Post First Responder First Aid/CPR/AED Practice Test (Sample)

Study Guide

Everything you need from our exam experts!

Questions

1. **What is the proper position for treating a male victim who appears to be in shock without head, neck, or spinal fractures?**

   A. On his side with legs bent

   B. Supine with legs elevated

   C. Upright in a chair

   D. Flat on his stomach

2. **In two-person CPR on an infant, what is the compression-to-ventilation ratio?**

   A. 30:2

   B. 20:2

   C. 15:2

   D. 10:1

3. **For one-person adult CPR, what is the recommended compression depth?**

   A. 1 inch

   B. 2 inches

   C. 3 inches

   D. 1.5 inches

4. **What should be done first when you encounter an unresponsive individual?**

   A. Check for responsiveness

   B. Call for help

   C. Begin CPR immediately

   D. Check for breathing

5. **What indicates a severe airway obstruction in an adult?**

   A. The adult is conscious but cannot speak

   B. The adult is unconscious but can cough

   C. The adult can breathe but cannot speak

   D. The adult can cough but cannot breathe

6. What might a person with a diabetic emergency exhibit?

A. Confusion, sweatiness, or altered consciousness

B. Rapid heartbeat and shivering

C. High fever and vomiting

D. Pale skin and excessive thirst

7. Identify a sign of internal bleeding.

A. Abdominal pain, bruising, or signs of shock

B. Cold sweats and high blood pressure

C. Headaches and dizziness

D. Nausea and vomiting

8. What is the correct hand position for clearing a severe airway obstruction in an obese or pregnant adult?

A. On the midline of the sternum, below the breasts

B. On the midline of the sternum, level with the armpits

C. On the upper abdomen, near the rib cage

D. On the lower abdomen, just above the pelvis

9. What is the normal breathing rate for a child aged 1 year to puberty?

A. 20 to 30 breaths per minute

B. 15 to 25 breaths per minute

C. 10 to 20 breaths per minute

D. 30 to 40 breaths per minute

10. Which of the following best describes cyanosis?

A. Bluish skin

B. Yellowish skin

C. Red patches on the skin

D. Green discoloration of the skin

Answers

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

Explanations

1. What is the proper position for treating a male victim who appears to be in shock without head, neck, or spinal fractures?

A. On his side with legs bent

B. Supine with legs elevated

C. Upright in a chair

D. Flat on his stomach

The proper position for treating a male victim who appears to be in shock, while ensuring there are no head, neck, or spinal fractures, is to place him in a supine position with his legs elevated. This position helps improve blood flow to vital organs as it promotes venous return, increasing the amount of blood reaching the heart and brain. Elevating the legs can assist with redirecting blood flow to the core during shock when the body is not effectively circulating blood. In shock, a person's body may be struggling to maintain adequate blood circulation, and lying flat on the back with elevated legs can counteract the pooling of blood in the extremities, thereby helping stabilize blood pressure and relieving some symptoms associated with shock. This method is aligned with standard first aid practices for managing a victim in shock, aiming to enhance their chances of recovery until further medical help can be provided.

2. In two-person CPR on an infant, what is the compression-to-ventilation ratio?

A. 30:2

B. 20:2

C. 15:2

D. 10:1

In the situation of two-person CPR on an infant, the recommended compression-to-ventilation ratio is 15:2. This means that for every 15 compressions given to the infant, there should be 2 rescue breaths administered. The rationale behind this ratio is based on the needs of infants, who require a higher frequency of compressions in relation to ventilations compared to adults. In two-person CPR, one rescuer is responsible for delivering compressions while the other handles the ventilations. Given that infants have a smaller respiratory capacity and a higher metabolic rate, ensuring adequate blood flow through effective compressions is critical. Therefore, the emphasis is on maintaining a consistent rhythm that balances both compressions and ventilations, with a focus on compressions to support blood circulation effectively.

3. For one-person adult CPR, what is the recommended compression depth?

A. 1 inch

B. 2 inches

C. 3 inches

D. 1.5 inches

The recommended compression depth for adult CPR is 2 inches. This depth is essential because adequate compressions must be deep enough to create sufficient blood flow and cardiac output during resuscitation. The heart is located between the sternum and the spine, and compressing to a depth of 2 inches allows for effective compression that can maximize the flow of blood to vital organs, especially the brain and the heart itself. Compressions that are too shallow, such as those at depths of 1 inch or 1.5 inches, may not provide enough pressure to create the necessary intrathoracic pressure, resulting in less effective circulation. It's also important to maintain a compression rate of 100 to 120 compressions per minute to optimize the effectiveness of CPR. The guideline to compress at a depth of about 2 to 2.4 inches ensures that first responders deliver effective and life-saving care to adults experiencing cardiac arrest.

4. What should be done first when you encounter an unresponsive individual?

A. Check for responsiveness

B. Call for help

C. Begin CPR immediately

D. Check for breathing

When encountering an unresponsive individual, the first step is to check for responsiveness. This step is crucial because it helps to assess the individual's level of consciousness and determine if they require immediate medical intervention. By checking for responsiveness, you can confirm whether the person is awake and aware, or if they need urgent assistance. Only once you establish that the individual is unresponsive can you proceed with further actions, such as calling for help or checking for breathing. This initial step is fundamental in guiding your next course of action and ensures that you are responding appropriately to the situation.

5. What indicates a severe airway obstruction in an adult?

A. The adult is conscious but cannot speak

B. The adult is unconscious but can cough

C. The adult can breathe but cannot speak

D. The adult can cough but cannot breathe

A severe airway obstruction in an adult is indicated when the individual is conscious but cannot speak. This scenario suggests that the airway is significantly blocked, preventing adequate airflow and the ability to vocalize, which is a critical sign of distress. When an adult is unable to make sounds or speak, they are likely experiencing respiratory distress, indicating that the obstruction is severe enough to restrict airflow. It is essential to intervene quickly in this situation, as the individual may be at risk of losing consciousness if the obstruction isn't resolved promptly. In contrast, if the adult is unconscious but can cough, it suggests that there is still some airflow, and the cough reflex is functioning, indicating that the obstruction may not be severe. Similarly, an adult who can breathe but cannot speak, or one who can cough but cannot breathe, are not experiencing a complete or severe obstruction of the airway as evidenced by their ability to perform these functions.

6. What might a person with a diabetic emergency exhibit?

A. Confusion, sweatiness, or altered consciousness

B. Rapid heartbeat and shivering

C. High fever and vomiting

D. Pale skin and excessive thirst

A person experiencing a diabetic emergency can present with confusion, excessive sweating, or altered consciousness due to fluctuations in blood glucose levels, particularly hypoglycemia (low blood sugar). When blood sugar drops, the brain is deprived of the glucose it needs for energy, leading to symptoms such as confusion and altered mental status. Increased sweating occurs as the body responds to the low blood sugar level. These symptoms are common indicators of a diabetic emergency and highlight the critical need for prompt recognition and intervention, such as providing a quick source of sugar. The other options reflect symptoms that are not typically associated with a diabetic emergency. Rapid heartbeat and shivering might indicate other medical conditions but are not specific to diabetes-related crises. High fever and vomiting can signal infections or other illnesses but do not align with the immediate physiological reactions seen in diabetic emergencies. Lastly, pale skin and excessive thirst are signs of dehydration or other conditions but do not encompass the hallmark signs of an acute diabetic episode.

7. Identify a sign of internal bleeding.

A. Abdominal pain, bruising, or signs of shock

B. Cold sweats and high blood pressure

C. Headaches and dizziness

D. Nausea and vomiting

Abdominal pain, bruising, or signs of shock are critical indicators of internal bleeding in a patient. When bleeding occurs inside the body, it can lead to several physiological responses. Abdominal pain may arise from the presence of blood in the abdominal cavity or from the stretching of organs. Bruising can indicate that blood vessels have been compromised or that there has been trauma, allowing blood to escape into surrounding tissues. Additionally, signs of shock, such as confusion, rapid heartbeat, paleness, and weakness, are associated with significant blood loss and reduced oxygen delivery to the body's tissues. Internal bleeding can lead to hypovolemic shock, where a decrease in blood volume causes vital organs to suffer from insufficient blood supply. Detecting these signs early is crucial for prompt medical intervention.

8. What is the correct hand position for clearing a severe airway obstruction in an obese or pregnant adult?

A. On the midline of the sternum, below the breasts

B. On the midline of the sternum, level with the armpits

C. On the upper abdomen, near the rib cage

D. On the lower abdomen, just above the pelvis

The correct hand position for clearing a severe airway obstruction in an obese or pregnant adult is indeed on the midline of the sternum, level with the armpits. This position is essential because it aligns with the anatomical structure of the chest and allows for effective application of pressure during the maneuver. By positioning the hands at this level, the rescuer can generate sufficient force to create a thrust that compresses the lungs, which in turn helps expel an object blocking the airway. This technique is adapted for individuals who may have excess abdominal tissue or a different thoracic structure due to pregnancy, thereby ensuring that the force is applied effectively to the chest rather than the abdomen, where it may not be as effective or could potentially cause harm. The mid-sternum location, near the armpits, helps to maximize the effectiveness of the thrust by utilizing the strongest part of the chest cavity, promoting airflow and potentially dislodging the object obstructing the airway. In contrast, other positions such as those on the lower abdomen or below the breasts may not provide the same level of efficacy in generating the necessary intrathoracic pressure needed to clear the obstruction.

9. What is the normal breathing rate for a child aged 1 year to puberty?

A. 20 to 30 breaths per minute

B. 15 to 25 breaths per minute

C. 10 to 20 breaths per minute

D. 30 to 40 breaths per minute

The normal breathing rate for a child aged 1 year to puberty falls within the range of 20 to 30 breaths per minute. This range reflects the physiological differences in respiratory rates compared to other age groups, such as infants and adults. Children have a higher metabolic rate than adults, which correlates with a faster respiratory rate. The average breathing rate for younger children is generally higher to support their increased oxygen demands as they grow and develop. In this age group, a rate of 20 to 30 breaths is considered normal, indicating that their respiratory systems are functioning properly to deliver essential oxygen to their growing bodies. The range accounts for typical variations in respiratory patterns and ensures that most healthy children fall within this standard during rest or light activity. Understanding this information is crucial for first responders when assessing a child's respiratory function, as any significant deviation from this normal range could indicate underlying health issues or distress.

10. Which of the following best describes cyanosis?

A. Bluish skin

B. Yellowish skin

C. Red patches on the skin

D. Green discoloration of the skin

Cyanosis is best described as a bluish discoloration of the skin, which occurs when there is insufficient oxygen in the blood. This lack of oxygen can be due to various medical conditions such as respiratory issues, heart conditions, or circulation problems. The bluish hue most commonly appears in areas with thin skin, such as lips, fingertips, and under the nail beds, indicating that blood is not delivering enough oxygen to the tissues. The other options describe different skin conditions that are not related to the oxygen deficiency that cyanosis signifies. Yellowish skin might indicate jaundice, often related to liver problems. Red patches on the skin may suggest inflammation, allergic reactions, or other dermatological issues. Green discoloration could be associated with conditions like bruising or necrosis. Therefore, precisely identifying cyanosis as bluish skin is crucial for recognizing underlying health issues and responding appropriately.