

UNITED AIRLINES FIRST AID 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 statement best describes the recommended response to a suspected anaphylactic reaction aboard a flight?**
 - A. Wait for EMS to arrive before acting.
 - B. Use an antihistamine to treat swelling.
 - C. Call EMS immediately, use an epinephrine auto-injector if trained and available, and monitor for airway changes; prepare for possible breathing support.
 - D. Monitor the passenger and continue with normal activities.

- 2. Electrical burns commonly involve burns where the current entered and exited the body, such as which locations?**
 - A. Hands or feet
 - B. Elbows and knees only
 - C. Neck and wrists only
 - D. Face only

- 3. Which description best captures a second-degree burn?**
 - A. Deep reddening of skin and blistering
 - B. Loss of all skin layers
 - C. Redness with no blistering
 - D. Charred tissue with no redness

- 4. Which of the following is NOT listed as a symptom of an Allergic Reaction (Anaphylactic Shock)?**
 - A. Watery eyes/runny nose
 - B. Sneezing
 - C. Swelling
 - D. Fever

- 5. If bleeding continues after applying direct pressure, what is the recommended next step?**
 - A. Apply a second dressing and continue applying pressure.
 - B. Apply a tourniquet immediately.
 - C. Seek medical help.
 - D. Let the wound bleed to flush out contaminants.

- 6. What is the depth of child chest compressions?**
- A. At least 2 inches
 - B. 1 inch
 - C. 3 inches
 - D. 1.5 inches
- 7. Which symptom includes sudden, severe headache, dizziness or confusion?**
- A. Sudden, severe headache, dizziness or confusion
 - B. Fever
 - C. Cough
 - D. Abdominal pain
- 8. What is the first aid action for a suspected fracture?**
- A. Splint the limb and immobilize
 - B. Move the limb to relieve pain
 - C. Massage around the injury
 - D. Apply heat immediately
- 9. If a chemical splashes into the eye, what is the recommended action?**
- A. Rinse the eye with clean water for at least 15 minutes
 - B. Blink rapidly
 - C. Rub the eye to ease irritation
 - D. Apply ointment
- 10. Unconscious Child 1 to 12 years old: What is the recommended CPR cycle?**
- A. 30 compressions, check for foreign object, and give two rescue breaths; repeat until the object is cleared and breaths go in.
 - B. 50 compressions, then one breath; repeat.
 - C. Two breaths only until conscious.
 - D. Abdominal thrusts only until the child resets.

Answers

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

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Explanations

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1. Which statement best describes the recommended response to a suspected anaphylactic reaction aboard a flight?

- A. Wait for EMS to arrive before acting.
- B. Use an antihistamine to treat swelling.
- C. Call EMS immediately, use an epinephrine auto-injector if trained and available, and monitor for airway changes; prepare for possible breathing support.**
- D. Monitor the passenger and continue with normal activities.

Anaphylaxis is a medical emergency where rapid airway involvement and shock can develop, so the priority is to act immediately with life-saving treatment and professional help. If you're trained and an epinephrine auto-injector is available, administer it right away, then summon EMS and alert the flight crew to activate the medical emergency protocol. While help is on the way, closely monitor the passenger's airway and breathing and be prepared to provide breathing support or oxygen if available. Epinephrine is the first-line treatment because it quickly reduces swelling, relaxes the airways, and helps stabilize blood pressure, which can prevent progression to severe airway obstruction. Do not delay treatment hoping for EMS to arrive first, since delaying can worsen outcomes. Antihistamines may help with itching or hives but do not reverse airway swelling or shock and are not sufficient as the sole treatment. After the first dose, observe for improvement and be prepared to repeat the dose if trained and permitted by protocol, continuing to monitor until EMS arrives.

2. Electrical burns commonly involve burns where the current entered and exited the body, such as which locations?

- A. Hands or feet**
- B. Elbows and knees only
- C. Neck and wrists only
- D. Face only

Electrical burns happen where the current enters and exits the body as it travels through tissues. The most common pattern is entry at the hands and exit at the feet, because a person often touches a live conductor with a hand and completes the circuit by standing or stepping away, contacting the ground with a foot. This two-point burn pattern reflects the path the current takes through the body. Other options describe single sites or less typical pairings that don't match the usual entry-exit path as clearly. Thus, burns commonly involve the hands and feet.

3. Which description best captures a second-degree burn?

- A. Deep reddening of skin and blistering**
- B. Loss of all skin layers
- C. Redness with no blistering
- D. Charred tissue with no redness

Second-degree burns involve damage to both the outer skin and part of the underlying layer, leading to redness and blistering. The presence of blistering shows the burn has penetrated beyond just the surface, but hasn't destroyed all skin layers. That's why describing deep reddening with blistering matches a second-degree burn. If skin loss across all layers were present, that would be a full-thickness (third-degree) burn, not second-degree. Redness with no blistering suggests a milder first-degree burn, and a charred or leathery appearance with no redness points to a deep, full-thickness burn.

4. Which of the following is NOT listed as a symptom of an Allergic Reaction (Anaphylactic Shock)?

- A. Watery eyes/runny nose
- B. Sneezing
- C. Swelling
- D. Fever**

Anaphylaxis shows up with signs that affect breathing and circulation, plus skin changes—swelling of the face or throat, trouble breathing or wheezing, hives, itching, dizziness, or fainting, and sometimes vomiting. Nasal symptoms like watery eyes/runny nose or sneezing are common with allergies, but they aren't the hallmark of a life-threatening allergic reaction. Fever, on the other hand, isn't part of the typical allergic reaction picture and usually points to an infection rather than an anaphylactic process. So fever is the symptom not listed for an allergic reaction (anaphylactic shock).

5. If bleeding continues after applying direct pressure, what is the recommended next step?

- A. Apply a second dressing and continue applying pressure.
- B. Apply a tourniquet immediately.
- C. Seek medical help.**
- D. Let the wound bleed to flush out contaminants.

When bleeding continues after applying direct pressure, the priority is to get professional medical help. Direct pressure stops many bleeds, but if blood keeps flowing, it can indicate a more serious injury or a wound that needs advanced care beyond what layperson first aid can provide. Medical responders can evaluate for deeper damage, control ongoing bleeding with techniques and tools not available to a bystander, and address potential complications like infection or shock. While you arrange help, keep applying firm pressure with clean dressings, avoid removing the initial dressing, and monitor the person for signs of worsening condition. If the bleeding is heavy or cannot be controlled, call emergency services immediately.

6. What is the depth of child chest compressions?

- A. At least 2 inches**
- B. 1 inch
- C. 3 inches
- D. 1.5 inches

Focusing on how deep to press during pediatric CPR is about ensuring the heart is actually squeezed enough to push blood through the circulation. For a child, the guideline is to compress the chest to a depth of about two inches. This depth is deep enough to generate meaningful blood flow to vital organs like the brain, while still allowing the chest to recoil fully between compressions. If the depth is shallower, blood flow drops and perfusion suffers; sticking to this depth helps balance effectiveness with safety. As with all CPR steps, maintain full chest recoil between compressions and keep interruptions to a minimum.

7. Which symptom includes sudden, severe headache, dizziness or confusion?

A. Sudden, severe headache, dizziness or confusion

B. Fever

C. Cough

D. Abdominal pain

A sudden, severe headache with dizziness or confusion points to a possible stroke or other brain emergency. This combination is a red-flag sign that requires immediate medical attention because brain injuries or strokes progress quickly, and timely treatment can reduce harm. The other symptoms listed—fever, cough, or abdominal pain—describe conditions that are less immediately life-threatening to the brain and do not by themselves indicate a brain emergency. If you encounter this pattern, call emergency services right away, monitor the person, check responsiveness and breathing, and provide care within your training while waiting for help.

8. What is the first aid action for a suspected fracture?

A. Splint the limb and immobilize

B. Move the limb to relieve pain

C. Massage around the injury

D. Apply heat immediately

When a fracture is suspected, the priority is to stop movement of the injured limb. immobilizing the limb with a splint helps prevent further bone and tissue damage and reduces pain. If possible, apply a rigid splint that extends beyond the joints above and below the fracture, secure it so it won't move, and check circulation and sensation before and after splinting. If there's an open wound, cover it with a clean dressing while you immobilize. Do not try to straighten the limb, massage the area, or apply heat, as these actions can worsen injury and pain. Seek medical help as soon as possible.

9. If a chemical splashes into the eye, what is the recommended action?

A. Rinse the eye with clean water for at least 15 minutes

B. Blink rapidly

C. Rub the eye to ease irritation

D. Apply ointment

When a chemical gets into the eye, the priority is to dilute and remove it through rapid irrigation. Rinse with clean water for at least 15 minutes to flush the chemical away and protect the eye from ongoing irritation. Use a steady stream from a faucet or eyewash, keep the eye open, and gently wash all surfaces, directing water from the inner corner toward the outer corner. If a contact lens is in place and it can be removed safely during irrigation, take it out. Do not rub the eye and do not apply ointment at this stage. After flushing, seek medical evaluation, especially if there's persistent pain, vision changes, or if the exposure was strong. On a plane, use available onboard water or bottled water to continue rinsing until medical help can be reached.

10. Unconscious Child 1 to 12 years old: What is the recommended CPR cycle?

- A. 30 compressions, check for foreign object, and give two rescue breaths; repeat until the object is cleared and breaths go in.**
- B. 50 compressions, then one breath; repeat.
- C. Two breaths only until conscious.
- D. Abdominal thrusts only until the child resets.

In pediatric CPR for an unconscious child (1–12 years), the goal is to both circulate blood and oxygenate the lungs, even if choking is suspected. The best approach is to start with 30 chest compressions, then check for a possible foreign object in the mouth/throat and remove it if you can see and safely remove it, followed by delivering two rescue breaths. You then repeat this 30:2 cycle, continuing until the airway is clear and breaths are going in, or until help arrives. This pattern ensures there's enough blood flow to vital organs while you attempt to ventilation, and it incorporates the choking step because a suspected obstruction can block breaths even as you compress. The other options don't fit because they either overemphasize compressions with too few breaths, omit chest compressions, or rely on abdominal techniques that aren't appropriate once a child is unconscious.

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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:

<https://unitedairlinesfirstaid.examzify.com>

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

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