

STEP 2 CK FIRST AID RAPID 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. Which of the following is a known precipitant of a hemolytic crisis in G6PD deficiency?**
 - A. Aspirin
 - B. Vitamin C
 - C. Sulfonamides
 - D. Acetaminophen

- 2. If vagal maneuvers fail to terminate stable SVT, which medication is used?**
 - A. Adenosine
 - B. Amiodarone
 - C. Metoprolol
 - D. Atropine

- 3. The initial therapy for Kawasaki disease to reduce inflammation and prevent coronary aneurysms includes which of the following?**
 - A. IVIG plus high-dose aspirin
 - B. Antibiotics only
 - C. Corticosteroids only
 - D. No treatment

- 4. Which condition is associated with red 'currant-jelly' stools?**
 - A. Intussusception
 - B. Malrotation with volvulus
 - C. Meckel diverticulum
 - D. Pyloric stenosis

- 5. A patient with sudden severe diffuse abdominal pain and peritoneal signs; AXR shows free air under the diaphragm. Which management?**
 - A. Appendectomy
 - B. Laparoscopic cholecystectomy
 - C. Emergent laparotomy to repair perforated viscus
 - D. Conservative management

- 6. In a hemodynamically stable patient with supraventricular tachycardia, what is the initial management to control ventricular rate?**
- A. IV lidocaine
 - B. Oral digoxin therapy
 - C. Carotid sinus massage (vagal maneuver)
 - D. Immediate defibrillation
- 7. Dark, velvety patches on the neck or axilla in an overweight patient suggest which diagnosis?**
- A. Acanthosis nigricans
 - B. Varicella zoster
 - C. Erythema multiforme
 - D. Bullous pemphigoid
- 8. Cushing's triad describes signs of increased intracranial pressure, including which of the following?**
- A. Hypotension, tachycardia, and fever
 - B. Hypertension, bradycardia, and abnormal respirations
 - C. Hypotension, bradycardia, and normal respirations
 - D. Hypertension, tachycardia, and normal respirations
- 9. In children who are misdiagnosed with ADHD, absence seizures may be the underlying cause.**
- A. Tonic-clonic seizures
 - B. Myoclonic seizures
 - C. Atonic seizures
 - D. Absence seizures
- 10. Which finding indicates radial nerve injury due to a humeral fracture?**
- A. Median nerve sensory deficit
 - B. Wrist drop with loss of thumb abduction
 - C. Ulnar clawing of the hand
 - D. Loss of knee reflex

Answers

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

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Explanations

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1. Which of the following is a known precipitant of a hemolytic crisis in G6PD deficiency?

- A. Aspirin
- B. Vitamin C
- C. Sulfonamides**
- D. Acetaminophen

In G6PD deficiency the red blood cells can't generate enough NADPH to keep glutathione in its reduced form, so they can't effectively neutralize oxidative stress. When a drug or substance creates oxidative stress, hemoglobin is damaged and Heinz bodies form, leading to red cell destruction and a hemolytic crisis. Sulfonamides are a classic source of oxidative stress for RBCs, so they are the best answer. The other options are not reliable triggers of hemolysis in most G6PD variants at typical doses; acetaminophen and aspirin are not known for this effect, and vitamin C is not a standard precipitant in this context.

2. If vagal maneuvers fail to terminate stable SVT, which medication is used?

- A. Adenosine**
- B. Amiodarone
- C. Metoprolol
- D. Atropine

When stable SVT persists after vagal maneuvers, the drug of choice is adenosine because it acutely and briefly blocks AV nodal conduction, which interrupts the reentrant circuit that most commonly involves the AV node. Adenosine works so quickly and has a very short half-life, so its effects wear off within seconds, allowing a rapid return to sinus rhythm if the SVT is AV nodal dependent. The typical approach is a rapid IV push of 6 mg, followed by a flush; if the rhythm does not convert, a second dose of 12 mg can be given. Mechanistically, adenosine activates A1 receptors in the AV node, opening potassium channels and hyperpolarizing the nodal cells. This transiently halts conduction through the AV node, effectively terminating the reentrant loop that maintains the tachycardia. Other options are less ideal in this immediate context. Atropine is used for symptomatic bradycardia, not for terminating SVT. Metoprolol can slow AV nodal conduction, but it is slower to act and may not terminate the tachycardia as reliably or rapidly as adenosine. Amiodarone has broader antiarrhythmic uses and is more appropriate for refractory tachyarrhythmias or wide-complex tachycardias, rather than the initial pharmacologic step in classic AV nodal-dependent SVT.

3. The initial therapy for Kawasaki disease to reduce inflammation and prevent coronary aneurysms includes which of the following?

- A. IVIG plus high-dose aspirin**
- B. Antibiotics only
- C. Corticosteroids only
- D. No treatment

Reducing inflammation quickly to protect the coronary arteries is the goal in Kawasaki disease. The best initial therapy is giving intravenous immunoglobulin in a single high-dose infusion together with high-dose aspirin. IVIG dampens the immune attack on the vessel walls, substantially lowering the risk of coronary artery aneurysms. High-dose aspirin helps control inflammation and fever and provides antiplatelet effect to prevent thrombosis if aneurysms develop. After fever subsides, aspirin is typically continued at a low, antiplatelet dose for a period determined by coronary findings. Antibiotics alone won't address the vasculitis, corticosteroids alone aren't first-line for aneurysm prevention, and doing nothing would allow ongoing vascular inflammation and higher aneurysm risk.

4. Which condition is associated with red 'currant-jelly' stools?

- A. Intussusception**
- B. Malrotation with volvulus
- C. Meckel diverticulum
- D. Pyloric stenosis

Red currant jelly stools signal intussusception. When a segment of bowel telescopes into an adjacent segment, the outflow venous return is obstructed, causing venous congestion, edema, and mucosal ischemia. Blood and mucus mix in the lumen, producing the characteristic reddish, jelly-like stool. This finding is classic in young children with intermittent abdominal pain, vomiting, and sometimes a palpable abdominal mass. In contrast, malrotation with volvulus usually presents with bilious vomiting and signs of acute distress due to obstruction; Meckel diverticulum can cause painless lower GI bleeding from ectopic gastric mucosa; pyloric stenosis leads to projectile nonbilious vomiting and an olive-sized mass in the epigastrium.

5. A patient with sudden severe diffuse abdominal pain and peritoneal signs; AXR shows free air under the diaphragm. Which management?

- A. Appendectomy
- B. Laparoscopic cholecystectomy
- C. Emergent laparotomy to repair perforated viscus**
- D. Conservative management

Pneumoperitoneum with peritoneal signs means a hollow viscus perforation causing peritonitis, a surgical emergency. The priority is source control, so an emergent laparotomy to locate and repair the perforation (with lavage and drainage as needed) is the appropriate management. Conservative approaches are unsuitable here because peritonitis from perforation carries high risk of sepsis. Broad-spectrum IV antibiotics and aggressive fluid resuscitation should be started, and the patient is kept NPO while preparing for surgery. While laparoscopy can be considered in select stable patients, the classic teaching for a patient with diffuse abdominal pain, peritoneal signs, and free intraperitoneal air is urgent open exploratory surgery to repair the perforation.

6. In a hemodynamically stable patient with supraventricular tachycardia, what is the initial management to control ventricular rate?

- A. IV lidocaine
- B. Oral digoxin therapy
- C. Carotid sinus massage (vagal maneuver)**
- D. Immediate defibrillation

In a hemodynamically stable SVT, the first step is to slow conduction through the AV node to control the ventricular rate. A vagal maneuver, such as carotid sinus massage, accomplishes this by activating the baroreceptors, increasing parasympathetic (vagal) tone, and thereby slowing AV nodal conduction. This can terminate AV node-dependent reentrant tachycardias or at least reduce the ventricular rate quickly without drugs. Lidocaine targets ventricular myocytes and is used for ventricular arrhythmias, not for SVT. Digoxin provides slower, chronic rate control and is not effective for acutely terminating SVT or rapidly controlling the rate. Defibrillation is reserved for unstable patients or pulseless rhythms, not for a stable SVT. So the carotid sinus massage is the best initial approach because it directly increases vagal influence on the AV node to slow conduction and potentially terminate the tachycardia.

7. Dark, velvety patches on the neck or axilla in an overweight patient suggest which diagnosis?

- A. Acanthosis nigricans**
- B. Varicella zoster
- C. Erythema multiforme
- D. Bullous pemphigoid

Dark, velvety patches in intertriginous areas like the neck and axilla are classic for acanthosis nigricans. This skin finding signals insulin resistance, which is common with obesity and can accompany impaired glucose tolerance or type 2 diabetes. The plaques are usually symmetric, thickened, and pigmented, with a soft, velvety texture in folds where skin rubs together. Mechanistically, high insulin levels stimulate keratinocyte and dermal fibroblast growth via IGF receptors, leading to the distinctive thickening and darkening. In an overweight patient, this pattern strongly points to metabolic syndrome–related changes. Management centers on addressing the underlying cause—weight reduction and improved insulin sensitivity, with diabetes screening as appropriate. While acanthosis nigricans is often benign, a sudden extensive presentation in an older adult may prompt evaluation for an underlying malignancy. The other conditions listed don't fit this presentation: varicella zoster causes painful vesicular eruptions in a dermatomal distribution; erythema multiforme shows target-like lesions and mucosal involvement; bullous pemphigoid presents with tense blisters in older adults.

8. Cushing's triad describes signs of increased intracranial pressure, including which of the following?

- A. Hypotension, tachycardia, and fever
- B. Hypertension, bradycardia, and abnormal respirations**
- C. Hypotension, bradycardia, and normal respirations
- D. Hypertension, tachycardia, and normal respirations

Cushing's triad reflects a dangerous rise in intracranial pressure. When ICP increases, cerebral perfusion pressure can fall, so the body responds by raising systemic blood pressure to maintain blood flow to the brain. This results in hypertension, often with a widened pulse pressure. At the same time, baroreceptors signaling from the high blood pressure trigger a reflex bradycardia. Brainstem involvement from rising ICP also disrupts normal respiration, producing irregular breathing patterns. Fever is not part of this pattern, and normal respirations would not fit the compensatory changes seen with increased ICP. So the best description is hypertension with bradycardia and abnormal respirations, matching the Cushing triad. The other combinations include elements that don't fit this classic pattern (like hypotension, tachycardia, fever, or normal respirations). This triad signals a medical emergency needing urgent ICP reduction.

9. In children who are misdiagnosed with ADHD, absence seizures may be the underlying cause.

- A. Tonic-clonic seizures
- B. Myoclonic seizures
- C. Atonic seizures

D. Absence seizures

Brief lapses in awareness can look like daydreaming or inattention in kids, which is why absence seizures are sometimes misread as ADHD. These seizures are very short, usually a few seconds, and consist of a sudden blank stare with subtle automatisms, after which the child resumes activity with no lingering confusion. Because they disrupt learning and occur frequently during the day, teachers may label the child as inattentive or hyperactive. An EEG typically shows a 3 Hz spike-and-wave pattern during these events, which helps distinguish them from ADHD and other seizure types. Absence seizures respond well to treatments like ethosuximide. Other seizure types—tonic-clonic with convulsions and postictal confusion, myoclonic jerks, or sudden loss of muscle tone with falls—have different clinical features that don't usually mimic ADHD in the same way.

10. Which finding indicates radial nerve injury due to a humeral fracture?

- A. Median nerve sensory deficit
- B. Wrist drop with loss of thumb abduction**
- C. Ulnar clawing of the hand
- D. Loss of knee reflex

Radial nerve injuries from a humeral fracture disrupt the extensors of the forearm and hand. This leads to a classic wrist drop because the wrist and finger extensors can't contract to hold the wrist in extension. The radial nerve also supplies the muscles that extend and abduct the thumb, so weakness or loss of thumb abduction is expected. Together, wrist drop with loss of thumb abduction reflects radial nerve palsy after a humeral fracture. Other choices point to different nerves or unrelated functions: a median nerve sensory deficit suggests a median nerve injury; ulnar clawing reflects ulnar nerve injury; and loss of a knee reflex is not associated with the radial nerve or a humeral fracture.

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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