HEALTHCARE STUDY GUIDE

BASIC LIFE SUPPORT (BLS) & EMERGENCY INTERVENTIONS

YEAR 2
SYSTEM FUNCTION

250 EXAM PREP QUESTIONS, WITH EXPLAINED ANSWERS



LEARNERS I PRACTITIONERS I EDUCATORS

HealthcareStudyGuide.com

UNITY CREST SOLUTIONS INC.

Who Is Healthcare Study Guide For

Healthcare Study Guide is a professional-grade study and review resource for healthcare workers across the United States and Canada. Whether you're preparing for a certification exam, re-entering the workforce, or transitioning into a new role or specialty, this guide is designed to help you test your knowledge, reinforce critical concepts, and build career confidence.

This guide can be used for exam preparation, knowledge review, and independent study. It is suitable for a wide range of professionals who need to refresh, refine, or benchmark their understanding of core healthcare topics.

It is not a substitute for accredited coursework or formal clinical training, and does not replace regulatory, licensing, or board-approved materials. Rather, it is meant to complement your preparation, offering structured support and insight as you work toward your goals.

Who We Serve

1. Internationally Trained Healthcare Professionals

You've completed your education and worked in your home country. Now you're preparing to meet Canadian or U.S. standards. This guide helps you align your clinical knowledge with North American expectations.

2. Licensed Nurses, Paramedics, and Allied Health Workers Advancing Their Roles

Whether you're moving from general practice to a specialty field, taking on leadership, or preparing for an internal assessment, this guide helps you reinforce foundational knowledge and expand into more advanced thinking.

3. Returning Healthcare Professionals

If you're re-entering the workforce after time away, this guide is a practical starting point to evaluate what you remember, what's changed, and where to focus next.

4. New Graduates Preparing for Exams

You're nearing the end of your formal education, and now it's time to prepare for licensing. Our practice tests and explanations help you study smarter and approach your exams with confidence.

5. Healthcare Instructors, Coaches, and Bridge Programs

You need reliable, structured materials to support learners from diverse backgrounds. This guide is suitable for supplemental instruction, assessment tools, and career readiness modules.

Start Strong. Stay Sharp. Move Forward With Confidence.

Whether you're preparing for exams, transitioning into a new role, or reviewing after time away, *Healthcare Study Guide* gives you the structure and clarity to take your next step. Designed for independent learners, this guide helps you build confidence, reinforce knowledge, and stay aligned with your professional goals.

Explore additional resources, practice tools, and review materials tailored to today's healthcare environment at: HealthcareStudyGuide.com

Certainly! Here's a version that's approximately 20% longer, while maintaining clarity and structure—ideal for filling out the page more fully without being repetitive:



What Healthcare Study Guide Offers

Whether you're preparing for a certification exam, returning to the field after time away, or stepping into a new clinical role, *Healthcare Study Guide* provides the structure and insight you need to move forward with purpose. Designed to reflect North American clinical standards, this guide gives you a flexible, self-paced tool for reinforcing your knowledge and building confidence.

1. Structured Study Guides

Each guide is developed and reviewed by experienced healthcare professionals to align with core competencies across roles and jurisdictions. Content is thoughtfully organized to help learners from diverse educational backgrounds, including internationally trained professionals, navigate complex topics with clarity and focus.

2. Exam-Style Practice Tests

Timed, multiple-choice practice exams simulate real testing environments. These allow you to track progress, improve decision-making under pressure, and become more familiar with exam structure, pacing, and question format.

3. Role-Specific Question Banks

Our question banks are organized around practical responsibilities and clinical terminology you'll encounter on the job. Whether you're in direct patient care, support services, or administration, the material is crafted to reflect real-world priorities and expectations.

4. Clinical Answer Rationales

Each question is followed by a detailed rationale explaining not just which answer is correct, but why it's correct. This supports deeper learning, strengthens clinical reasoning, and encourages critical thinking—especially useful for internationally trained professionals adapting to North American protocols.

5. Supplemental Review Tools

You'll also find extra learning material on topics such as infection prevention, patient safety, ethical care, cultural competence, and interprofessional communication. These tools are designed to round out your knowledge and help you better understand the expectations of modern healthcare systems.

Using This Guide Effectively

This study guide is meant to supplement—not replace—formal education, accredited coursework, or required clinical training. It should be used to enhance your preparation by identifying your strengths, exposing gaps in knowledge, and encouraging repeat engagement with real-world scenarios and test logic.

For best results, we recommend pairing this guide with official reference materials and regulatory frameworks provided by your licensing authority, training institution, or employer. This combined approach ensures that you're not only reviewing the right material but developing a mindset for safe, confident, and effective practice.



Ready to Take the First Step Toward Career Progression

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Visit **HealthcareStudyGuide.com** to access additional resources, take full-length practice tests, and explore tools tailored to your role and goals.

Why Healthcare Study Guide

We believe healthcare education should be practical, affordable, and accessible—whether you're starting a new chapter, transitioning across borders, or stepping into a more advanced role. This guide was built to help you move forward with clarity, confidence, and direction.

This isn't a shortcut. It's a structured, expert-reviewed study and review tool designed to help you assess your knowledge, strengthen clinical reasoning, and focus on what matters most. From practice tests to detailed answer breakdowns, every feature is designed to support real-world preparation—not just academic review.

Use this guide alongside formal coursework, official licensing materials, and clinical experience for the best results.

Success Stories from Professionals Like You

"I was preparing to return to practice in North America after more than a decade abroad. This guide gave me a clear path to follow. It helped me refocus and regain my confidence before applying for hospital roles."

Priya D., Registered Nurse

"I used this guide while prepping for a trauma nurse position. The questions pushed me to think beyond memorization and into clinical decision-making. It helped me walk into the interview prepared and focused."

Daniel H., Licensed Practical Nurse

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— Tanya W., Clinical Educator

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What This Guide Will Teach You

This guide isn't just about reviewing facts. It's about sharpening clinical reasoning, preparing for role-specific expectations, and building confidence as you advance, transition, or requalify in healthcare.

Success in this field demands more than academic knowledge. It requires focus, effort, and a mindset ready for high-pressure decision-making. Here's what to expect:

1. Progress takes work

This guide is a tool—how much you gain depends on how actively you use it. Engaging with questions, reviewing explanations, and retesting weak areas is key to progress.

2. The focus is on clinical thinking

Every question is designed to develop how you think, not just what you know. The answer explanations aren't filler—they're your opportunity to strengthen diagnostic logic, decision-making, and situational awareness.

3. It's a supplement, not a stand-alone solution

This guide is most effective when paired with accredited coursework, current regulatory materials, and hands-on experience. It helps orient your study and fill knowledge gaps—but it's not a replacement for formal training or licensure requirements.

Used consistently, this guide can help you study with more purpose, reduce stress, and show up prepared—whether for an exam, a return-to-practice interview, or a new position in healthcare.

What This Guide Is—and What It Is Not

Healthcare Study Guide is a structured study resource built to support exam preparation, professional transitions, and independent review. It includes questions, explanations, and scenario-based material designed by professionals to reflect clinical realities in North American healthcare.

However, credentialing and licensure standards vary. This guide does not guarantee certification and is not affiliated with any official regulatory or licensing body.

This is not a substitute for medical education, formal clinical instruction, or hands-on patient care experience. It is meant to complement your preparation—not replace it.

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Unlock Your Next Step

Whether you're studying for a national exam or re-entering the healthcare field, this guide is designed to move with you—offering practical tools to build confidence and clarity in your next step.

With flexible, self-paced learning built for busy professionals, *Healthcare Study Guide* supports learners at every stage. Visit HealthcareStudyGuide.com for access to practice tests, review tools, and resources tailored to your goals.





Year 2: Cardiac Arrest Management & CPR Skills

Subject3. Child and Infant CPR Differences

- 1. What is the compression-to-ventilation ratio for infants?
- a) 5:1
- b) 15:2
- c) 30:2
- d) 10:1

Correct Answer: c) 30:2

Explanation: For infants during CPR, the recommended compression-to-ventilation ratio is 30:2 when one rescuer is providing care. This means 30 chest compressions should be followed by 2 rescue breaths. This ratio ensures that adequate blood flow is maintained while providing oxygen to the infant's lungs.

- 2. How should breaths be given to infants?
- a) With forceful puffing
- b) Mouth-to-mouth only
- c) Gentle and slow
- d) With a bag-mask

Correct Answer: c) Gentle and slow

Explanation: When giving rescue breaths to infants, it is crucial to deliver them gently and slowly. The goal is to make the chest rise visibly without causing excessive pressure that could lead to lung injury. Proper technique ensures that the infant receives adequate oxygen without harm.

- 3. What is the first step in infant CPR?
- a) Begin chest compressions
- b) Dial emergency services
- c) Check for responsiveness
- d) Give rescue breaths

Correct Answer: c) Check for responsiveness

Explanation: The first step in infant CPR is to check for responsiveness. This involves calling the infant's name and gently tapping their ft to see if they react. If there is no response, the rescuer should proceed to activate emergency services and begin CPR, ensuring a timely response.



4. How deep should chest compressions be for infants?

- a) 1.5 inches / 3.81 cm
- b) 0.5 inches / 1.27 cm
- c) 2 inches / 5.08 cm
- d) 1 inches / 2.54 cm

Correct Answer: a) 1.5 inches / 3.81 cm

Explanation: Chest compressions for infants should be approximately 1.5 inches / 3.81 cm deep. This depth is sufficient to create adequate blood flow during CPR while minimizing the risk of injury. The rescuer should use two fingers placed just below the nipple line for effective compressions.

5. Which position is best for infant CPR?

- a) On the caregiver's lap
- b) In a crib
- c) On a pillow
- d) On a flat surface

Correct Answer: d) On a flat surface

Explanation: The best position for performing infant CPR is on a flat, firm surface. This allows the rescuer to provide effective chest compressions without obstruction. A flat surface ensures that the infant's airway remains open and that compressions can be delivered accurately and effectively.

6. How many rescue breaths should be given after compressions?

- a) One
- b) Two
- c) Three
- d) Four

Correct Answer: b) Two

Explanation: After every 30 chest compressions during infant CPR, two rescue breaths should be administered. This sequence helps to ensure that the infant receives both adequate circulation and oxygenation. It is important to ensure the breaths are gentle to avoid causing harm.



7. What is a special precaution for child CPR?

- a) Use one hand for compressions
- b) Use a bag-mask only
- c) Use two fingers for compressions
- d) Avoid rescue breaths

Correct Answer: a) Use one hand for compressions

Explanation: For child CPR, the rescuer should use one hand for chest compressions, as opposed to two fingers for infants. This technique allows for deeper compressions and is more effective for older children, whose bodies are larger and require a different approach for effective resuscitation.

8. What is the correct depth of compressions for children?

- a) 3 inches / 7.62 cm
- b) 2 inches / 5.08 cm
- c) 1.5 inches / 3.81 cm
- d) 1 inches / 2.54 cm

Correct Answer: b) 2 inches / 5.08 cm

Explanation: The recommended depth for chest compressions in children is about 2 inches / 5.08 cm. This depth is important for generating sufficient blood flow during CPR. Proper technique combined with the correct depth can significantly impact the effectiveness of the resuscitation efforts.

9. How should the airway be opened for infants?

- a) Neutral position
- b) Jaw-thrust maneuver
- c) Chin lift only
- d) Tilt head back

Correct Answer: a) Neutral position

Explanation: The airway for infants should be opened using a neutral position. This involves keeping the head in a straight alignment with the body to ensure that the airway is open without risking blockage. This technique is especially important given the fragility of an infant's anatomy.



10. When should a rescuer stop CPR?

- a) After five minutes
- b) When tired
- c) When help arrives
- d) When the child wakes up

Correct Answer: c) When help arrives

Explanation: A rescuer should continue CPR until professional help arrives or the person shows signs of life. It is critical to maintain the effort until emergency medical services (EMS) take over or until the victim begins to breathe independently. Stopping CPR prematurely can result in a lack of oxygen.

11. What is the recommended rescue breath volume for infants?

- a) 0.5 liters
- b) 0.1 liters
- c) Just enough to see chest rise
- d) 1 liter

Correct Answer: c) Just enough to see chest rise

Explanation: The recommended volume for rescue breaths in infants is just enough to make the chest rise visibly. Using excessive volume can lead to over-inflation and potential lung injury. The rescuer should focus on delivering breaths that are gentle and sufficient to achieve effective ventilation.

12. How often should breaths be given during child CPR?

- a) Every 15 compressions
- b) Every 10 compressions
- c) Every 30 compressions
- d) Every 20 compressions

Correct Answer: c) Every 30 compressions

Explanation: In child CPR, rescue breaths should be given after every 30 compressions. This ratio ensures a balance between providing circulation and reintroducing oxygen to the bloodstream. Following this guideline is crucial for effective resuscitation and improving the chances of survival.



13. What precaution should be taken for choking infants?

- a) Administer back blows
- b) Tilt head back
- c) Do nothing
- d) Perform abdominal thrusts

Correct Answer: a) Administer back blows

Explanation: If an infant is choking, the rescuer should administer back blows to help dislodge the obstruction. This involves placing the infant face down on the forearm and giving up to 5 firm back blows. This technique is effective for infants and should be complemented by chest thrusts if necessary.

14. What is a key difference between child and adult CPR?

- a) Number of rescuers
- b) Ventilation ratio
- c) Compression depth
- d) Compression rate

Correct Answer: c) Compression depth

Explanation: A key difference between child and adult CPR is the compression depth. For adults, compressions should be about 2 inches / 5.08 cm deep, whereas for children, the depth should also be about 2 inches / 5.08 cm but may require a different technique. Understanding these differences is vital for effective resuscitation.

15. How should a rescuer position themselves for child CPR?

- a) Lay on the child
- b) Stand above the child
- c) Sit on the child
- d) Kneel beside the child

Correct Answer: d) Kneel beside the child

Explanation: The rescuer should kneel beside the child when performing CPR. This position allows the rescuer to maintain proper body mechanics and apply effective compressions while also being at eye level for better communication and observation of the child's condition.



16. What is essential after CPR is started?

- a) Keep the child warm
- b) Monitor vital signs
- c) Control bleeding
- d) Call for help

Correct Answer: d) Call for help

Explanation: After CPR is initiated, it is crucial to call for help or ensure that emergency services are on the way. Prompt medical assistance is vital for increasing the chances of survival and ensuring that professional care is provided as soon as possible.

17. What is the depth for chest compressions in infants?

- a) At least 2 inches / 5.08 cm
- b) At least 1.5 inches / 3.81 cm
- c) At least 0.5 inches / 1.27 cm
- d) At least 1 inches / 2.54 cm

Correct Answer: b) At least 1.5 inches / 3.81 cm

Explanation: Chest compressions for infants should be delivered at a depth of at least 1.5 inches / 3.81 cm. This depth is necessary to create effective blood flow during CPR. Rescuers must be aware of the infant's smaller size and adjust their technique accordingly to avoid injury.

18. What is the primary goal of CPR?

- a) To stabilize the airway
- b) To reduce pain
- c) To stop bleeding
- d) To revive the person

Correct Answer: d) To revive the person

Explanation: The primary goal of CPR is to revive the person by restoring circulation and breathing. CPR is a critical emergency response that aims to maintain blood flow to vital organs until professional medical help can take over. Effective CPR can significantly improve survival rates.



19. What should a rescuer do if the child becomes responsive?

- a) Continue CPR
- b) Place in recovery position
- c) Give food
- d) Wait for help

Correct Answer: b) Place in recovery position

Explanation: If the child becomes responsive during CPR, the rescuer should place them in the recovery position. This position helps maintain an open airway and prevents choking in case the child vomits. It is important to monitor their condition while waiting for further assistance.

20. What is the compression rate for child CPR?

- a) 140 per minute
- b) 80 per minute
- c) 120 per minute
- d) 100 per minute

Correct Answer: d) 100 per minute

Explanation: The recommended compression rate for child CPR is 100 compressions per minute. This rate is effective for maintaining blood circulation during cardiopulmonary resuscitation. Following this guideline helps ensure that the compressions are delivered at a pace that is optimal for resuscitation efforts.

21. What is the correct hand positioning for infant CPR?

- a) Both hands on the stomach
- b) One hand on the chest
- c) One hand on the neck
- d) Two fingers below the nipple line

Correct Answer: d) Two fingers below the nipple line

Explanation: The correct hand positioning for infant CPR involves using two fingers placed just below the nipple line on the breastbone. This technique allows for effective compressions while minimizing the risk of injury to the fragile ribs and organs of the infant.



22. How long should CPR be performed before reassessing?

- a) 5 minutes
- b) 10 minutes
- c) 1 minute
- d) 2 minutes

Correct Answer: d) 2 minutes

Explanation: CPR should be performed for about 2 minutes before reassessing the victim's condition or switching rescuers. This duration allows for a sufficient number of compressions and breaths to be delivered, making it easier to determine if the person shows any signs of life or responsiveness.

23. What should be done if the infant is unresponsive but breathing?

- a) Leave them alone
- b) Keep them on their back
- c) Start CPR immediately
- d) Place in recovery position

Correct Answer: d) Place in recovery position

Explanation: If an infant is unresponsive but still breathing, they should be placed in the recovery position. This position helps keep the airway open and allows any fluids to drain, reducing the risk of choking. It is essential to monitor their breathing and pulse until help arrives.

24. What is a common sign of choking in infants?

- a) Loud crying
- b) Smiling
- c) Gagging or coughing
- d) Falling asleep

Correct Answer: c) Gagging or coughing

Explanation: A common sign of choking in infants is gagging or coughing. These actions indicate that the infant is trying to clear the airway. If the infant shows these signs, it is crucial to act quickly by administering back blows or chest thrusts to dislodge the obstruction.



25. What should be avoided during infant CPR?

- a) Rescue breaths
- b) Calling for help
- c) Gentle compressions
- d) Excessive force

Correct Answer: d) Excessive force

Explanation: During infant CPR, excessive force should be avoided as it can lead to serious injury. The goal is to provide effective compressions and rescue breaths without causing harm. Rescuers must be gentle yet firm to ensure that the infant receives the necessary care without additional risk.





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About the Creators

Bobby Bedi

Bobby Bedi is a digital strategist and EdTech systems architect with over 30 years of experience building scalable learning platforms. With roots in architecture and digital innovation, he specializes in designing user-focused education tools that blend clean design with powerful infrastructure.

Bobby has led digital transformation initiatives across startups, public companies, and global education ventures. His work centers on making learning more intuitive, accessible, and effective—regardless of a user's background or starting point.

At Healthcare Study Guide, Bobby oversees platform strategy, systems design, and digital experience—ensuring that each product delivers clarity, performance, and long-term value for learners and institutions alike.

Kris McFarlane

Kris McFarlane is a content strategist, learning designer, and EdTech entrepreneur with two decades of experience building practical, outcome-driven education programs. His background spans business development, curriculum design, and instructional systems—particularly in industries where accessible education is critical to career growth.

Kris has led the development of national study systems used across North America, combining technical accuracy with an understanding of how real people learn. His approach centers on clear, actionable content that meets professionals where they are and helps them move forward—fast.

At Healthcare Study Guide, Kris leads product development and content strategy, ensuring that every module reflects clinical standards while remaining approachable, efficient, and easy to use.

Work with the Creators

Bobby and Kris bring over 40 years of combined experience in EdTech, curriculum design, and scalable learning systems. Together, they build platforms that make professional education more accessible, more effective, and more aligned with the demands of today's workforce.

To learn more or connect with the Unity Crest Solutions team, visit **UnityCrestSolutions.com**.



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Whether you're preparing for a healthcare certification exam, stepping into a new clinical role, or transitioning from international training into the North American healthcare system, the Healthcare Study Guide is designed to support your next step.

This guide goes beyond memorization. It offers a structured, focused approach to help you review core knowledge, strengthen clinical reasoning, and prepare with confidence. Created for professionals at all stages, it delivers practical insight—without the high cost or complexity of traditional review programs.

What We Offer

- Realistic Practice Tests

Timed assessments simulate the pace and pressure of real exams, helping you evaluate readiness, sharpen focus, and build test-day confidence.

- Targeted Question and Answer Sets

Engage with questions written by healthcare professionals, aligned with clinical logic and licensing standards in both the U.S. and Canada.

- In-Depth Explanations

Every answer includes a clear, practical rationale—so you understand not just what's correct, but why. It's preparation Designed for clinical application.

Whether you're preparing for licensing, requalification, or a shift in specialty, this guide gives you the tools to move forward—on your own schedule.

Real Stories from Real Professionals

- "This gave me the structure I needed. After years away from practice, it helped me rebuild confidence and pass my certification."
 - Alina S., Registered Nurse
- "I was preparing to move into emergency care. This guide helped me refocus and sharpen the clinical thinking I needed."
 - Marcus K., Paramedic
- "As a program lead in an international bridge course, I've reviewed dozens of study tools. This is one of the few I continue to recommend."
 - Dr. Elise N., Healthcare Educator

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