

Wright SSVA HS CPR and First Aid Practice Test (Sample)

Study Guide



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SAMPLE

Questions

- 1. What is the proper depth for CPR compressions on an 8-year-old child?**
 - A. 1/4 the depth of the child's chest**
 - B. 1/2 the depth of the child's chest**
 - C. 1/3 the depth of the child's chest**
 - D. 1 inch deep**
- 2. What does CPR stand for?**
 - A. Cardiopulmonary resuscitation**
 - B. Cardiac pressure relief**
 - C. Crisis prevention response**
 - D. Critical patient resuscitation**
- 3. What is a common sign of a heart attack?**
 - A. Numbness in the legs**
 - B. Coughing fits**
 - C. Difficulty breathing**
 - D. Loss of vision**
- 4. Which of the following includes signs and symptoms of a stroke?**
 - A. Blurred vision and confusion**
 - B. Fever and fatigue**
 - C. Chest discomfort and nausea**
 - D. Joint pain and swelling**
- 5. What is the first step when finding an unresponsive person?**
 - A. Start CPR immediately**
 - B. Call for help and check responsiveness**
 - C. Check for breathing only**
 - D. Place the person in recovery position**

- 6. What is the correct way to care for a sprained ankle?**
- A. Use the RIE method: Rest, Ice, Elevation**
 - B. Use the RACE method: Rest, Avoid movement, Cool, Elevation**
 - C. Use the RICE method: Rest, Ice, Compression, Elevation**
 - D. Use heat therapy and bandage the ankle**
- 7. What is the appropriate action for someone experiencing a diabetic emergency?**
- A. Administer saline solution**
 - B. Provide them with glucose or sugary food if they are conscious**
 - C. Give them water to drink**
 - D. Wait for them to recover on their own**
- 8. How can you distinguish between a sprain and a fracture?**
- A. Look for swelling, pain, and inability to move; fractures may present with an obvious deformity**
 - B. Only check for swelling and bruising**
 - C. Sprains usually do not involve pain**
 - D. Fractures only occur in older individuals**
- 9. Which of the following is a common symptom of shock?**
- A. Warm skin and high blood pressure**
 - B. Cold, clammy skin and rapid pulse**
 - C. Flushed skin and slow breathing**
 - D. Regular heartbeat and clear thinking**
- 10. How can you minimize the risk of infection during CPR?**
- A. By using a barrier device for rescue breaths**
 - B. By doing CPR in a public place**
 - C. By washing hands before CPR**
 - D. By wearing gloves provided by the victim**

Answers

SAMPLE

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

SAMPLE

Explanations

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1. What is the proper depth for CPR compressions on an 8-year-old child?

- A. 1/4 the depth of the child's chest**
- B. 1/2 the depth of the child's chest**
- C. 1/3 the depth of the child's chest**
- D. 1 inch deep**

The proper depth for CPR compressions on an 8-year-old child is approximately one-third the depth of the child's chest. This guideline is based on pediatric CPR practices, which aim to provide effective chest compressions that can generate enough blood flow to maintain circulation. When compressing the chest, the depth is crucial because it ensures that enough volume of blood is expelled from the heart during each compression, which is necessary for providing adequate oxygenated blood to vital organs. The choice that specifies one-third the depth aligns with the recommendations from organizations such as the American Heart Association (AHA), which emphasize a depth of about 1.5 to 2 inches for children, depending on their size. This approach balances the need for adequate depth while also being mindful not to cause injury to the child's chest. While the other options may not provide adequate compression depth, it's important to follow the established guideline of using one-third of the chest depth to ensure effective and safe performance of CPR on children.

2. What does CPR stand for?

- A. Cardiopulmonary resuscitation**
- B. Cardiac pressure relief**
- C. Crisis prevention response**
- D. Critical patient resuscitation**

CPR stands for Cardiopulmonary Resuscitation. This technique is vital in emergency situations, particularly when a person's heart has stopped beating or if they are not breathing. The term specifically reflects the focus on two crucial functions: "cardio" refers to the heart, while "pulmonary" refers to the lungs. The purpose of CPR is to maintain oxygenated blood flow to the brain and other organs until more advanced medical help is available or the person can resume normal breathing and heart function. Understanding this terminology is essential for anyone trained in emergency response, as it highlights the critical actions taken during a life-threatening situation. The alternatives presented, such as cardiac pressure relief and critical patient resuscitation, do not accurately encompass the full scope and purpose of CPR, which combines both chest compressions and rescue breaths to provide necessary support to an individual in cardiac arrest.

3. What is a common sign of a heart attack?

- A. Numbness in the legs**
- B. Coughing fits**
- C. Difficulty breathing**
- D. Loss of vision**

A common sign of a heart attack is difficulty breathing. This symptom often occurs because when the heart is not receiving enough oxygen or is not pumping effectively, the body can struggle to get the necessary oxygen to its tissues. As a result, individuals may experience discomfort or a feeling of shortness of breath. This can occur even while at rest or during light activities, as the body's need for oxygen increases in response to stress or physical exertion. While other symptoms like chest pain, discomfort in the arms or back, and cold sweats may also be indicative of a heart attack, difficulty breathing is a critical sign that warrants immediate medical attention. It reflects the heart's struggle to function properly and the body's overall response to the pain and stress of a heart attack.

4. Which of the following includes signs and symptoms of a stroke?

- A. Blurred vision and confusion**
- B. Fever and fatigue**
- C. Chest discomfort and nausea**
- D. Joint pain and swelling**

The signs and symptoms of a stroke can encompass a range of neurological impairments, and one of the hallmark symptoms is blurred vision, which can occur due to changes in blood flow to the areas of the brain responsible for vision. Confusion is also a common sign, as strokes can impact cognitive functions and the ability to process information. These symptoms manifest due to the interruption of blood supply to the brain, leading to cellular damage and dysfunction in the affected areas. The options that include fever and fatigue, chest discomfort and nausea, and joint pain and swelling relate more to other medical conditions rather than indicating a stroke. Fever and fatigue could suggest an infection or illness, chest discomfort and nausea could point toward cardiac issues, and joint pain and swelling typically pertain to musculoskeletal problems or inflammatory conditions. These signs do not reflect the acute neurological deficits characteristic of a stroke.

5. What is the first step when finding an unresponsive person?

- A. Start CPR immediately**
- B. Call for help and check responsiveness**
- C. Check for breathing only**
- D. Place the person in recovery position**

The first step when finding an unresponsive person is to check for responsiveness and call for help. This is crucial because assessing whether the individual is responsive allows you to determine their condition and decide on the appropriate course of action. By calling for help, you ensure that emergency services are alerted, enabling them to arrive on the scene to provide further assistance. Checking for breathing and placing someone in the recovery position are both important procedures but should come after you've established that the person is unresponsive and have called for help. Starting CPR immediately without assessing responsiveness and breathing could lead to unnecessary interventions if the person is in fact only temporarily unresponsive or if another method of assistance is available. Therefore, the sequence of assessing responsiveness, seeking help, and then proceeding with life-saving techniques is vital in an emergency situation.

6. What is the correct way to care for a sprained ankle?

- A. Use the RIE method: Rest, Ice, Elevation**
- B. Use the RACE method: Rest, Avoid movement, Cool, Elevation**
- C. Use the RICE method: Rest, Ice, Compression, Elevation**
- D. Use heat therapy and bandage the ankle**

The appropriate way to care for a sprained ankle involves the RICE method, which stands for Rest, Ice, Compression, and Elevation. This approach is widely recommended because it addresses the immediate needs of the injury effectively. Rest is crucial as it helps to prevent further injury and allows the healing process to begin. Ice reduces swelling and numbs the pain, which can significantly alleviate discomfort in the initial stages after the injury. Compression involves wrapping the ankle with a bandage or utilizing an elastic wrap, which helps to minimize swelling and provides support to the injured area. Elevation is key to controlling swelling as it helps reduce blood flow to the injured area. This method is well-supported by medical guidelines and is used widely by healthcare professionals to manage sprains effectively. Other methods mentioned, such as RIE and RACE, either miss critical components like compression or do not align with the standard treatment protocols for sprains. The option that suggests heat therapy is not appropriate in the acute phase of an ankle sprain, as heat can increase swelling and discomfort. Thus, the RICE method encompasses the best practices for immediate care of a sprained ankle.

7. What is the appropriate action for someone experiencing a diabetic emergency?

- A. Administer saline solution**
- B. Provide them with glucose or sugary food if they are conscious**
- C. Give them water to drink**
- D. Wait for them to recover on their own**

In a diabetic emergency, the primary concern is to address the immediate needs of the person experiencing low blood sugar (hypoglycemia) or high blood sugar (hyperglycemia), depending on their condition. When someone is conscious and can swallow, providing them with glucose or sugary food is the most effective and appropriate action. This is because glucose is the quickest source of energy for the body, and consuming it can rapidly alleviate symptoms of hypoglycemia, which may include confusion, weakness, sweating, and dizziness. Quick-acting carbohydrates, such as glucose tablets, fruit juice, or sugary snacks, can help restore blood sugar levels to a safer range and improve the person's condition. While hydration is important, simply giving water does not address the underlying problem of low blood sugar. Administering saline solution is not suitable for managing a diabetic emergency, as it does not directly impact blood glucose levels. Additionally, waiting for the person to recover without intervention could lead to serious consequences, including loss of consciousness or seizures, especially if the individual is hypoglycemic. Therefore, taking immediate action by providing glucose is essential for the safety and well-being of someone experiencing a diabetic emergency.

8. How can you distinguish between a sprain and a fracture?

- A. Look for swelling, pain, and inability to move; fractures may present with an obvious deformity**
- B. Only check for swelling and bruising**
- C. Sprains usually do not involve pain**
- D. Fractures only occur in older individuals**

The ability to distinguish between a sprain and a fracture is essential for providing the correct care. A sprain typically involves damage to ligaments, while a fracture involves a break in the bone. When assessing an injury, the presence of swelling, pain, and an inability to move the affected area can indicate either a sprain or fracture. However, a fracture may present with an obvious deformity, such as an abnormal angle or protrusion of bone. This key detail allows you to differentiate a fracture from a sprain, which usually doesn't present with significant deformity, although it can still cause swelling and pain. By recognizing these signs, you can better assess the severity of the injury and determine whether emergency medical attention is necessary, making this approach crucial in first aid situations. The physical signs such as deformity, along with swelling and inability to bear weight or move the joint, can help in making an informed decision about the type of injury and the best next steps for treatment.

9. Which of the following is a common symptom of shock?

- A. Warm skin and high blood pressure**
- B. Cold, clammy skin and rapid pulse**
- C. Flushed skin and slow breathing**
- D. Regular heartbeat and clear thinking**

A common symptom of shock is cold, clammy skin and a rapid pulse. Shock occurs when the body is not getting enough blood flow, which means vital organs may not receive adequate oxygen and nutrients. As a compensatory response, the body tries to maintain blood flow to essential organs, often resulting in a rapid heartbeat. The skin may feel cold and clammy due to reduced blood circulation, as blood is redirected from the skin and extremities to vital organs like the heart and brain. This physiological reaction is a critical indicator of shock, as it suggests the body is in a state of distress and attempting to cope with insufficient blood volume or pressure. The other options present symptoms that do not align with shock. Warm skin and high blood pressure typically suggest a different medical issue, such as an infection or fever. Flushed skin and slow breathing can be associated with other conditions, including anxiety or an allergic reaction. Lastly, a regular heartbeat and clear thinking indicate that the body is functioning well, which is contrary to what one would expect in a state of shock.

10. How can you minimize the risk of infection during CPR?

- A. By using a barrier device for rescue breaths**
- B. By doing CPR in a public place**
- C. By washing hands before CPR**
- D. By wearing gloves provided by the victim**

Using a barrier device for rescue breaths during CPR is an effective way to minimize the risk of infection. These devices create a physical barrier between the rescuer and the victim, helping to prevent direct contact with bodily fluids such as saliva, which could carry infectious agents. Barrier devices, such as pocket masks or face shields, are designed to enable rescue breaths while protecting the rescuer from potential exposure to infections, thereby ensuring both safety and effectiveness. While washing hands before performing CPR is a good practice for general hygiene, it does not provide immediate protection once CPR is underway, especially if rescue breaths are required. Conducting CPR in a public place or wearing gloves provided by the victim may not offer the same level of barrier protection as a barrier device. Hence, using a barrier device is the most direct and effective method to reduce the risk of infection during the life-saving process of CPR.