while potentially concerning in other contexts, are not direct indicators of altered breathing and would not prompt the same immediate focus on respiratory assessment and support. Thus, the presence of apnea or significantly increased effort in breathing is the most critical vital sign that signals the need for immediate intervention.

10. If using an AED in auto mode and no shock is advised, what should you do next?

- A. Pause CPR and reassess the victim
- B. Continue CPR, starting with chest compressions**
- C. Change the AED pads
- D. Wait for further instructions from the AED

When using an AED in auto mode and it indicates that no shock is advised, the next step is to continue CPR, starting with chest compressions. This approach is based on the understanding that when a shock is not indicated, the patient's heart is not in a rhythm that can be corrected with an electric shock, and effective chest compressions are critical for maintaining blood flow to vital organs. Continuing CPR ensures that circulation is maintained while waiting for further medical intervention. Resuming with chest compressions immediately after the AED indicates no shock helps to maximize the chance of survival by promoting blood flow, which is essential until the heart can return to a normal rhythm or until emergency medical services arrive. The other options are less effective in this scenario. Pausing CPR to reassess the victim or changing the AED pads would interrupt vital compressions, which is not recommended during cardiac arrest. Waiting for further instructions from the AED will stall progress because time is crucial in these situations. Therefore, immediate continuation of CPR is the best course of action.

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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:

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

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