Theory Assessment for Paediatric Basic Life Support

Name:_________________________ Signature:_________________________
Date:_________________________ Designation:_________________________
Unit:_________________________ Payroll No:_________________________

Sally is a 6 month old client to your service. She collapses and you respond to her Mother calling.

1. How do you initially assess responsiveness in a child?
   A. Pinch Sally's earlobe
   B. Firmly touch her chest and ask her ‘squeeze my hand” or ‘open your eyes”
   C. Shake sally
   D. Call Sally’s name

2. You call to a colleague to send for help. What phone number do they call?
   A. ‘0’ then ‘000’ ambulance required, ISBAR handover
   B. 333, code blue, location
   C. 666, code blue, location
   D. 911, ambulance required, ISBAR handover

3. How do you establish an infant’s airway?
   A. Maximum head tilt
   B. Neutral positioning (head kept horizontal), chin lift
   C. Side lying position
   D. Maximum head tilt, chin lift

4. You hold the jaw open slightly, pulling it way from the chest. You do this by placing your thumb over her chin below the lip and support the tip of the jaw with your middle finger lying along the jaw line, being careful not to squash the soft tissues of the neck.
   What is the underlying principle of this action?
   A. To maintain patient comfort
   B. To commence cardiac compressions
   C. To commence breathing
   D. To open the airway

5. You have opened Sally’s airway, how do you now assess her breathing?
   A. LOOK for chest movement, LISTEN and FEEL for escape of air from mouth and nose
   B. LOOK for escape of air from nose, LISTEN for chest movement, FEEL for breath
   C. LISTEN for chest movement, LOOK for escape of air from nose and mouth and FEEL for pulse
   D. LISTEN for escape of air from mouth, LOOK for chest movement, FEEL for pulse.
6. Sally is not breathing and is unresponsive. What is your next action?
   A. Commence compressions at 100-120 per minute
   B. Check for pulse
   C. Commence mouth to mouth resuscitation
   D. Commence compressions at 80 per minute

7. What is the correct compression method for an infant?
   A. Lower half of the sternum, 1 finger, 3 cm depth of chest
   B. Centre of chest, one hand, 1/3 depth of chest
   C. Lower half of the sternum, 2 fingers, 1/3 depth of the chest
   D. Lower half of the sternum, one hand, 1/3 depth of the chest

8. What is the correct compression to inflation ratio for BASIC life support for all ages?
   A. 5 compressions to 1 inflation
   B. 15 compressions to 1 inflation
   C. 5 compressions to 2 inflations
   D. 30 compressions to 2 inflations

9. There are 2 sizes of bag-valve masks. You select the smaller one (500ml reservoir). You have access to oxygen, so you connect it. How much oxygen do you deliver to an infant or child?
   A. 6L/min
   B. 15L/min
   C. 10L/min
   D. 8L/min

10. Another staff has brought along an AED with paediatric capability. Compressions continue while they are being placed. The pads are at risk of arcing, so they are placed in the front-back position. Co-ordinating the placement of the pads is done very quickly and in an organised manner at the end of a compression cycle. What is the reason for this?
    A. To ensure staff safety
    B. To reassure the parents of the child
    C. To minimise interruptions to compressions
    D. To deliver breaths.

Marking Grade (Pass = 90% or greater correct):

Assessor’s Name: _______________________________ Signature: _______________________________