BLS

Free Practice Test — 30 Real Exam-Style Questions

with full answer key & explanations

Unlock the full bank of 393 questions
+ unlimited timed mock exams + mistake book

Practice on the web: https://certs.theorypractice.app/bls
$2.99 / week · $6.99 / month · cancel anytime

What you unlock: all 393 questions • unlimited timed mock exams • mistake book • instant explanations

Also on iOS & Android — and watch the full Q&A walkthrough on YouTube @CertsQuizPrep

Practice Questions

Try all 30 first, then check the answer key at the back.

1. You arrive at a scene where a person is lying motionless on the floor. What is the FIRST action you should take before approaching?

A. Begin chest compressions without delay
B. Call out to bystanders to bring an AED
C. Check the person's pulse immediately
D. Ensure the scene is safe for you to approach

2. Which of the following is not immediately a life-threatening event?

A. Cardiac arrest
B. Heart attack
C. Respiratory arrest
D. Airway obstruction

3. When performing adult CPR as a lone rescuer, what is the correct compression-to-ventilation ratio?

A. 15:1
B. 15:2
C. 30:2
D. 30:1

4. Which of the following groups of individuals can administer Basic Life Support?

A. Physicians
B. Emergency Medical Responders
C. Trained observers
D. All of the above

5. A colleague collapses at work. After confirming the scene is safe, you tap the person's shoulders firmly and shout. There is no response. What should you do NEXT?

A. Begin chest compressions immediately
B. Place the person in the recovery position
C. Simultaneously check for breathing and a carotid pulse for no more than 10 seconds
D. Look for a medical alert bracelet before doing anything else

6. Which of the following organs is irreversibly affected if CPR is delayed beyond three minutes?

A. Kidney
B. Liver
C. Brain
D. Lungs

7. During adult CPR, your partner notes that the patient's chest is not fully returning to its resting position between compressions. What is the MOST likely consequence of this finding?

A. The compression rate will automatically increase above 120/min
B. The compression depth will exceed the maximum safe limit
C. Venous return to the heart will be reduced, lowering cardiac output
D. Ventilation volumes will increase due to higher intrathoracic pressure

8. What is the minimum depth of a chest compression?

A. 2 cm
B. 4 cm
C. 5 cm
D. 6 cm

9. You are performing solo CPR on an adult. After your first set of 30 compressions, you deliver 2 rescue breaths, each taking about 1 second. Approximately how long should both rescue breaths take in total before you resume compressions?

A. About 2 seconds combined
B. 3 to 4 seconds combined
C. As long as it takes to see the chest rise twice
D. Less than 2 seconds combined

10. Why is recoil necessary between each compression?

A. To give rest to the rescuer
B. To prevent injury to the patient
C. To allow the heart to fill with blood
D. To allow blood delivery to the brain

11. A bystander CPR team has been performing compressions for nearly 2 minutes. According to AHA BLS guidelines, what should they do at this point regarding the compressor role?

A. Switch only when an AED is available to minimize total hands-off time
B. Increase compression depth to compensate for any drop in rate
C. Continue with the same compressor as long as compressions appear effective
D. Switch compressors every 2 minutes or 5 cycles to prevent fatigue-related quality decline

12. How many chest compressions must be delivered per minute?

A. 60
B. 80
C. 100
D. 140

13. While checking a collapsed adult, you observe slow, irregular, gasping breaths occurring about every 8 seconds. How should you interpret this finding?

A. The patient is breathing adequately; place them in the recovery position
B. This indicates the patient has a pulse; only provide rescue breaths
C. This is agonal breathing and should be treated as absent breathing — begin CPR
D. Wait 30 seconds to confirm the breathing pattern before acting

14. If a cervical spine injury is suspected, which of the following maneuvers can be used?

A. Head tilt
B. Chin lift
C. Jaw thrust
D. Roll over

15. During adult CPR you are pressing down approximately 1.5 inches (3.8 cm) on each compression. Why is this a concern?

A. The compression rate must be reduced when depth falls below 2 inches
B. Shallow compressions cause excessive gastric inflation during rescue breathing
C. Compressions below 2 inches risk rib fracture more than deeper compressions
D. Compressions that are too shallow generate insufficient blood flow to vital organs

16. Each rescue breath must be delivered over:

A. One-second
B. Two seconds
C. Three seconds
D. Four seconds

17. At which point in the adult in-hospital Chain of Survival does CPR fit MOST directly?

A. Surveillance and prevention
B. High-quality CPR
C. Post-cardiac-arrest care
D. Rapid response activation

18. What is the most likely complication if too much air is delivered during rescue breathing?

A. Lung collapse
B. Gastric inflation
C. Pneumothorax
D. Brain injury

19. You are performing compressions on an adult at a rate you estimate to be around 110/min. A metronome app reads 125/min. Which statement about your actual rate is correct?

A. 125/min is within the acceptable AHA range and no adjustment is needed
B. 125/min is acceptable because any rate above 100/min improves outcomes equally
C. 125/min exceeds the maximum of 120/min and should be slowed
D. The rate does not matter as long as depth is at least 2 inches

20. Which of the following rhythms can be shocked by an automated external defibrillator?

A. Ventricular fibrillation
B. Atrial fibrillation
C. Asystole
D. Pulseless electrical activity

21. An advanced airway (supraglottic device) has been placed in an adult cardiac arrest patient. Two rescuers are now providing CPR. How should compressions and ventilations be coordinated?

A. Deliver continuous compressions at 100-120/min; one breath every 6 seconds without pausing compressions
B. Switch to 15:2 without pausing compressions for ventilations
C. Deliver continuous compressions at 100-120/min; one breath every 3 seconds without pausing compressions
D. Continue 30:2; pause compressions for each ventilation

22. If the patient has an implantable pacemaker, which of the following is the most appropriate action?

A. Do not use the AED
B. Place the AED pads directly on the pacemaker
C. Place the AED pads away from the pacemaker
D. Use a magnet to divert energy from the pacemaker

23. You are the only healthcare provider present when an adult collapses. You check the carotid pulse for 8 seconds and feel a weak, slow pulse (about 40/min) with no breathing. What is the CORRECT next action?

A. Begin compressions only at 100-120/min with no ventilations
B. Provide rescue breaths only at one breath every 5-6 seconds; reassess every 2 minutes
C. Begin full CPR (compressions + ventilations) immediately
D. Wait for a second rescuer before beginning any intervention

24. Which CPR technique is the best for infants?

A. One handed
B. Two handed
C. Two finger
D. Two thumb encircling hands

25. During a resuscitation attempt, a team member suggests pausing compressions for 20 seconds to reassess rhythm on the monitor. According to AHA BLS high-quality CPR principles, what is the MAXIMUM acceptable hands-off interval during CPR?

A. 15 seconds
B. 5 seconds
C. 20 seconds is acceptable for rhythm analysis
D. 10 seconds

26. What is the ideal depth of compression for infants?

A. 2cm
B. 3cm
C. 4cm
D. 5cm

27. A compression depth feedback device alerts that the provider is compressing to 2.6 inches (6.6 cm) on each compression. What concern does this raise?

A. Compressions exceeding approximately 2.4 inches (6 cm) are associated with increased risk of injury without additional benefit
B. No concern — deeper compressions always produce better outcomes
C. The rate must be doubled to compensate for excessive depth
D. Full recoil is impossible at depths above 2 inches so ventilations must be increased

28. Which of the following is not a sign of poor perfusion?

A. Weak pulse
B. Cyanosis
C. Pale skin
D. Warm extremities

29. You witness a cardiac arrest in a hospital lobby. You begin CPR and direct a bystander to retrieve the AED. The AED arrives. What is the correct sequence once the AED is turned on and pads are placed?

A. Continue compressions while the AED analyzes rhythm
B. Pause compressions, allow the AED to analyze rhythm, clear the patient before delivering a shock if advised, then immediately resume CPR starting with compressions
C. Pause CPR for a full 30 seconds to allow the AED to complete analysis and recharge
D. Deliver the shock first, then analyze whether the rhythm has changed before resuming compressions

30. Which of the following protocols uses a compression to ventilation ratio of 15:2?

A. Single-rescuer for adults
B. Two-rescuer for adults
C. Two-rescuer for children
D. Single-rescuer for children

Answer Key & Explanations

1. D — Ensure the scene is safe for you to approach
Scene safety is the first priority in any emergency response — a rescuer who becomes a victim cannot help anyone, so you must ensure the environment is safe before approaching.

2. B — Heart attack

3. C — 30:2
The AHA BLS standard for a lone rescuer performing adult CPR is 30 compressions followed by 2 ventilations, regardless of whether an advanced airway is in place.

4. D — All of the above

5. C — Simultaneously check for breathing and a carotid pulse for no more than 10 seconds
After confirming unresponsiveness, the AHA BLS protocol directs you to simultaneously check for breathing and a carotid pulse for no more than 10 seconds before deciding on the next action.

6. C — Brain

7. C — Venous return to the heart will be reduced, lowering cardiac output
Incomplete chest recoil (leaning on the chest) elevates intrathoracic pressure and impairs venous return, which decreases cardiac output and reduces the effectiveness of CPR.

8. C — 5 cm

9. A — About 2 seconds combined
Each breath should be delivered over 1 second with visible chest rise, meaning both breaths together take approximately 2 seconds, minimizing interruptions to compressions.

10. C — To allow the heart to fill with blood

11. D — Switch compressors every 2 minutes or 5 cycles to prevent fatigue-related quality decline
The AHA recommends switching compressors approximately every 2 minutes (or every 5 cycles of 30:2) because rescuer fatigue quickly degrades compression depth and rate, reducing CPR quality.

12. C — 100

13. C — This is agonal breathing and should be treated as absent breathing — begin CPR
Agonal respirations are ineffective, irregular gasps that occur shortly after cardiac arrest and should not be mistaken for normal breathing; the AHA treats agonal breathing as absent breathing, requiring immediate CPR.

14. C — Jaw thrust

15. D — Compressions that are too shallow generate insufficient blood flow to vital organs
AHA BLS guidelines require adult compression depth of at least 2 inches (5 cm) because shallower

compressions are associated with inadequate perfusion pressure and reduced survival rates.

16. A — One-second

17. B — High-quality CPR
The in-hospital adult Chain of Survival includes surveillance and prevention, recognition and activation of the emergency response system, high-quality CPR, defibrillation, and post-cardiac-arrest care — CPR is the third link.

18. B — Gastric inflation

19. C — 125/min exceeds the maximum of 120/min and should be slowed
The AHA BLS target compression rate is 100–120/min; exceeding 120/min is associated with inadequate compression depth and reduced diastolic filling time, so the rate should be corrected downward.

20. A — Ventricular fibrillation

21. A — Deliver continuous compressions at 100-120/min; one breath every 6 seconds without pausing compressions
Once an advanced airway is in place, AHA BLS guidelines instruct rescuers to perform continuous compressions at 100–120/min while the ventilating rescuer delivers one breath every 6 seconds (10 breaths/min), eliminating compression pauses for ventilation.

22. C — Place the AED pads away from the pacemaker

23. B — Provide rescue breaths only at one breath every 5-6 seconds; reassess every 2 minutes
For an adult who has a palpable pulse but is not breathing adequately, AHA BLS guidelines direct the rescuer to deliver rescue breaths (1 breath every 5–6 seconds, about 10–12/min) and reassess the pulse approximately every 2 minutes — full CPR is not indicated when a pulse is present.

24. D — Two thumb encircling hands

25. D — 10 seconds
The AHA specifies that CPR interruptions (hands-off intervals) should be kept to less than 10 seconds to maintain perfusion pressure; a 20-second pause is inconsistent with high-quality CPR and would significantly decrease coronary and cerebral perfusion.

26. C — 4cm

27. A — Compressions exceeding approximately 2.4 inches (6 cm) are associated with increased risk of injury without additional benefit
AHA BLS guidelines state adult compression depth should be at least 2 inches (5 cm) but caution against excessive depth beyond approximately 2.4 inches (6 cm), as greater depth is associated with injury (e.g., rib fractures, liver lacerations) without improving survival.

28. D — Warm extremities

29. B — Pause compressions, allow the AED to analyze rhythm, clear the patient before delivering a shock if advised, then immediately resume CPR starting with compressions
The AHA BLS protocol requires pausing compressions for AED rhythm analysis (to avoid artifact), ensuring no one touches the patient before shock delivery, then immediately resuming CPR beginning with compressions

right after the shock — the post-shock pause should be less than 10 seconds.

30. C — Two-rescuer for children

Ready to pass?

Unlock the full BLS bank, every explanation, and unlimited timed mock exams.

Scan to start practising
https://certs.theorypractice.app/bls

Watch the full video walkthrough on YouTube @CertsQuizPrep