

Pediatric Cardiac Arrest Practice Test (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. What is the primary purpose of post-arrest quality improvement in pediatric teams?**
 - A. Blame assignment**
 - B. Routine paperwork**
 - C. Public relations**
 - D. Analyze CPR metrics, identify gaps, and implement improvements via debriefing and training**

- 2. What is the first-line energy dose for defibrillation in a 5 kg infant?**
 - A. 10 J**
 - B. 5 J**
 - C. 15 J**
 - D. 20 J**

- 3. What is the recommended treatment for cardiac tamponade?**
 - A. Defibrillation**
 - B. High-dose diuretics**
 - C. Pericardiocentesis**
 - D. Observation**

- 4. What is the initial clue suggesting hypovolemia as a cause of arrest?**
 - A. Severe chest pain**
 - B. Hyperthermia**
 - C. Low urine output**
 - D. Obvious blood loss**

- 5. If a tension pneumothorax is suspected during pediatric arrest, what is the recommended action?**
 - A. Observe and reassess.**
 - B. Apply oxygen only.**
 - C. Perform chest compressions exclusively.**
 - D. Immediate needle decompression or chest tube placement per protocol.**

- 6. Which action is essential to address hypoxia during pediatric cardiac arrest?**
- A. Ensure the airway is open and ventilation with adequate oxygen**
 - B. Administer epinephrine**
 - C. Defibrillate**
 - D. Hyperventilate at a high rate**
- 7. Which formula approximates endotracheal tube size for uncuffed tubes in pediatric patients?**
- A. $(\text{age}/4) + 4$**
 - B. $(\text{age}/2) + 2$**
 - C. $(\text{weight}/2) + 3$**
 - D. $(\text{height}/3) + 5$**
- 8. What are the key components of post-arrest care in pediatric patients?**
- A. Airway management and oxygenation, perfusion optimization, temperature control, neuroprotection, and monitoring.**
 - B. Only airway management.**
 - C. Nutrition optimization only.**
 - D. Isolation procedures only.**
- 9. If a shockable rhythm is identified during pediatric resuscitation, what is the recommended immediate action?**
- A. Wait for a rhythm check.**
 - B. Deliver a defibrillation shock promptly.**
 - C. Administer epinephrine first.**
 - D. Continue CPR without defibrillation.**
- 10. With an advanced airway in place, how are ventilations delivered during CPR?**
- A. One breath every 6 seconds, asynchronous with compressions**
 - B. Only during chest compression pauses**
 - C. Every 30 seconds**
 - D. Breaths are not necessary**

Answers

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

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Explanations

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1. What is the primary purpose of post-arrest quality improvement in pediatric teams?

- A. Blame assignment**
- B. Routine paperwork**
- C. Public relations**
- D. Analyze CPR metrics, identify gaps, and implement improvements via debriefing and training**

The main idea is that after a pediatric arrest, the team uses what happened to improve future care, not to assign blame. Post-arrest quality improvement is about examining CPR performance data, pinpointing where things didn't go as well as they could, and then making concrete changes through debriefing and targeted training. Teams collect and review CPR metrics such as how quickly CPR started, the rate and depth of chest compressions, how long interruptions lasted, airway management, medication timing, and use of defibrillation when appropriate. The debriefing process is intended to be a non-punitive learning conversation where the whole team can discuss what went well and what didn't, identify gaps in systems or processes, and agree on specific steps to fix them. Those steps become focused training, protocol tweaks, or simulation practice, and progress is measured over time to see real improvement in subsequent resuscitations. This approach is preferred because it fosters safety, learning, and continuous improvement, whereas blaming individuals, producing routine paperwork that doesn't change practice, or focusing on public relations does not effectively improve patient outcomes.

2. What is the first-line energy dose for defibrillation in a 5 kg infant?

- A. 10 J**
- B. 5 J**
- C. 15 J**
- D. 20 J**

Defibrillation energy in infants is set by weight to balance effectiveness with safety. The standard initial energy is 2 joules per kilogram. For a 5 kg infant, that is 10 joules, which is the dose used first to try to terminate the dangerous rhythm. If the initial shock doesn't convert the rhythm, the energy is increased for the next shock (typically to 4 J/kg, which would be 20 joules for this child). So 10 joules is the correct first-line dose. The other numbers would either undershoot the required initial energy or represent the higher dose used for subsequent shocks.

3. What is the recommended treatment for cardiac tamponade?

- A. Defibrillation
- B. High-dose diuretics
- C. Pericardiocentesis**
- D. Observation

The essential idea is that tamponade causes the heart to be compressed by fluid in the pericardial sac, so the heart can't fill properly during diastole and cardiac output drops. The treatment must promptly relieve that pressure. Draining the pericardial space directly accomplishes this, restoring normal filling and hemodynamics.

Pericardiocentesis is the fastest and most direct way to achieve decompression, and it can be life-saving in an unstable child. Defibrillation doesn't address the mechanical compression of the heart; it's used for certain rhythm disturbances, not for tamponade. High-dose diuretics would further decrease preload and worsen the situation.

Observation leaves the pressure untreated, allowing deterioration. So, draining the fluid via pericardiocentesis is the best match for reversing the underlying problem in cardiac tamponade.

4. What is the initial clue suggesting hypovolemia as a cause of arrest?

- A. Severe chest pain
- B. Hyperthermia
- C. Low urine output
- D. Obvious blood loss**

The key idea is that hypovolemia comes from a loss of circulating blood volume, so the most direct clue is evidence of actual blood loss. If there is obvious bleeding, it immediately points to reduced intravascular volume as the trigger for arrest, which in turn explains the poor perfusion leading to cardiac arrest in a child. The other options are less specific: severe chest pain isn't typical in pediatric arrests, hyperthermia suggests fever or heat illness, and low urine output signals poor perfusion but doesn't identify the cause as volume loss. When obvious blood loss is present, the priority is rapid restoration of intravascular volume with isotonic fluids and control of the bleeding.

5. If a tension pneumothorax is suspected during pediatric arrest, what is the recommended action?

- A. Observe and reassess.**
- B. Apply oxygen only.**
- C. Perform chest compressions exclusively.**
- D. Immediate needle decompression or chest tube placement per protocol.**

Relieving the pressure is the urgent action. In a suspected tension pneumothorax during pediatric arrest, the growing air in the pleural space collapses the lung and pushes the heart and great vessels to the opposite side, severely reducing venous return and cardiac output. Because this is a reversible cause of arrest, you don't wait for imaging or for symptoms to evolve—you decompress now. Immediate needle decompression provides rapid relief of the pressure and re-expands the lung, and when possible, chest tube placement gives definitive drainage and lung re-expansion per protocol. Oxygen alone won't fix the mechanical compression, and continuing chest compressions without addressing the tension won't restore circulation. After decompression, keep resuscitation efforts going and reassess.

6. Which action is essential to address hypoxia during pediatric cardiac arrest?

- A. Ensure the airway is open and ventilation with adequate oxygen**
- B. Administer epinephrine**
- C. Defibrillate**
- D. Hyperventilate at a high rate**

address hypoxia by keeping the airway open and delivering ventilation with adequate oxygen. In pediatric cardiac arrest, hypoxia is a common trigger, so restoring oxygen delivery is the most immediate and impactful step. Providing effective breaths through a bag-valve-mask or an advanced airway with high-flow oxygen ensures that oxygen reaches the lungs and enters the bloodstream, supporting tissue perfusion during ongoing chest compressions. Epinephrine helps improve perfusion pressure and rhythm management, but it does not directly correct the lack of oxygen delivery. Defibrillation is essential for certain shockable rhythms, but many pediatric arrests from hypoxia present as non-shockable rhythms, where correcting ventilation is the priority. Hyperventilating at a high rate can actually hinder circulation by decreasing venous return and cerebral perfusion, so it is not the appropriate focus.

7. Which formula approximates endotracheal tube size for uncuffed tubes in pediatric patients?

- A. $(\text{age}/4) + 4$
- B. $(\text{age}/2) + 2$
- C. $(\text{weight}/2) + 3$
- D. $(\text{height}/3) + 5$

In pediatric airway management, tube size for uncuffed tubes is estimated with an age-based rule of thumb. For uncuffed tubes, the internal diameter in millimeters is approximately equal to the child's age in years divided by four, plus four. This simple calculation mirrors how the tracheal diameter grows with age and gives a reliable starting point for tube selection. For example, a 2-year-old would be about 4.5 mm. After selecting a size, a leak test at a low airway pressure helps confirm the fit and allow for adjustments. Other formulas that rely on weight or height aren't the standard for uncuffed tube sizing in children.

8. What are the key components of post-arrest care in pediatric patients?

- A. Airway management and oxygenation, perfusion optimization, temperature control, neuroprotection, and monitoring.
- B. Only airway management.
- C. Nutrition optimization only.
- D. Isolation procedures only.

Post-arrest care in children is a multi-system effort to prevent secondary brain and organ injury after return of spontaneous circulation. The most important idea is to stabilize the child across several key domains: secure the airway and ensure proper oxygenation and ventilation to avoid hypoxia or hyperoxia; optimize perfusion so the brain and organs receive adequate blood flow and the blood pressure is appropriate for the child's age; manage body temperature to limit metabolic stress and brain injury, typically by avoiding fever and using temperature targets as indicated; protect the brain through neuroprotective strategies such as seizure control and careful sedation and metabolic management; and maintain continuous monitoring to detect and treat evolving complications promptly. This comprehensive bundle explains why the best answer includes airway/oxygenation, perfusion, temperature control, neuroprotection, and monitoring. The other choices are too narrow—focusing only on airway, or only on nutrition, or only on isolation procedures—without capturing the full, integrated approach required after pediatric cardiac arrest.

9. If a shockable rhythm is identified during pediatric resuscitation, what is the recommended immediate action?

- A. Wait for a rhythm check.**
- B. Deliver a defibrillation shock promptly.**
- C. Administer epinephrine first.**
- D. Continue CPR without defibrillation.**

When a shockable rhythm is present, the priority is to deliver a defibrillation shock immediately. This countershock targets the chaotic electrical activity (like ventricular fibrillation or pulseless ventricular tachycardia) and can rapidly restore a perfusing rhythm, which has the greatest impact on survival. Delaying defibrillation to recheck the rhythm or to give medications first reduces the chance of restoring circulation. After the shock, promptly resume high-quality CPR, and recheck the rhythm after about two minutes. In children, use weight-based energy for the first shock (and for subsequent shocks if needed). Epinephrine is used in later cycles or for non-shockable rhythms, not before delivering the initial defibrillation.

10. With an advanced airway in place, how are ventilations delivered during CPR?

- A. One breath every 6 seconds, asynchronous with compressions**
- B. Only during chest compression pauses**
- C. Every 30 seconds**
- D. Breaths are not necessary**

With an advanced airway in place, CPR uses continuous chest compressions while ventilations are delivered at a steady rate. Give one breath every 6 seconds (about 10 breaths per minute). These breaths are asynchronous with the compressions, meaning you don't pause compressions to ventilate; ventilation happens concurrently while compressions continue. This setup preserves perfusion from uninterrupted chest compressions while still providing oxygen and removing carbon dioxide. Each breath should produce visible chest rise, and avoid over-ventilation.

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://pediacardiacarrest.examzify.com>

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

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