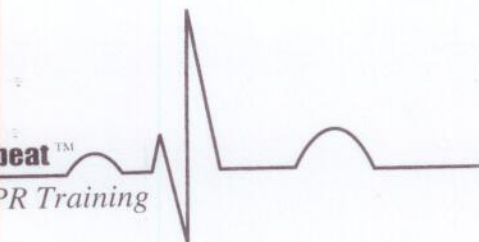




keep the beat™
First Aid & CPR Training



ACLS PRETEST

KEEP THE BEAT CPR

WWW.KEEPTHEBEATCPR.COM

This exam is intended for practice only and may help you with your written competency evaluation when you take Keep The Beat Cpr ACLS program. This is a Keep The Beat Pretest.

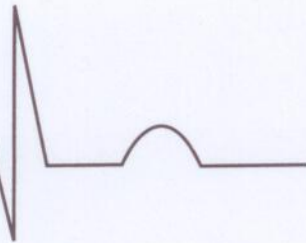
The American Heart Association has suggested that better learning occurs when the pretest answers are not given before the course. You will be given the answer to the pretest when you arrive at your ACLS class.

We hope you have found this information helpful in preparing for your ACLS.



keep the beat™

First Aid & CPR Training



ACLS Provider Course

Pre-course Written Examination

This is a single-answer multiple choice examination. There is only one correct answer to each question. Circle the correct answer on your test booklet.

1. You find an unresponsive patient who is not breathing. What is your next step?
 - a. Open the airway with a head tilt-chin lift
 - b. Administer Atropine at 1mg
 - c. Deliver 2 rescue breaths
 - d. Check for a pulse

2. Tracheal intubation has just been attempted for a victim of respiratory arrest. During hand ventilation with a bag, you hear stomach gurgling over the epigastrium, and oxygen saturation (per pulse oximetry) fails to rise. Which of the following is the most likely explanation for these findings?
 - a. Intubation of hypopharyngeal area
 - b. Intubation of left main stem bronchus
 - c. Intubation of right main bronchus
 - d. None of the above.

3. What is the preferred method of access for atropine administration in a sinus bradycardia rhythm?
 - a. Intraosseous
 - b. Endotracheal
 - c. Central intravenous
 - d. Peripheral intravenous



keep the beat™
First Aid & CPR Training



4. You are operating an AED in an attempted resuscitation of a man who collapsed in the airport. After delivery of a shock, the next thing you should do is?
 - a. Reanalyze the victim rhythm
 - b. Perform 2 rescue breaths
 - c. Perform CPR for 2 minutes/or 5 cycles of CPR
 - d. Do nothing prepare for transport and check victims pulse every few minutes

5. According to the American Heart Association guidelines on Acute Coronary Syndromes Algorithm you give ASA
 - a. 162 mg
 - b. 400 mg
 - c. 350 mg
 - d. None we never give ASA

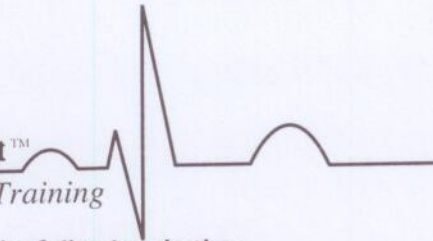
6. According to the American Heart Association guidelines on Suspected Stroke Algorithm you should attempt to obtain Stroke Admission to hospital with in ____ hours.
 - a. 1 hour
 - b. 2 hour
 - c. 2 1/2 hours
 - d. None of the above

7. The dose of Magnesium Sulfate in Torsades de pointes, hypomagnesemia or severe refractory VF, MI is?
 - a. Bolus of 1 to 2 grams diluted in 10ml of IVP over 1-2 minutes
 - b. Bolus of 2 to 3 grams diluted in 10ml of IVP over 1-2 minutes
 - c. Bolus of 3 to 4 grams diluted in 10ml of IVP over 1-2 minutes
 - d. Bolus of 5 to 6grams diluted in 10ml of IVP over 1-2 minutes

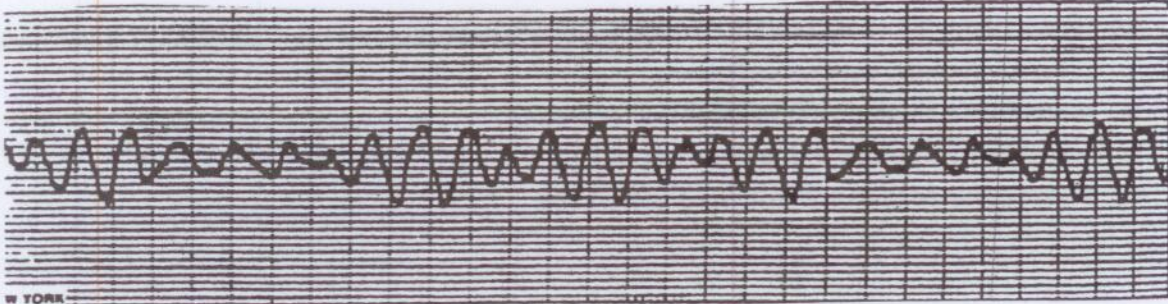


keep the beat™

First Aid & CPR Training



8. Identify the following rhythm.



- a. Ventricular Fibrillation
- b. Atrial Fibrillation
- c. Asystole
- d. Ventricular Tachycardia

9. Identify the following rhythm.



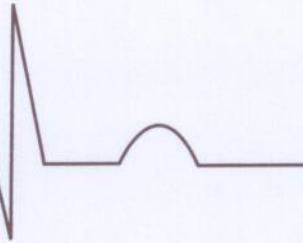
- a. Ventricular Fibrillation
- b. Atrial Fibrillation
- c. Asystole
- d. Ventricular Tachycardia

10. According to the American Heart Association guidelines Bradycardia with a Pulse Algorithm the initial dose of Atropine is?

- a. 0.5 mg bolus
- b. .75 mg bolus
- c. 1.0 mg bolus
- d. 1.5 mg bolus



keep the beat™
First Aid & CPR Training



10. According to the American Heart Association guidelines Bradycardia with a Pulse Algorithm the initial dose of Atropine is?
 - a. 0.5 mg bolus
 - b. .75 mg bolus
 - c. 1.0 mg bolus
 - d. 1.5 mg bolus

11. According to the American Heart Association guidelines Bradycardia with a Pulse Algorithm the dose of Dopamine to increase Blood Pressure is?
 - a. 1-5 mcg/kg per minute
 - b. 2-10 mcg/kg per minute
 - c. 10-15 mcg/kg per minute
 - d. 10-20 mcg/kg per minute

12. According to the American Heart Association guidelines Tachycardia with a Pulse Algorithm the initial dose of Procainamide is?
 - a. 10 -20 mg/min
 - b. 20-50 mg/min
 - c. 60-75 mg/min
 - d. 75-100 mg/min

13. Which one is not the ending sign for Procainamide?
 - a. Arrhythmia is suppressed
 - b. Hypotension occurs
 - c. QRS duration increases by 25%
 - d. Total loading dose of 17mg/kg is given



keep the beat™
First Aid & CPR Training

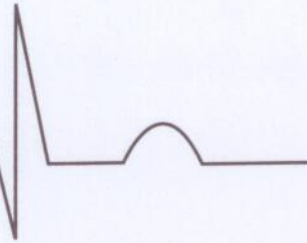


14. According to the American Heart Association Guidelines for Tachycardia with a Pulse Algorithm, the initial recommended doses for Synchronized Cardioversion with **Narrow Regular** rate is?
- 25 -50 Joules (monophasic)
 - 50 100 Joules(biphasic)
 - 120-200 Joules (biphasic)
 - 300-360 Joules (monophasic)
15. The correct statement concerning CPR is:
- Ventilations come first, followed by compressions
 - Endotracheal intubation should be performed as soon as possible during the resuscitation.
 - The proper compression depth in an adult is 1 ½ - 2 inches
 - Compressions should be performed at a rate of at least 100/minute.
16. The correct statement concerning ventilation of the intubated cardiac arrest patient is:
- Ventilations should be performed 8 – 10 times per minute
 - Ventilations should be performed 12 – 15 times per minute
 - Hyperventilation is useful to optimize cerebral oxygenation.
 - Compressions are stopped to allow the ventilation to be delivered
17. Concerning defibrillation:
- All shocks with a biphasic defibrillator should be performed at 360 J.
 - The initial shock with a biphasic defibrillator should be delivered with an energy level of 120-200 J.
 - Take between 5 – 10 seconds after stopping compressions to confirm that a shock is still needed.
 - A shock should be followed by an immediate rhythm check to see if it was effective.



keep the beat™

First Aid & CPR Training



18. Concerning the use of adenosine for the diagnosis and treatment of tachycardia:
 - a. The initial dose is 6mg, followed by two subsequent doses of 6mg and 12mg.
 - b. Because of its short half-life, it may be used to treat all tachycardic rhythms.
 - c. If ineffective, its use should be followed by an infusion of adenosine.
 - d. It is used to help differentiate a stable, regular, wide- complex monomorphic tachycardia from PSVT.

19. Following the cardiac arrest:
 - a. The use of therapeutic hypothermia should be considered for all comatose patients post-arrest, regardless of the arrest rhythm, or arrest location.
 - b. Patients should receive 100% oxygen for at least 12 hours
 - c. If therapeutic hypothermia is utilized, cardiac catheterization must wait for 24 hours because of the risk of coagulopathy.
 - d. Adjust the ventilator to maintain an SpO₂ of > 90%

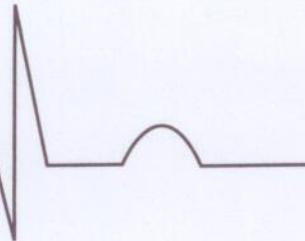
20. Concerning bardycardia:
 - a. It must always be treated.
 - b. During general anesthesia, isoproterenol is an effective therapy.
 - c. Atropine is often an effective treatment for third degree block
 - d. An epinephrine infusion is therapeutically-equivalent to transcutaneous pacing.

21. If peripheral IV access cannot be established quickly:
 - a. Then use of the Central line should be a priority
 - b. Use of the Endotracheal Tube should be a priority
 - c. Intraosseous should be considered as a route
 - d. Hold off on the medications until peripheral IV is established.



keep the beat™

First Aid & CPR Training



22. The use of continuous waveform capnography during resuscitation:
- Provides little additional information to that provided by a colorimetric capnometer.
 - May help the resuscitation team determine when to rotate the rescuers performing cardiac compressions.
 - Indicates that return of spontaneous circulation (ROSC) is likely once the PETCO₂ increases to 5mmHg.
 - Is most useful if the initial rhythm is asystole or pulseless electrical activity (PEA)
23. The use of vasopressors during cardiac arrest is optimized when:
- An initial dose of epinephrine 1mg is followed by a subsequent dose of at least 3mg.
 - Vasopressin is administered after two or more doses of epinephrine.
 - Epinephrine use is stopped once a total loading dose of 10mg has been administered.
 - A vasopressor is administered every 3 – 5 minutes throughout the entire resuscitation.
24. According to the 2010 American Heart Association for Cardiopulmonary Resuscitation Guide lines, Atropine is given at ___ mg for the treatment of asystole.
- .5 mg
 - 1.0 mg
 - .5mg with a total loading dose of 3mg
 - Atropine is no longer given
25. According to the 2010 American Heart Association for Cardiopulmonary Resuscitation Guide lines, Amiodarone is given for Stable Wide –QRS tachycardia.
- 300 mg followed by 150 mg, followed by maintenance infusion of 1mg/min for first 6 hours.
 - 150 mg over 10 minutes, followed by maintenance infusion of 1mg/min for first 6 hours
 - Lidocaine is given at bolus of .5 – 1mg per/kg
 - Synchronized Cardioversion should be performed immediately.



keep the beat™

First Aid & CPR Training

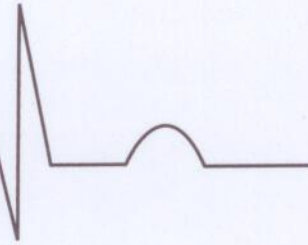


26. What is a common mistake in the cardiac arrest management?
- failure to obtain vascular access
 - prolonged periods of no ventilations
 - failure to perform endotracheal intubation
 - prolonged interruptions of chest compressions
27. You are evaluating a 56 year old female who complains of mild discomfort in her chest. The patient skin color is normal. The blood pressure is 136/88 mm Hg, the heart rate is 88 per minute, the respiratory rate is 18 breaths/min. and the pulse oximeter is 95%. The lead II ECG displays regular sinus rhythm. What intervention should you perform next?
- do nothing patient is fine
 - start the M.O.N.A. protocol
 - Administer albuterol
 - Call respiratory for consult
28. In the M.O.N.A. protocol, the letter "A" represents what drug
- Atropine
 - Adenosine
 - Amiodarone
 - Aspirin
29. What is the most reliable method of confirming and monitoring correct placement of an endotracheal tube?
- Auscultation of the lungs
 - X-ray
 - Continuous waveform capnography
 - Use of esophageal detection devices



keep the beat™

First Aid & CPR Training



30. Which of the following needs immediate intubation?
- An elderly woman with severe chest pain and shallow respirations at 30 breaths/min
 - A subdued, alcohol-intoxicated college student with a reduced gag reflex
 - An apneic patient whose chest does not rise with bag-mask ventilations
 - There is no indication for immediate intubation
31. A cardiac arrest patient arrives in the ED in PEA at 60 bpm. CPR continues, proper tube placement is confirmed, and IV was established. Which of the following medications is **most** appropriate to give next?
- calcium chloride 5 ml of 10% solution IV
 - epinephrine 1 mg IV
 - synchronized Cardioversion at 120 – 200 J.
 - sodium bicarbonate 1 mEq/kg IV
32. Which of the following patients is **most** likely to present with vague signs and unusual symptoms of an atypical AMI?
- a 65-year-old woman with moderate coronary artery disease recently confirmed by angiography.
 - A 56-year-old man who smokes 3 packs per day but has no history of heart disease.
 - A 45-year-old woman diagnosed with type I diabetes 22 years ago
 - A 48-year-old man in the ICU after coronary artery bypass surgery
33. Which of the following patients needs immediate synchronized Cardioversion?
- a 78-year old woman with fever, pneumonia, chronic congestive heart failure, and sinus tachycardia at 125 bpm.
 - A 55-year old man with multifocal atrial tachycardia at 125 bpm, respiratory rate of 12 breaths/minute, and BP of 142/84 mm Hg.
 - A 69-year old woman with a history of coronary artery disease, chest pain, a 2-mm ST elevation, and sinus tachycardia at 130 bpm
 - A 62-year old man with a history of rheumatic mitral valve disease, obvious shortness of breath, HR of 160 bpm, and a BP of 86/68 mm Hg



keep the beat™

First Aid & CPR Training

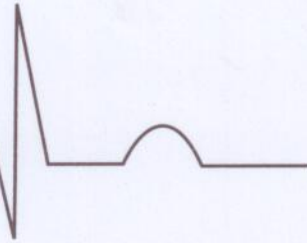


34. Which of the following conditions most closely mimics the signs and symptoms of an acute stroke?
- acute insulin-induced hypoglycemia
 - acute Hypoxia
 - isotonic dehydration and hypovolemia
 - acute vasovagal or orthostatic hypotension
35. Which of the following rhythms is an appropriate indication for transcutaneous cardiac pacing?
- sinus bradycardia with no symptoms
 - normal sinus rhythm with hypotension and shock
 - complete heart block with pulmonary edema
 - asystole that follows epinephrine and atropine
36. Which of the following drug-dose combinations is recommended as the initial medication to give a patient in documented asystole or PEA?
- vasopressin 40 units followed by half the initial dose
 - epinephrine 10 mL of a 1 : 10 000 solution IV
 - atropine 1 mg IV
 - epinephrine 3 mg IV
37. Where should the hands be placed to perform chest compressions on adult?
- on the lower half of the breastbone
 - in the center of the breastbone
 - on the upper portion of the abdomen
 - on the upper half of the breastbone
38. The recommended rate of performing chest compressions for victims of cardiac arrest is?
- at least 50 per minute
 - at least 60 per minute
 - at least 80 per minute
 - at least 100 per minute



keep the beat™

First Aid & CPR Training



39. What is an advantage of using hands-free defibrillation pads instead of defibrillation paddles?
- hands-free deliver more energy than paddles
 - hands-free pads increase electrical arc
 - hands-free allow for more rapid defibrillation
 - hands-free pads have universal adaptors that can work with any machine
40. According to the 2010 American Heart Association for Cardiopulmonary Resuscitation Guidelines, In the Bradycardia with a Pulse algorithm when atropine is ineffective your next step is?
- isoproterenol
 - transcutaneous pacing, dopamine or epinephrine infusion
 - double the dose of atropine
 - start CPR
41. What is the reperfusion goal: Door to balloon inflation (PCI)
- 90 minutes or less
 - 120 minutes or less
 - 180 minutes or less
 - 240 minutes or less
42. Consider fibrinolytic therapy in within how many minutes from admission to the ED?
- 60 min or less
 - 120 min or less
 - 180 min or less
 - 240 min or less
43. Which one of the following is not listed in the 10 H's and T's?
- hydrogen ion (acidosis)
 - hypoglycemia
 - hypovolemia
 - hypokalemia



keep the beat™

First Aid & CPR Training



44. Which action is included in the part of the ACLS survey?
- breathing
 - circulation
 - defibrillation
 - all of the above are part of the ACLS survey
45. What is the appropriate dose of sodium bicarbonate in the initial stages of managing a cardiac arrest?
- we do not give sodium bicarbonate in the initial stages of a cardiac arrest.
 - 1 mEq/kg IV
 - 1-2 mEq/kg IV
 - 1 -2 amps
46. Chose an appropriate indication to stop or withhold resuscitative efforts
- arrest not witnessed
 - evidence of rigor mortis
 - patient age greater than 80 years
 - no return of spontaneous circulation after 15 minutes of CPR
47. The goal of Team leader is to:
- Insure the successful outcome of the cardiac arrest
 - to criticize the team during the code
 - insure that all efforts are made to deliver the best possible treatment
 - to let the team do whatever is necessary with no interaction



keep the beat™

First Aid & CPR Training



48. After you identify an unresponsive victim with no breathing (or no normal breathing) and pulse, chest compressions should be initiated within
- 20 seconds
 - 10 seconds
 - 30 seconds
 - 60 seconds
49. Providers should administer oxygen if the patient is dyspneic, hypoxemic, has obvious signs of heart failure, or has an arterial oxygen saturation of less than?
- Less than or equal to 97 %
 - Less than or equal to 96 %
 - Less than or equal to 95 %
 - Less than or equal to 94 %
50. Cardioversion of atrial flutter and SVT should start with an initial dose of (biphasic)
- 50 J – 100 J
 - 100 J- 200 J
 - 120 J – 200 J
 - 360 J