RQI Pediatric Advanced Life Support (PALS) 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

1. What question should you ask as part of exploring the child's history of asthma?

A. Does he have allergies?

B. Has he ever been intubated due to asthma?

C. What is his daily inhaler?

D. Has he ever had pneumonia?

2. In pediatric CPR, what is the chest compression to ventilation ratio for a single rescuer?

A. 20 compressions to 2 breaths

B. 30 compressions to 2 breaths

C. 15 compressions to 2 breaths

D. 15 compressions to 1 breath

3. Which PAT component assesses perfusion to the skin as part of the initial assessment?

A. Appearance

B. Circulation (skin perfusion)

C. Work of breathing

D. Color

4. Which fluid bolus amount is recommended for pediatric sepsis resuscitation as the initial step?

A. 5 mL/kg

B. 10 mL/kg

C. 30 mL/kg

D. 20 mL/kg

5. Which of the following optimizes chest compression fraction?

A. Delay defibrillation

B. Increase ventilation depth

C. Using a CPR Coach

D. Increase compression rate to 200/min

6. Which is an ideal characteristic of face masks for ventilation?

A. Has vents that bypass the mask

B. Covers only the nose

C. Too loose to seal

D. Covers the mouth and nose

7. What is the primary mechanism of small airways obstruction in an acute lower airway obstruction?

A. Smooth muscle bronchial constriction

B. Alveolar edema

C. Mucus plugging

D. Vascular obstruction

8. How often should epinephrine be given during pediatric CPR?

A. Every 3–5 minutes

B. Every 1 minute

C. Every 8–10 minutes

D. Every 15 minutes

9. Which statement best defines oxygen saturation?

A. The amount of dissolved oxygen in plasma

B. The partial pressure of oxygen in arterial blood

C. The amount of oxygen bound to hemoglobin

D. The rate of oxygen consumption by tissues

10. Which action best demonstrates the Team Leader's role during a resuscitation?

A. Modeling excellent team behavior

B. Blaming others

C. Sitting quietly

D. Avoiding delegation

Answers

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

Explanations

1. What question should you ask as part of exploring the child's history of asthma?

A. Does he have allergies?

B. Has he ever been intubated due to asthma?

C. What is his daily inhaler?

D. Has he ever had pneumonia?

In assessing a child's asthma history, you're looking for signs that indicate how severe past episodes have been and how vigilant you need to be now. A history of intubation due to asthma reveals a previous life-threatening attack that required mechanical ventilation. That prior event signals a higher risk of serious deterioration in future episodes and directly influences how you approach current management—expect closer monitoring, readiness for more aggressive therapy, and consideration of admission or escalation if symptoms recur. While asking about allergies, daily inhaler use, or past pneumonia provides useful background, none convey the same level of prior severity and risk as a past intubation for asthma.

2. In pediatric CPR, what is the chest compression to ventilation ratio for a single rescuer?

A. 20 compressions to 2 breaths

B. 30 compressions to 2 breaths

C. 15 compressions to 2 breaths

D. 15 compressions to 1 breath

When one rescuer performs pediatric CPR, the priority is to maintain blood flow while providing needed breaths, and the best balance for that scenario is a cycle of 30 chest compressions followed by 2 rescue breaths. This 30:2 pattern allows compressions to keep perfusion to the heart and brain continuous, while the two breaths help oxygenate the lungs without causing long pauses. Deliver compressions at a rate about 100 to 120 per minute and to a depth of about one third of the chest, then after 30 compressions open the airway and give two breaths, each for roughly one second with visible chest rise. Resume compressions immediately after the breaths. If another rescuer arrives, the approach switches to 15 compressions to 2 breaths to reduce pauses and improve ventilation efficiency with two rescuers.

3. Which PAT component assesses perfusion to the skin as part of the initial assessment?

A. Appearance

B. Circulation (skin perfusion)

C. Work of breathing

D. Color

In the Pediatric Assessment Triangle, you rapidly assess appearance, work of breathing, and circulation to the skin. The component that directly assesses perfusion to the skin is circulation (skin perfusion). By looking at skin color, warmth, and capillary refill, you gauge how well blood is being delivered to tissues, which is a key indicator of hemodynamic stability and potential shock. Appearance reflects mental status and interaction; work of breathing evaluates respiratory effort; color is a part of appearance rather than a separate PAT domain. So the domaine that specifically targets skin perfusion is Circulation (skin perfusion).

4. Which fluid bolus amount is recommended for pediatric sepsis resuscitation as the initial step?

A. 5 mL/kg

B. 10 mL/kg

C. 30 mL/kg

D. 20 mL/kg

Restoring perfusion quickly in pediatric sepsis starts with a modest, effective fluid bolus of isotonic crystalloid. The best initial amount is 20 mL/kg, given promptly, because this volume is large enough to expand intravascular volume and improve tissue perfusion, yet small enough to minimize the risk of fluid overload in most children. After delivering the bolus, reassess again for signs of improved perfusion (capillary refill, level of consciousness, urine output, pulses). If perfusion remains inadequate, you can give additional boluses up to a total of about 60 mL/kg within the first hour, guided by clinical response. Smaller initial boluses (5–10 mL/kg) may not correct shock, while starting with a larger amount (like 30 mL/kg) risks fluid overload before reassessment. Use isotonic crystalloids such as normal saline or lactated Ringer's and monitor closely for signs of fluid overload.

5. Which of the following optimizes chest compression fraction?

A. Delay defibrillation

B. Increase ventilation depth

C. Using a CPR Coach

D. Increase compression rate to 200/min

Maximizing chest compression fraction means keeping chest compressions going as continuously as possible, so the portion of time spent actually delivering compressions is as large as feasible. Increasing the compression rate to 200/min directly raises how many compressions occur in a given minute, which makes the time spent compressing occupy a larger share of the overall CPR time. In other words, by delivering more compressions per minute, you increase the fraction of time you're doing compressions versus time spent on other actions or pauses. The other options either introduce pauses (delaying defibrillation), don't directly change how long you're compressing, or rely on external guidance rather than increasing the actual time spent compressing. Keep in mind that real-world guidelines set a specific target range for rate and emphasize minimizing interruptions, but within these choices, increasing the rate most directly boosts chest compression fraction.

6. Which is an ideal characteristic of face masks for ventilation?

A. Has vents that bypass the mask

B. Covers only the nose

C. Too loose to seal

D. Covers the mouth and nose

Delivering breaths effectively with a manual ventilation device depends on creating a tight seal against the face. The best characteristic is a mask that covers both the mouth and nose, forming an airtight seal so the air you deliver goes into the lungs rather than escaping around the edges. If the mask has vents that bypass the mask, air can escape and reduce the delivered tidal volume, making ventilation less reliable. A mask that covers only the nose leaves the mouth unsealed, causing leaks and poor ventilation. A mask that is too loose won't seal well and again fails to deliver adequate ventilation. So, covering both the mouth and nose is the ideal fit for proper ventilation.

7. What is the primary mechanism of small airways obstruction in an acute lower airway obstruction?

A. Smooth muscle bronchial constriction

B. Alveolar edema

C. Mucus plugging

D. Vascular obstruction

The main factor shrinking the small airways during an acute lower airway obstruction is contraction of the airway smooth muscle, i.e., bronchospasm. This tightens the bronchioles, markedly reducing their radius and raising resistance to airflow. Because airflow through narrow passages is highly sensitive to radius (small constrictions dramatically increase resistance), expiratory flow drops and air trapping occurs, producing the typical wheeze and work of breathing seen in acute bronchospasm. Alveolar edema would mainly affect gas exchange by filling the alveoli with fluid rather than causing the initial narrowing of the small airways. Mucus plugging can worsen obstruction in some conditions, but the immediate, primary mechanism in this scenario is smooth muscle constriction. Vascular obstruction would present with different physiology, not the classic small-airway obstruction pattern.

8. How often should epinephrine be given during pediatric CPR?

A. Every 3–5 minutes

B. Every 1 minute

C. Every 8–10 minutes

D. Every 15 minutes

During pediatric CPR, epinephrine is given every 3-5 minutes. This timing aligns with the CPR cycle and helps boost coronary and cerebral perfusion pressures by causing vasoconstriction during chest compressions, increasing the chance of return of spontaneous circulation. Giving it more often doesn't add benefit and can raise afterload or cause excessive vasoconstriction, while waiting longer than about 5 minutes reduces perfusion during CPR. The usual dose is 0.01 mg/kg of 1:10,000 IV/IO per dose, repeated every 3-5 minutes until ROSC.

9. Which statement best defines oxygen saturation?

A. The amount of dissolved oxygen in plasma

B. The partial pressure of oxygen in arterial blood

C. The amount of oxygen bound to hemoglobin

D. The rate of oxygen consumption by tissues

Oxygen saturation describes the percentage of binding sites on hemoglobin that are occupied by oxygen. This is the best definition because it directly reflects how much oxygen is carried by hemoglobin and available for delivery to tissues. It's not about how much oxygen is dissolved in plasma (that relates to dissolved O2 and PaO2), nor about the partial pressure of oxygen in arterial blood, nor about how much oxygen tissues are consuming (oxygen utilization). In practice, we measure it with a pulse oximeter as SpO2 or with arterial blood gas as SaO2.

10. Which action best demonstrates the Team Leader's role during a resuscitation?

A. Modeling excellent team behavior

B. Blaming others

C. Sitting quietly

D. Avoiding delegation

Leading a resuscitation hinges on how the Team Leader sets the tone and coordinates the group. The best demonstration is modeling excellent team behavior—staying calm, communicating clearly and concisely, and guiding others by example. When the Leader consistently shows confident, professional actions, it lays a standard for the team, clarifies roles, and drives coordinated work. They issue precise commands, assign tasks (such as who does compressions, who manages the airway, who monitors the rhythm, who administers meds), and use closed-loop communication to confirm each step is completed. This approach maintains situational awareness, adapts to changing patient status, and ensures actions are timely and organized. Other approaches undermine effective teamwork. Sitting quietly provides no leadership or direction. Blaming others disrupts the team's morale and learning. Avoiding delegation leaves too many critical tasks unmanaged and slows care.

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://rqipals.examzify.com

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