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ACLS

Advanced Cardiac Life Support



**Exam A****QUESTION 1**

Which of the following rhythms is most commonly present in the first minute following a cardiac arrest in adults?

- A. ventricular tachycardia
- B. asystole
- C. bradycardia
- D. ventricular fibrillation

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 2****SIMULATION**

What is the drug treatment priority list in treating unstable bradycardia?

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

Oxygen, then atropine, then a dopamine drip at 5–20 mcg/kg/min, and then epinephrine at 2–10 mcg/min.

**QUESTION 3** Drugs useful in the treatment of cardiogenic pulmonary edema include  
(Choose three.)

- A. furosemide
- B. verapamil
- C. morphine
- D. propranolol
- E. oxygen

**Correct Answer:** ACE

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 4**

An 80-year-old patient presents with severe chest pain. Heart rate is 30 and blood pressure is 60/P mm Hg. The monitor shows sinus bradycardia. Which drug is indicated first?

- A. lidocaine 75 mg IV bolus
- B. isoproterenol infusion at 2–10 mcg/min
- C. atropine 0.5–1 mg IV
- D. morphine 2–5 mg IV

**Correct Answer:** C

**Section:** (none)

**Explanation****Explanation/Reference:****QUESTION 5** Intubation with an endotracheal tube

(Choose three.):

- A. allows adjunctive ventilatory equipment to be used effectively
- B. decreases the risk of aspiration
- C. is the first priority in ventricular fibrillation
- D. if performed improperly may result in only one lung being inflated

**Correct Answer:** ABD**Section: (none)****Explanation****Explanation/Reference:****QUESTION 6** Bag-valve-mask devices

(Choose two.):

- A. may be used by untrained individuals
- B. with high flow and a reservoir deliver close to 100% oxygen
- C. are difficult for one person to use effectively
- D. usually provide greater tidal volume than mouth-to-mask ventilation

**Correct Answer:** BC**Section: (none)****Explanation****Explanation/Reference:****QUESTION 7** During cardiac arrest, acidosis

(Choose three.):

- A. is usually both metabolic and respiratory
- B. should be treated with increased ventilation
- C. should generally be treated with sodium bicarbonate
- D. usually resolves once perfusion is restored

**Correct Answer:** ABD**Section: (none)****Explanation****Explanation/Reference:****QUESTION 8** Which of the following is true in regards to endotracheal suction?

- A. limited to 15 seconds
- B. preceded with oxygen ventilation
- C. can result in hypoxia
- D. perform without applying suction
- E. All of the above

**Correct Answer:** E

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 9** After placement of an endotracheal tube, ventilate (Choose two.):

- A. at 10–15 breaths per minute
- B. after the 5th compression
- C. asynchronously to cardiac compressions
- D. with room air

**Correct Answer:** AC

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 10**

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Breath sounds cannot be heard following endotracheal intubation. What is the most likely problem?

**Correct Answer:** Esophageal intubation

**Section:** (none)

**Explanation**

**Explanation/Reference:**



**QUESTION 11**

Endotracheal intubation complications include:

Vocal cord injury, dental damage, esophageal intubation, and right main bronchus intubation.

In a patient refractory to atropine, when is external pacing indicated?

- A. pulseless electrical activity
- B. agonal rhythm
- C. symptomatic bradycardia
- D. symptomatic ventricular fibrillation

**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 12** You have been unsuccessful in the first two attempts to defibrillate an adult. The energy for the third defibrillation attempt is

- A. 50 J
- B. 100 J
- C. 200–300 J
- D. 360 J

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 13** Greater defibrillating current is expected with which of the following?

(Choose three.)

- A. successive countershocks
- B. firm paddle pressure
- C. use of conductive medium
- D. lower body weight

**Correct Answer:** ABC

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 14** For a deeply unconscious patient in shock, what is the airway of choice?

- A. endotracheal tube
- B. esophageal obturator
- C. oropharyngeal
- D. nasopharyngeal

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 15** In an unconscious or semiconscious patient an oropharyngeal airway:

- A. eliminates the need for head positioning
- B. eliminates upper airway obstruction
- C. has no value once an endotracheal tube is inserted
- D. may stimulate vomiting or laryngospasm

**Correct Answer:** D

**Section:** (none)

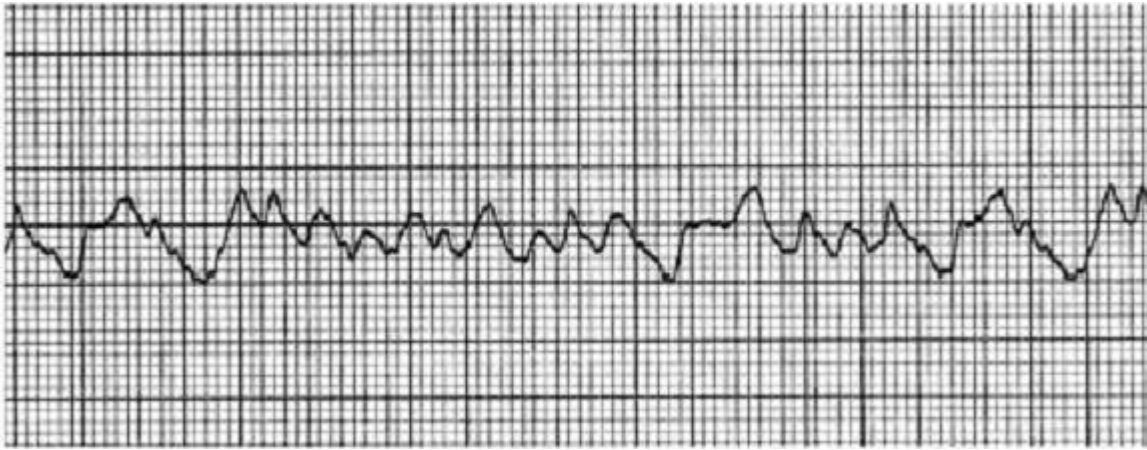
**Explanation**

**Explanation/Reference:**

**QUESTION 16**

CPR is in progress. Immediately upon diagnosing the following rhythm, what is the treatment?





- A. administer lidocaine
- B. precordial thump
- C. synchronized shock with 200 J
- D. unsynchronized shock with 200 J

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 17** Atropine may  
(Choose three.):

- A. not be given via the endotracheal tube
- B. exacerbate ischemia in an acute MI
- C. cause tachycardia
- D. increase the rate of sinus bradycardia

**Correct Answer:** BCD

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 18**  
SIMULATION

The recommended dose of epinephrine injected into the adult tracheobronchial tree should be:

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:  
2.0–2.5 times the IV dose in 10 mL of solution

**QUESTION 19**

Nitroglycerin:

- A. may be given sublingually or IV

- B. is useful in relieving chest pain in acute myocardial infarction
- C. causes hypotension
- D. may be repeated more than once
- E. All of the above

**Correct Answer:** E

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 20** Dopamine infused at greater than 10 mcg/kg/min will cause (Choose three):

- A. increased myocardial contractility
- B. peripheral arterial vasoconstriction
- C. renal artery vasoconstriction
- D. respiratory depression

**Correct Answer:** ABC

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 21** Dopamine at low doses (1–2 mcg/kg/min) will cause:

- A. elevated blood pressure
- B. renal vasoconstriction
- C. renal vasodilatation
- D. tachycardia

**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 22**

Sodium bicarbonate should be considered in arrests caused by:  
Tricyclic overdose, hyperkalemia, and preexisting metabolic acidosis

In the treatment of an 80-kg adult in ventricular tachycardia with a pulse, which of the following schedules of lidocaine is preferred?

- A. 80 mg IV bolus followed by an infusion at 2–4 mg/min
- B. 160 mg IV bolus every 10 minutes up to a total of 500 mg
- C. 160 mg IV bolus followed by an infusion at 6 mg/min
- D. 400 mg IV bolus followed by an infusion at 1–2 mg/min

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 23** T/F: Bradycardia not responding to atropine should be treated with isoproterenol 1 mg in 250 mL D5W infused wide open.

- A. True
- B. False

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 24** T/F: Lidocaine enhances myocardial contractility.

- A. True
- B. False

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 25** T/F: Beta-blockers depress the pumping function of heart muscle.

- A. True
- B. False

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 26**

SIMULATION

Describe the use of a curved versus straight laryngoscope blade.

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

The curved blade is designed to fit into the vallecula, whereas the straight blade is used to lift the epiglottis.

**QUESTION 27**

SIMULATION

What cardiac drugs should be avoided in acute cardiogenic pulmonary edema?

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**



**Explanation/Reference:**

Explanation:

Beta-blockers, such as propranolol, and isoproterenol.

**QUESTION 28** T/F: Antishock garments should be used to treat acute cardiogenic pulmonary edema.

- A. True
- B. False

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 29** T/F: Ventricular fibrillation produces no cardiac output.

- A. True
- B. False

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:****QUESTION 30**

SIMULATION

What is the effect of atropine on vagal reflexes?

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

Atropine typically decreases vagal reflexes while increasing ventricular irritability.

**QUESTION 31** Regarding epinephrine, which of the following statements are true? (Choose three.)

- A. increases coronary perfusion
- B. IV bolus dose is 1 mg q 3–5 minutes
- C. treatment for hypotensive ventricular tachycardia
- D. increases cerebral blood flow during CPR

**Correct Answer:** ABC

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 32** What are the end points of a procainamide loading infusion in the non-arrest situation?



- A. pretreatment QRS complex is widened by 50%
- B. hypotension
- C. 17 mg/kg drug has been injected
- D. the dysrhythmia is suppressed
- E. All of the above

**Correct Answer:** E

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 33



A patient with an acute MI on a 12-lead ECG transmitted by the paramedics has the above findings on a rhythm strip when a monitor is placed in the ED. The patient had resolution of moderate (5/10) chest pain with three doses of sublingual nitroglycerin. Blood pressure is 104/70 mmHg. Which intervention below is most important, reducing in-hospital and 30-day mortality?

- A. Atropine 1 mg IV, total dose 3 mg as needed
- B. Intravenous nitroglycerin for 24 hours
- C. Reperfusion therapy
- D. Atropine 0.5 mg IV, total dose 2 mg as needed
- E. Temporary pacing



**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 34

FILL BLANK

Why use an endotracheal tube stylet?

**Correct Answer:** To make the tube form fitting

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 35

FILL BLANK

What type of drug is verapamil?

**Correct Answer:** Calcium channel blocker

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 36**

FILL BLANK

What type of drug is propranolol?

**Correct Answer:** A beta-blocker.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 37**

FILL BLANK

What is the mechanism of action of adenosine on the heart?

**Correct Answer:** Depresses sinus node and AV node activity.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 38** T/F: A pop-off valve is desirable when selecting a bag-valve-mask device.

A. False

B. True

**Correct Answer:** A

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Desirable features include transparent mask, non-rebreathing valve, and a self-expanding bag.

**QUESTION 39**

FILL BLANK

In what type of rhythm may lidocaine be lethal?

**Correct Answer:** Idioventricular rhythm or complete heart block

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 40** T/F: Infectious complications of intravenous cannulas should be prevented by using systemic antibiotics.

A. True

B. False

**Correct Answer:** B

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 41**

FILL BLANK

What is the appropriate dose of a medication given by endotracheal tube?

**Correct Answer:** 2–2.5 times the IV dose.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 42** T/F: Verapamil should be used when the origin of a wide complex tachycardia is unknown.

A. False

B. True

**Correct Answer:** A

**Section: (none)**

**Explanation**

**Explanation/Reference:**



**QUESTION 43**

FILL BLANK

A 60-year-old patient presents with a blood pressure of 80/40, heart rate 200, and respiratory rate 24. The nurse has placed oxygen on the patient. The following rhythm is seen on the monitor. What is the treatment?



**Correct Answer:** Synchronized cardioversion

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Synchronized cardioversion. (The rhythm seen above shows supraventricular tachycardia.)

**QUESTION 44** In therapeutic doses, which drug depresses the pumping function of the heart muscle?

A. atropine

B. epinephrine

C. propranolol

D. isoproterenol

**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 45** Calcium chloride should be considered in an overdose of:

- A. bretylium
- B. epinephrine
- C. verapamil
- D. procainamide

**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 46**



This patient suddenly collapsed and is poorly responsive. The patient has a weak carotid pulse. A cardiac monitor, oxygen, and an intravenous line have been initiated. The code cart with all drugs and pF transcutaneous pacer is immediately available. Next you would

- A. Initiate dopamine at 10 to 20 ug/kg per minute and titrate heart rate
- B. Give atropine 1 mg IV up to a total dose of 3 mg
- C. Initiate epinephrine at 2 to 10 ug per minute and titrate heart rate
- D. Initiate dopamine at 2 to 10 ug/kg per minute and titrate heart rate
- E. Begin transcutaneous pacing

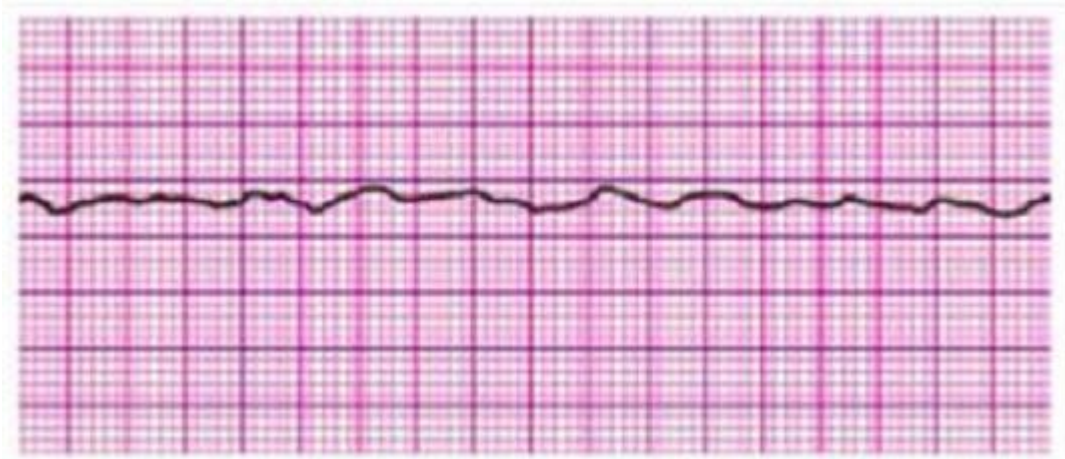
**Correct Answer:** E

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 47**



Following initiation of CPR and one shock for VF, this rhythm is present on the next rhythm check. A second shock is given and chest compressions are immediately resumed. An IV is in place and no drugs have been given. Bag-mask ventilations are producing visible chest rise. What is your next order?

- A. Prepare to give amiodarone 300 mg IV
- B. Administer 3 sequential (stacked) shocks at 360 Joules (monophasic defibrillator)
- C. Perform endotracheal intubation; administer 100% oxygen
- D. Administer 3 sequential (stacked) shocks at 200 Joules (biphasic defibrillator)
- E. Prepare to give epinephrine 1 mg IV

**Correct Answer:** E

**Section:** (none)

**Explanation**

**Explanation/Reference:**



**QUESTION 48** A common lethal complication of lightning strike is:

- A. stroke
- B. cardiac tamponade
- C. congestive heart failure
- D. respiratory arrest

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 49** In rescuing a near drowning victim, the rescuer should (Choose three.):

- A. compress the chest to drain water from breathing passages.
- B. assure their own safety.
- C. stabilize the cervical spine if a diving accident.
- D. start rescue breathing.

**Correct Answer:** BCD

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 50** Expansion of circulating fluid volume with normal saline is recommended in all cardiac arrests.

- A. True
- B. False

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 51** The preferred vein for initial cannulation during CPR is the:

- A. external jugular vein
- B. femoral vein
- C. subclavian vein
- D. antecubital vein

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**



**QUESTION 52** AC shock tends to cause?

- A. asystole
- B. respiratory arrest
- C. bradycardia
- D. ventricular fibrillation

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 53** Traumatic injuries may include all of the following except:

- A. cardiac tamponade
- B. hyperkalemia
- C. shock
- D. tension pneumothorax

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 54

After initiating CPR, which one of the following treatments should be used first for treating ventricular fibrillation?

- A. intubation
- B. defibrillation
- C. epinephrine IV
- D. lidocaine IV

**Correct Answer: B**

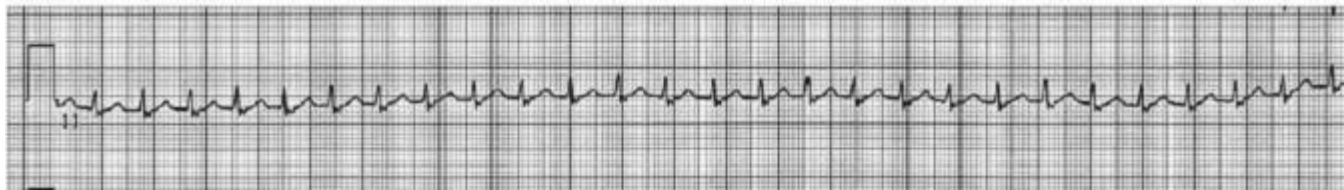
**Section: (none)**

**Explanation**

**Explanation/Reference:**

#### QUESTION 55

A patient has the following rhythm refractory to adenosine IV and verapamil IV. Before treatment, the heart rate was 200 beats/min and his blood pressure was 110/70 mm Hg. After treatment, the heart rate remains at 200 beats/minute and the blood pressure is 60 mm Hg systolic. What should the immediate treatment be?



- A. atropine 0.5 mg IV
- B. dopamine drip IV
- C. synchronized cardioversion at 50–100 J
- D. verapamil 10 mg IV over 1–2 minutes



**Correct Answer: C**

**Section: (none)**

**Explanation**

**Explanation/Reference:**

#### QUESTION 56

A 40-year-old patient presents pale and diaphoretic. The heart rate is 200 beats per minute and blood pressure is 60 mm Hg palpable. The monitor reveals the following rhythm. Oxygen is administered. What is the recommended immediate treatment?



- A. procainamide
- B. propranolol
- C. synchronized cardioversion at 50–100 J
- D. verapamil

**Correct Answer: C**

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 57** A 60-year-old patient complains of chest pain for 60 minutes. The patient is cool and clammy, heart rate is 40 beats/min, and blood pressure is 70/50 mm Hg. What is the recommended immediate treatment?

- A. atropine 0.5–1 mg IV push
- B. dopamine IV infusion 20 mcg/kg/min
- C. epinephrine 1 mg IV push
- D. transcutaneous pacemaker

**Correct Answer:** A

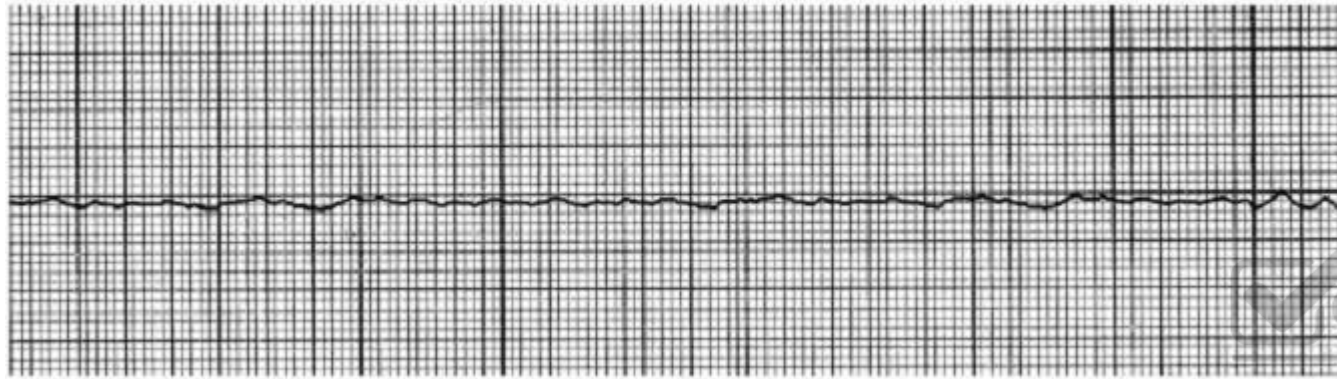
**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 58**

You are performing synchronized cardioversion when the following rhythm suddenly appears. What is the recommended immediate treatment?



- A. lidocaine 100 mg IV bolus
- B. begin CPR
- C. unsynchronized countershock at 200 J
- D. synchronized shock at 200 J

**Correct Answer:** C

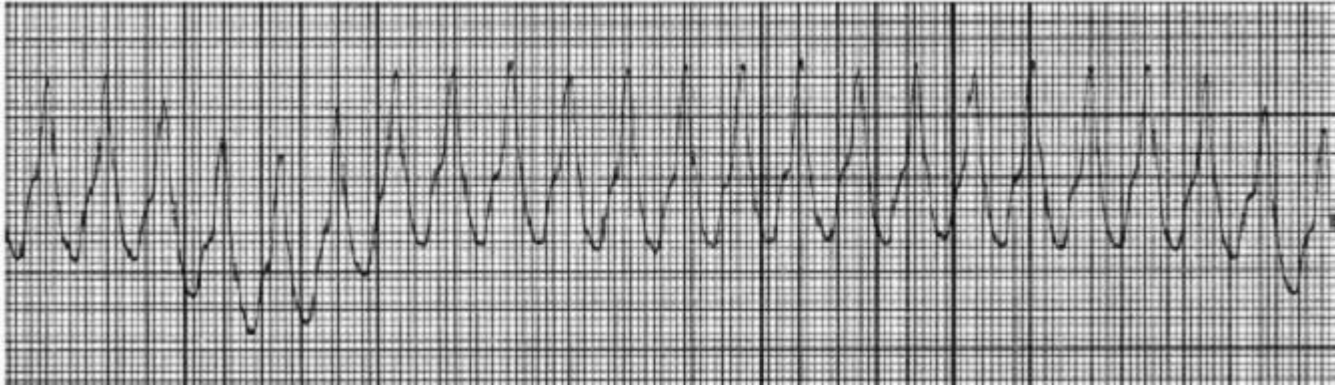
**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 59**

A patient with a myocardial infarction develops the following rhythm and loses consciousness. The patient is pulseless and not breathing. What is the preferred immediate treatment?



- A. administer bretylium
- B. administer lidocaine
- C. call for help and deliver a synchronized shock
- D. call for help and deliver an unsynchronized shock

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 60

Paramedics arrive at the scene and find an unresponsive patient. EMTs have already established an IV and CPR is in progress. There is no pulse. The monitor shows the following rhythm. What should the paramedics do?



- A. immediate defibrillation followed by setup of the automatic external defibrillator
- B. administer epinephrine, 1 mL of 1:10,000 solution
- C. administer epinephrine, 10 mL of 1:10,000 solution, then defibrillate
- D. administer sodium bicarbonate 50 mEq IV bolus

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 61** T/F: Mouth-to-mask ventilation usually provides greater tidal volume than bag-valve-mask devices.

- A. True
- B. False

**Correct Answer:** A

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 62**

FILL BLANK

Should suction be applied while performing endotracheal suction?

**Correct Answer:** No.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Avoid suction while inserting the catheter.

**QUESTION 63**



This patient was admitted to the general medical ward with a history of alcoholism. A code is in progress and he has recurrent episodes of this rhythm. You review his chart. Notes about the 12-lead ECG say that his baseline QT-interval is top normal to slightly prolonged. He has received 2 doses of epinephrine 1 mg and 1 dose of amiodarone 300 mg IV so far. For his next medication you would now order

- A. Repeat amiodarone 150 mg IV
- B. Lidocaine 1 to 1.5 mg IV and start infusion 2 mg/minute
- C. Repeat amiodarone 300 mg IV
- D. Give magnesium sulfate 1 to 2 g IV diluted in 10 mL D5W given over 5 to 20 minutesE. Give sodium bicarbonate 50 mEq IV

**Correct Answer:** D

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 64**



You are evaluating a patient with 15-minute duration of chest pain during transportation to the emergency department. He is receiving oxygen, and 2 sublingual nitroglycerin tablets have relieved his chest discomfort. He has no complaints but appears anxious. Blood pressure is 130/70 mmHg. You observe the above rhythm on the monitor and your next action is

- A. Give atropine 0.5 mg IV
- B. Initiate transcutaneous pacing (TCP)
- C. Continue monitoring patient, prepare for TCP
- D. Administer nitroglycerin 0.4 mg SL
- E. Start epinephrine 2 to 10 ug/min and titrate

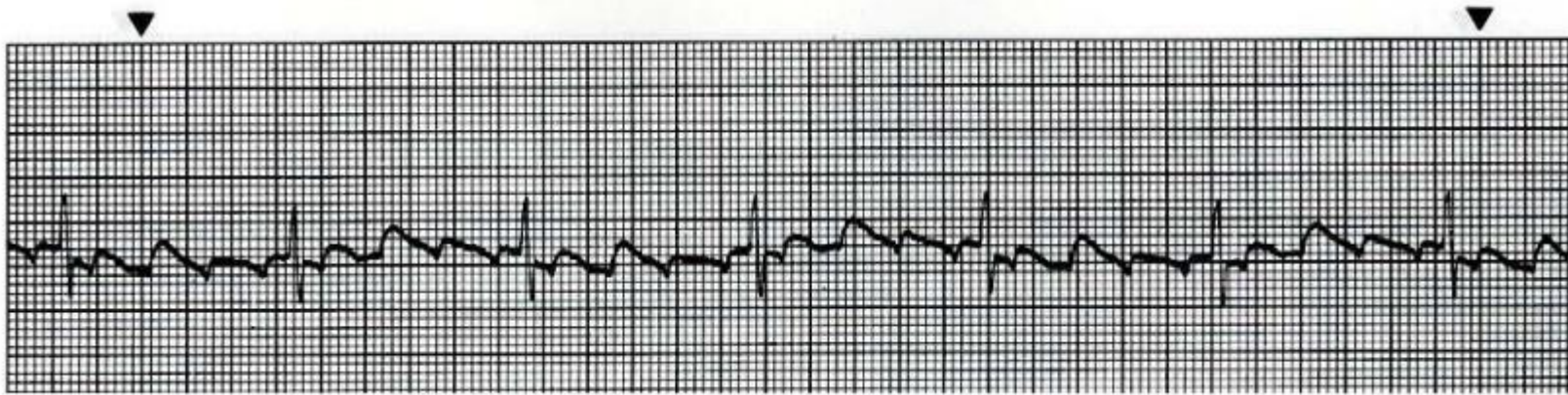
**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 65



Following resuscitation with CPR and a single shock, you observe this rhythm while preparing the patient for transport. Your patient is stable and blood pressure is 120/80 mmHg. She is apprehensive but has no complaints other than palpitations. At this time you would

- A. Give magnesium sulfate 1 to 2 g over 20 minutes
- B. Seek expert consultation
- C. Give amiodarone 300 mg IV, start infusion
- D. Give lidocaine 1 to 1.5 mg IV, start lidocaine infusion

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 66



A patient in the ED develops recurrent chest discomfort (8/10) suspicious for ischemia. His monitored rhythm becomes irregular as seen above. Oxygen is being administered by nasal cannula at 4 L/min and an intravenous line is patent. Blood pressure is 160/96 mmHg. There are no allergies or contraindications to any medication. You would first order

- A. Lidocaine 1 mg/kg IV and infusion 2 mg/min
- B. Morphine sulfate 2 to 4 mg IV
- C. Nitroglycerin 0.4 mg SL
- D. Amiodarone 150 mg IV
- E. Intravenous nitroglycerin initiated at 10 ug/min and titrated

**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 67

FILL BLANK

What is the most common dangerous rhythm following the onset of atraumatic cardiac arrest in adults?

**Correct Answer:** Ventricular fibrillation

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 68

FILL BLANK

What is the most important step in the diagnosis of acute myocardial infarction?

**Correct Answer:** History

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 69



You arrive on-scene and find a 56-year-old diabetic woman complaining of chest discomfort. She is pale and diaphoretic, complaining of lightheadedness. Her blood pressure is 80/60 mmHg. The cardiac monitor documents the rhythm above. She is receiving oxygen at 4 L/min by nasal cannula, and an IV has been established. Transcutaneous pacing has been requested but is not yet available. Your next order is

- A. Give morphine sulfate 4 mg IV
- B. Start dopamine at 2 to 10 ug/kg per minute
- C. Give atropine 0.5 mg IV
- D. Give atropine 1 mg IV

E. Give nitroglycerin 0.4 mg SL

**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 70

FILL BLANK

In a patient with an acute myocardial infarction what drug is most commonly used to relieve pain?

**Correct Answer:** Morphine.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 71

FILL BLANK

After atropine, what is the next treatment for symptomatic bradycardia?

**Correct Answer:** External pacing, followed by transvenous pacing.

**Section:** (none)

**Explanation**

**Explanation/Reference:**



#### QUESTION 72



A 45-year-old woman with a history of palpitations develops lightheadedness and palpitations. She has received adenosine 6 mg IV for the rhythm shown above without conversion of the rhythm. She is now extremely apprehensive. Blood pressure is 108/70 mmHg. The next appropriate intervention is

- A. Perform vagal maneuvers and repeat adenosine 6 mg IV
- B. Perform immediate unsynchronized cardioversion
- C. Repeat adenosine 12 mg IV
- D. Repeat adenosine 3 mg IV
- E. Sedate and perform synchronized cardioversion

**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 73**

FILL BLANK

What are complications of atropine?

**Correct Answer:** Tachycardia and ischemia.**Section: (none)****Explanation****Explanation/Reference:****QUESTION 74** FILL BLANK What routes may  
nitroglycerin be administered?**Correct Answer:** Sublingual, transdermal, or IV.**Section: (none)****Explanation****Explanation/Reference:****QUESTION 75**

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What is the most common side effect of nitroglycerin?

**Correct Answer:** Headache**Section: (none)****Explanation****Explanation/Reference:****QUESTION 76**

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What is the most serious side effect of nitroglycerin?

**Correct Answer:** Hypotension**Section: (none)****Explanation****Explanation/Reference:****QUESTION 77** T/F: Nitroglycerin may be harmful to  
patients on digitalis.

A. True

B. False

**Correct Answer:** B**Section: (none)****Explanation****Explanation/Reference:**

#### QUESTION 78

FILL BLANK

What is the effect of low dose (1–2 mcg/kg/min) of dopamine?

**Correct Answer:** Renal vasodilatation.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 79

FILL BLANK

What is the primary adverse side effect of beta-blockers, such as propranolol, on the myocardium?

**Correct Answer:** Depression of myocardial contractility.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 80



You arrive on-scene to find CPR in progress. Nursing staff report that the patient was recovering from a pulmonary embolism and suddenly collapsed. There is no pulse or spontaneous respirations. High-quality CPR is in progress, and effective ventilation is being provided with bag-mask. An IV has been initiated. You would now

- A. Initiate transcutaneous pacing
- B. Give epinephrine 1.0 mg IV
- C. Order immediate endotracheal intubation
- D. Give atropine 0.5 mg IV
- E. Give atropine 1 mg IV

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 81

FILL BLANK

What is the treatment for verapamil overdose?

**Correct Answer:** Calcium chloride.

Section: (none)

Explanation

Explanation/Reference:

#### QUESTION 82



A patient presents with the above rhythm complaining of an irregular heartbeat. She has no other complaints. Past medical history is significant for a myocardial infarction 7 years ago. Blood pressure is 110/70 mmHg. At this time you would

- A. Continue monitoring and seek expert consultation
- B. Administer nitroglycerin 0.4 mg sublingual or spray
- C. Perform emergency synchronized cardioversion
- D. Administer lidocaine 1 mg/kg IV
- E. Perform elective synchronized cardioversion with premedication

Correct Answer: A

Section: (none)

Explanation

Explanation/Reference:

#### QUESTION 83

T/F: During cardiac arrest, sodium bicarbonate should be administered every 5 minutes to prevent metabolic acidosis.

- A. True
- B. False

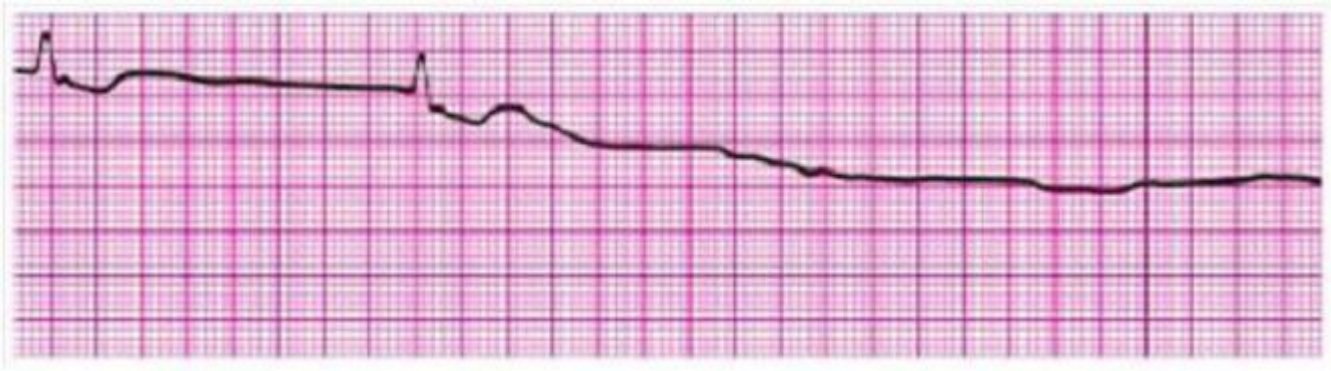
Correct Answer: B

Section: (none)

Explanation

Explanation/Reference:

#### QUESTION 84



A patient was in refractory ventricular fibrillation. A third shock has just been administered. Your team looks at you for instruction. Your immediate next order is:

- A. Give atropine 1 mg IV
- B. Resume high-quality chest compressions
- C. Give amiodarone 300 mg IV
- D. Perform endotracheal intubation
- E. Give epinephrine 1 mg IV

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 85** T/F: In a hypothermic patient, endotracheal intubation should be withheld as it may precipitate cardiac arrest.

- A. True
- B. False

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 86** T/F: Hypothermic hearts are unresponsive to defibrillators or pacer stimuli.

- A. True
- B. False

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 87** T/F: Hypothermia reduces the effect of most drugs.

- A. False
- B. True

**Correct Answer:** B  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**

**QUESTION 88** T/F: Core rewarming is indicated in the treatment of moderate hypothermia.

- A. False
- B. True

**Correct Answer:** B  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**

**QUESTION 89** T/F: A patient has sustained a near drowning. The Heimlich maneuver should be used.

- A. False
- B. True

**Correct Answer:** A  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**



**QUESTION 90**



A patient has been resuscitated from cardiac arrest and is being prepared for transport. She is incubated and is receiving 100% oxygen. During the resuscitation she received 2 doses of epinephrine 1 mg, atropine 1 mg, and lidocaine 100 mg IV. You now observe the above rhythm on the cardiac monitor. The rhythm abnormality is becoming more frequent and increasing in number. You should order:

- A. Give amiodarone 300 mg IV, start infusion
- B. Give lidocaine 1 to 1.5 mg IV
- C. Repeat epinephrine 1 mg IV
- D. Give lidocaine 0.5 to 0.75 mg/kg IV, start lidocaine infusion
- E. Give amiodarone 150 mg IV, start infusion

**Correct Answer:** D  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**

**QUESTION 91** T/F: An ACLS provider card certifies that a student has successfully completed the standards of the American Heart Association course.

- A. False
- B. True

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

The ACLS provider card demonstrates that a student has successfully completed an ACLS course according to the standards of the American Heart Association.

**QUESTION 92** T/F: Endotracheal intubation reduces the risk of aspiration of gastric contents.

- A. False
- B. True

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 93** T/F: Sodium bicarbonate may be added to an IV containing catecholamines.

- A. False
- B. True

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 94** T/F: Sodium bicarbonate is recommended early in cardiac arrest management.

- A. False
- B. True

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 95**

T/F: Epinephrine increases peripheral vascular resistance and increases myocardial contractility.

- A. False

B. True

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 96** T/F: Atropine is used to treat ventricular tachycardia.

A. False

B. True

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 97**



A 35-year-old woman presents to the emergency department with a chief complaint of palpitations. She has no chest discomfort, shortness of breath, or lightheadedness. Which of the following is indicated first?

- A. Give adenosine 3 mg IV bolus
- B. Give adenosine 12 mg IV slow push (over 1 to 2 minutes)
- C. Perform vagal maneuvers
- D. Give metoprolol 5 mg IV and repeat if necessary

**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 98**

FILL BLANK

What is the most common cause of sudden death?

**Correct Answer:** Ventricular fibrillation

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 99

FILL BLANK

What is the treatment for a patient with hemorrhagic or hypovolemic shock?

**Correct Answer:** Rapid fluid infusion

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 100



You are monitoring a patient with chest discomfort who becomes suddenly unresponsive. You observe the following rhythm on the cardiac monitor. A monophasic defibrillator is present. What is your first action?

- A. Give a single shock with 360 J
- B. Incubate the patient and give epinephrine 2 to 4 mg via ET tube
- C. Begin CPR with chest compressions for 2 minutes or about 5 cycles of compressions and ventilations
- D. Establish an IV and give epinephrine 1 mg IV
- E. Give a single shock with 200 J

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 101



You are monitoring this patient after successful resuscitation. You note the above rhythm on the cardiac monitor and document a rhythm strip for the patient's chart. She has no complaints and blood pressure is 110/70 mmHg.

Now you would:

- A. Give Atropine 1 mg IV
- B. Give Atropine 0.5 mg IV
- C. Administer sedation and begin immediate transcutaneous pacing at 80 per minute

- D. Start dopamine 2 to 10 ug/kg per minute and titrate heart rate
- E. Prepare for transcutaneous pacing (place pacing pads, do not pace)

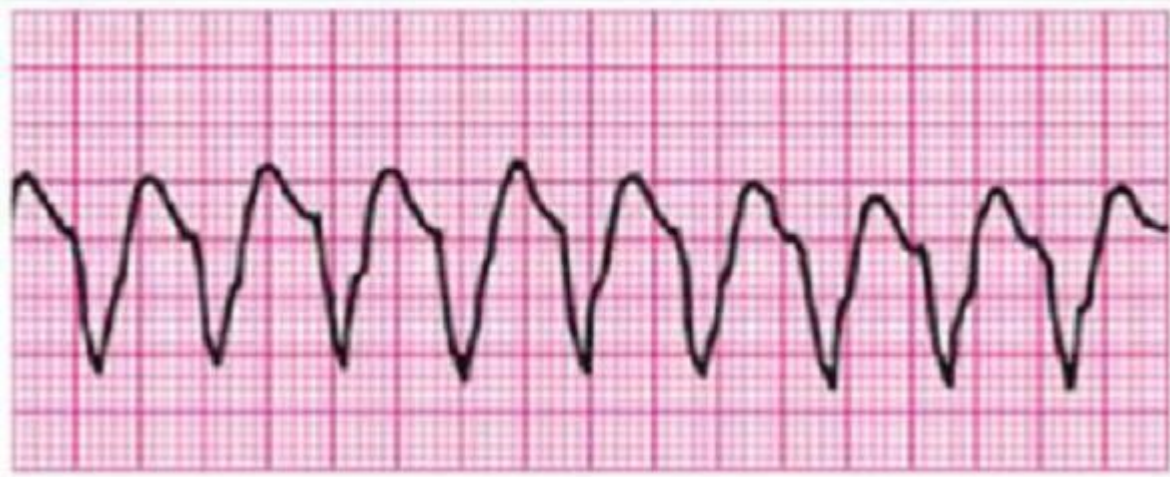
**Correct Answer:** E

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 102



You are monitoring a patient. Chest discomfort has been relieved with sublingual nitrates and morphine sulfate 4 mg IV. He suddenly has the above persistent rhythm. You ask about symptoms and he reports mild palpitations, but otherwise he is clinically stable with unchanged vital signs. Your next action is:

- A. Give sedation and perform synchronized cardioversion
- B. Administer amiodarone 150 mg over 10 minutes; seek expert consultation
- C. Give immediate synchronized shock
- D. Give immediate unsynchronized shock
- E. Administer magnesium sulfate 1 to 2 g IV diluted in 10 mL D5W given over 5 to 20 minutes

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 103

FILL BLANK

In manual adult defibrillation, how many pounds of pressure should be placed on each electric paddle?

**Correct Answer:** 25

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 104

FILL BLANK

A patient with ventricular fibrillation has been resuscitated using no antiarrhythmic drugs. Once the pulse is restored, what drugs should be provided?

**Correct Answer:** Oxygen and intravenous lidocaine

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 105** T/F: A poor result after resuscitation is evidence of negligence.

- A. False
- B. True

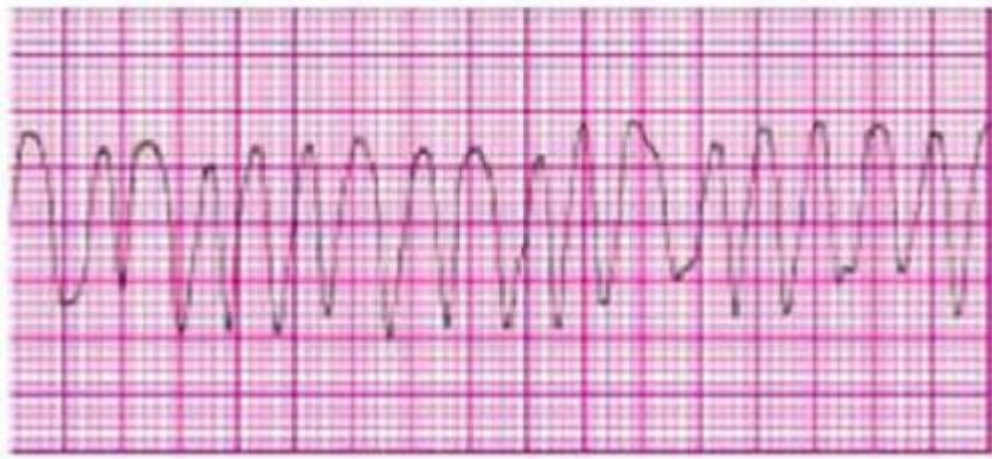
**Correct Answer:** A

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 106**



This patient has been resuscitated from cardiac arrest. During the resuscitation amiodarone 300 mg was administered. The patient developed severe chest discomfort with diaphoresis. He is now unresponsive. What is the next indicated action?

- A. Repeat amiodarone 150 mg IV
- B. Give tidocaine 1 to 1.5 mg/kg IV
- C. Give immediate unsynchronized high-energy shock (defibrillation dosis)
- D. Perform immediate synchronized cardioversion
- E. Repeat amiodarone 300 mg IV

**Correct Answer:** C

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 107**

**FILL BLANK**

An overdose patient is unresponsive with spontaneous respirations. In what position should they be placed?

**Correct Answer:** Recovery position.

Section: (none)

Explanation

Explanation/Reference:

#### QUESTION 108

FILL BLANK

What is the effect of a dopamine infusion at greater than 5 mcg/kg/min?

**Correct Answer:** Peripheral artery vasoconstriction.

Section: (none)

Explanation

Explanation/Reference:

#### QUESTION 109



You are the code team leader and arrive finding the above rhythm with CPR in progress. Team members report that the patient was well but complained of chest pain and collapsed. She has no pulse or respirations. Bag-mask ventilations are producing visible chest rise, high-quality CPR is in progress, and an IV has been established. Your next order would be

- A. Start dopamine at 10 to 20 ug/kg per minute
- B. Administer atropine 1 mg
- C. Administer epinephrine 1 mg
- D. Administer amiodarone 300 mg
- E. Perform endotracheal intubation

**Correct Answer:** C

Section: (none)

Explanation

Explanation/Reference:

#### QUESTION 110

FILL BLANK

In a cardiac arrest patient without an IV, how should epinephrine and atropine be administered?

**Correct Answer:** IO or down the endotracheal tube.

Section: (none)

Explanation

**Explanation/Reference:**

**QUESTION 111**

FILL BLANK

Why should leg veins be avoided for IV therapy?

**Correct Answer:** High risk of deep venous thrombosis.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 112**

FILL BLANK

How should CPR be performed in a pregnant patient with acute cardiac arrest?

**Correct Answer:** Left lateral position to move the uterus off the vena cava during CPR.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 113**

FILL BLANK

What is the most important goal of ACLS?

**Correct Answer:** Restoration of coronary perfusion with subsequent spontaneous cardiac rhythm and preservation of brain function.

**Section: (none) Explanation**

**Explanation/Reference:**

**QUESTION 114**

FILL BLANK

What is the single most important ACLS intervention?

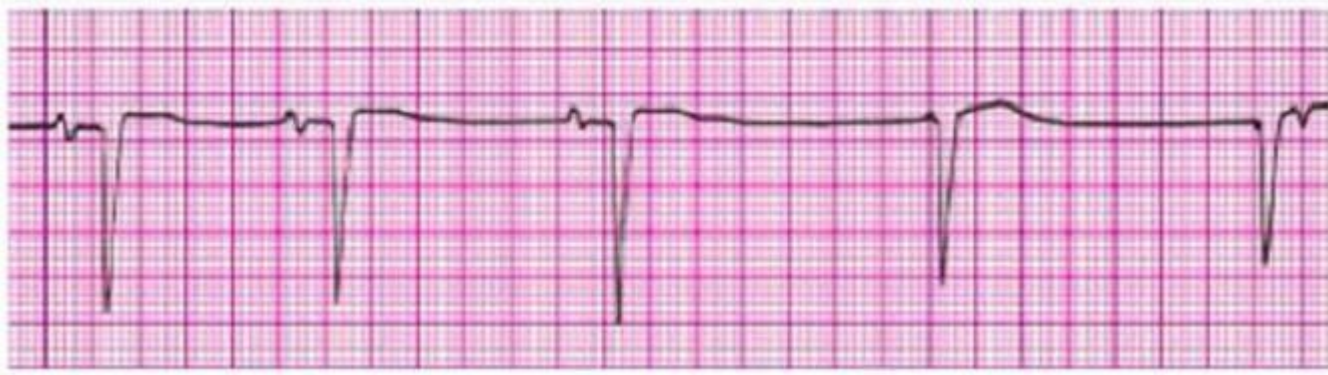
**Correct Answer:** Identification and treatment of ventricular fibrillation.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 115**



A patient becomes unresponsive and you are uncertain if a faint pulse is present with the above rhythm. Your next action is

- A. Start an IV and give epinephrine 1 mg IV
- B. Consider causes for pulseless electrical activity
- C. Start an IV and give atropine 1 mg
- D. Order transcutaneous pacing
- E. Begin CPR with high-quality chest compressions

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 116

FILL BLANK

When is a precordial thump used?

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

In a witnessed arrest, when no pulse is present and no defibrillator is immediately available.

#### QUESTION 117

FILL BLANK

What is the treatment sequence for VF/VT?

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

Defibrillate, protect the airway, and ventilate the patient.

**QUESTION 118** T/F: Defibrillation “jump starts” the heart?

- A. False
- B. True

**Correct Answer:** A  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**  
Explanation:  
Defibrillation actually produces temporary asystole.

**QUESTION 119**  
FILL BLANK

Should the pulse be checked between shocks in a patient that displays persistent VF/VT?

**Correct Answer:** No  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**  
Explanation:  
CPR should be started after each defibrillation where no spontaneous sinus rhythm has been restored.

**QUESTION 120** A patient has a rapid irregular wide-complex tachycardia. The ventricular rate is 138. He is asymptomatic with a blood pressure of 110/70 mmHg. He has a history of angina. Which of the following actions is pF recommended?

- A. Give adenosine 6 mg IV bolus
- B. Immediate synchronized cardioversion
- C. Give lidocaine 1 to 1.5 mg IV bolus
- D. Seek expert consultation

**Correct Answer:** D  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**

**QUESTION 121**

A patient is in refractory ventricular fibrillation and has received multiple appropriate defibrillations. Epinephrine 1 mg IV twice and an initial dose of lidocaine IV. The patient is incubated. A second dose of lidocaine is now called for. The recommended second dose of lidocaine is

- A. 0.5 to 0.75 mg/kg IV push
- B. 2 to 3 mg/kg IV push
- C. Start infusion 1 to 2 mg/min
- D. Give endotracheal dose 2 to 4 mg/kg
- E. 1 mg/kg IV push

**Correct Answer:** A  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**

**QUESTION 122**  
FILL BLANK

In a patient with a hypothermic cardiac arrest that remains in VF/VT after three defibrillations, what should be done next if VF/VT persists?

**Correct Answer:** Incubate and obtain IV access



**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 123** Which of the following statements about the use of magnesium in cardiac arrest is most accurate?

- A. Magnesium is indicated for shock-refractory monomorphic VT
- B. Magnesium is indicated in VF/pulseless VT associated with torsades de pointes
- C. Magnesium is contraindicated in VT associated with a normal QT interval
- D. Magnesium is indicated for VF refractory to shock and amiodarone or lidocaine

**Correct Answer: B**

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 124**

FILL BLANK

What are the indications for sodium bicarbonate in an acute cardiac arrest?

**Correct Answer:** Known acidosis, hyperkalemia, tricyclic overdose, long arrest (>10 minutes), and in hypoxic lactic acidosis.

**Section: (none) Explanation**

**Explanation/Reference:**



**QUESTION 125**

FILL BLANK

What effect does epinephrine have on blood flow to the brain and heart?

**Correct Answer:** Increases blood flow to both the heart and brain.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 126** A patient with possible ACS and a bradycardia of 42 per minute has ongoing chest discomfort. What is the initial dose of atropine?

- A. Atropine 0.5 mg
- B. Atropine 1 mg
- C. Atropine 0.1 mgD. Atropine 3 mg

**Correct Answer: A**

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 127**

A patient with a possible acute coronary syndrome has ongoing chest discomfort unresponsive to 3 sublingual nitroglycerin tablets. There are no contraindications and 4 mg of morphine sulfate was administered. Shortly, blood pressure falls to 88/60 mmHg and the patient complains of increased chest discomfort. You would:

- A. Give nitroglycerin 0.4 mg sublingually
- B. Give normal saline 250 ml\_ to 500 ml\_ fluid bolus
- C. Start dopamine at 2 ug/kg per minute and titrate to BP 100 mmHg systolic
- D. Give an additional 2 mg of morphine sulfate

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 128

FILL BLANK

What is pulseless electrical activity?

**Correct Answer:** Absence of a pulse in the presence of some type of electrical activity, other than ventricular fibrillation.

**Section:** (none) **Explanation**

**Explanation/Reference:**

#### QUESTION 129

FILL BLANK

What is the most common cause of electrical activity without measurable blood pressure?

**Correct Answer:** Hypovolemia. Diagnose by history and look for flat neck veins.

**Section:** (none) **Explanation**

**Explanation/Reference:**

#### QUESTION 130

A patient is in pulseless ventricular tachycardia. Two shocks and one dose of epinephrine have been given. The next drug/dose to anticipate to administer is

- A. Vasopressin 40 U
- B. Amiodarone 300 mg
- C. Amiodarone 150 mg
- D. Epinephrine 3 mg
- E. Lidocaine 0.5 mg/kg

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 131

A patient with a possible ST-segment elevation MI has ongoing chest discomfort. Which of the following would be a contraindication to the administration of nitrates?

- A. Use of phosphodiesterase inhibitor within 12 hours
- B. Left ventricular infarct with bilateral rates
- C. Blood pressure greater than 180 mmHg

D. Heart rate 90 per minute

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 132**

A patient is in cardiac arrest. Ventricular fibrillation has been refractory to an initial shock. Two attempts at peripheral IV access have been unsuccessful. The next recommended access route of administration for the delivery of drugs during CPR is

- A. Intraosseous
- B. Femoral vein
- C. Endotracheal
- D. External jugular vein

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 133**

A 62-year-old man suddenly began to experience difficulty speaking and left-sided weakness. He is brought to the emergency department. He meets initial criteria for fibrinolytic therapy and a CT scan of the brain is ordered. Guidelines for antiplatelet and antithrombotic therapy are:

- A. Administer aspirin 160-325 mg orally chewed, immediately
- B. Administer heparin if CT scan is negative for hemorrhage
- C. Do not give aspirin for at least 24 hours if tPA is administered
- D. Give aspirin 160 mg and clopidogrel 75 mg orally



**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 134**

A patient is in refractory ventricular fibrillation. High-quality CPR is in progress and shocks have been given. One dose of epinephrine was given after the second shock. An antiarrhythmia drug was given immediately after the third shock. What drug should the team leader request be prepared for administration next?

- A. Sodium bicarbonate 50 mEq
- B. Escalating dose epinephrine 3 mg
- C. Repeat the antiarrhythmia drug
- D. Second dose of epinephrine 1 mg

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 135**

FILL BLANK

Should lidocaine be used to treat third-degree heart block with ventricular escape beats?

**Correct Answer:** No

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

It could in fact be lethal. Lidocaine suppresses ventricular escape depolarizations and could suppress the wide-complex QRS ventricular escape beats that are found in complete heart block, thus resulting in asystole.

**QUESTION 136** | A 57-year-old woman has palpitations, chest discomfort and tachycardia. The monitor shows a regular wide-complex QRS at a rate of 180 per minute. She becomes diaphoretic and blood pressure is 80/60 mmHg. The next action is to:

- A. Establish IV and give sedation for electrical cardioversion
- B. Give amiodarone 300 mg IV push
- C. Obtain 12 lead electrocardiogram
- D. Perform immediate electrical cardioversion

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 137**

FILL BLANK

What is the effect of dopamine at intermediate doses (5–10 mcg/kg/min)?

**Correct Answer:** Cardiac dose

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

Beta-1 and alpha-adrenergic effect causing enhanced myocardial contractility, increased cardiac output, and a very slight rise in blood pressure.

**QUESTION 138**

FILL BLANK

What is the effect of dopamine at high doses (10–20 mcg/kg/min)?

**Correct Answer:** Vasopressor dose

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

Alpha-adrenergic effect causing peripheral arterial and venous vasoconstriction. Used to treat low blood pressure and shock.

**QUESTION 139**

A patient with an ST-segment elevation MI has ongoing chest discomfort. Fibrinolytic therapy has been ordered. Heparin 4000 U IV bolus was administered and a heparin infusion 1000 U per hour is being administered, and Aspirin was not taken by the patient because he had a history of gastritis treated 5 years ago. Your next action is to:

- A. Give 325 mg enteric-coated aspirin rectally
- B. Give aspirin 160 to 325 mg chewed, immediately
- C. Give 75 mg enteric-coated aspirin orally
- D. Substitute clopidogrel 300 mg loading dose

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 140**

A patient is in cardiac arrest. Ventricular fibrillation has been refractory to an initial shock. Of the following, which drug and dose should be administered first by the IV/IO route?

- A. Vasopressin 20 U
- B. Atropine 1 mg
- C. Sodium bicarbonate 50 mEq
- D. Epinephrine 1 mg

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 141** A bradycardia rhythm

is treated when:

- A. Heart rate is less than 60 per minute with or without symptoms
- B. Blood pressure is less than 100 mmHg systolic with or without symptoms
- C. Chest pain or shortness of breath is present
- D. The patient has an MI on the 12-lead electrocardiogram

**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 142** Which of the following statements is most accurate regarding the administration of vasopressin during cardiac arrest?

- A. Vasopressin can be administered twice during cardiac arrest
- B. Vasopressin is indicated for VF and pulseless VT prior to the delivery of the first shock
- C. The correct dose of Vasopressin is 40 U administered IV or IO
- D. Vasopressin is recommended instead of epinephrine for the treatment of asystole

**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 143**

FILL BLANK

Discontinuing patient care before transferring care to another health-care provider with equal or greater training is called:

**Correct Answer:** Abandonment

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 144**

FILL BLANK

The obligation to provide care is a concept known as:

**Correct Answer:** Duty to act

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 145**

FILL BLANK

A systolic blood pressure of <90, weak rapid pulse, Diaphoresis are signs of what?

**Correct Answer:** Shock

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 146**

FILL BLANK

Congestive heart failure usually starts with failure in which portion of the heart?

**Correct Answer:** Left ventricle

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 147**

FILL BLANK

When preparing to insert an oropharyngeal airway, what other equipment should you have available to you?

**Correct Answer:** Suction, bag-valve mask, and oxygen

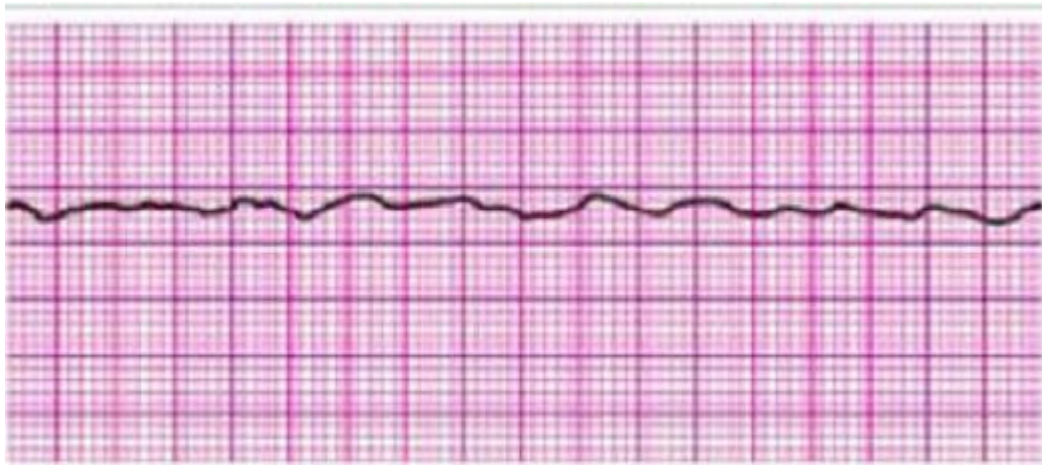
**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 148**





Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity



**Correct Answer:** N

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 149

FILL BLANK

What is a normal systolic blood pressure for an adult?

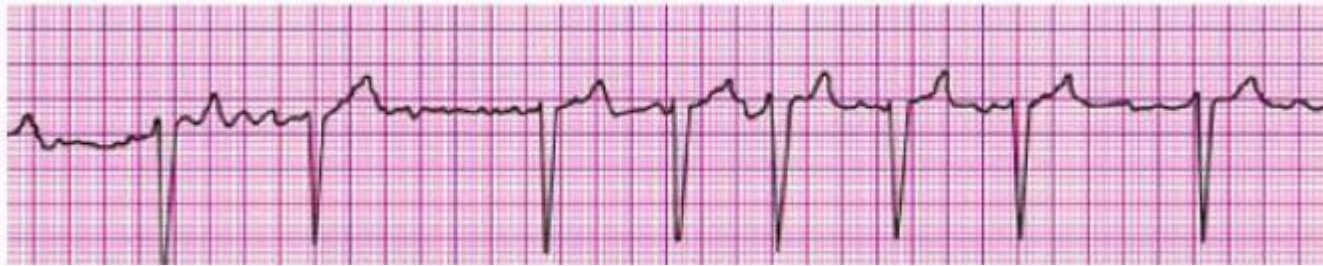
**Correct Answer:** 90–139 mm Hg

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 150



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

**Correct Answer:** I

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 151

FILL BLANK

What artery is compressed when you take a blood pressure on the upper arm?

**Correct Answer:** The brachial artery.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 152

FILL BLANK

What is the minimum systolic blood pressure if you can feel a radial pulse?

**Correct Answer:** 70–80

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 153

FILL BLANK

Name the artery used to check circulation on an adult during the primary assessment.

**Correct Answer:** The carotid artery

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 154

FILL BLANK

Small airways throughout the respiratory system are easily blocked by:

**Correct Answer:** Secretions and swelling of the airway

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 155



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 156**

FILL BLANK

General impression of a well as opposed to a sick child can be obtained from inspection of overall appearance. List three signs you use to obtain a generalized impression of the patient.

**Correct Answer:** Mental status, effort of breathing, skin color

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 157** T/F: It is proper treatment to provide oxygen and assist ventilation in a child with cyanosis and poor muscle tone.

- A. True
- B. False

**Correct Answer:** A

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 158**



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole

P. Pulseless electrical activity

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 159

FILL BLANK

After the child is removed from the water, what is the top priority in near drowning cases?

**Correct Answer:** Artificial ventilation

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 160

FILL BLANK

What is the single most important maneuver to ensure an open airway in a child with a suspected head and neck injury?

**Correct Answer:** The modified jaw thrust

**Section:** (none)

**Explanation**

**Explanation/Reference:**



#### QUESTION 161

FILL BLANK

What procedure should be used to open an airway in an unconscious child?

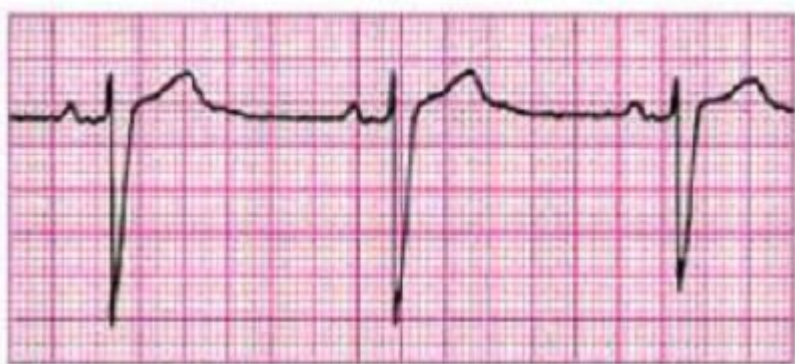
**Correct Answer:** Jaw thrust

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 162



Identify the rhythm by selecting the best single answer:

A. Normal sinus rhythm

- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

**Correct Answer:** C

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 163

FILL BLANK

What complications can arise from a tracheostomy tube?

**Correct Answer:** Displacement, obstruction, bleeding, infection, air leakage

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 164



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block

- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

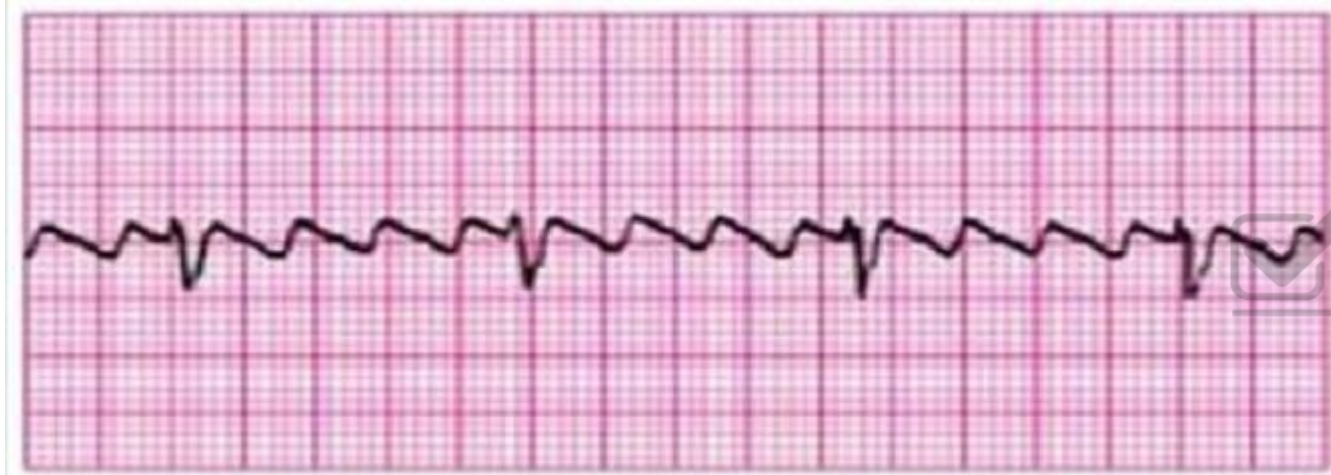
**Correct Answer: C**

**Section: (none)**

**Explanation**

**Explanation/Reference:**

#### QUESTION 165



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

**Correct Answer:** J  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**

#### QUESTION 166

FILL BLANK

When giving a patient epinephrine via the endotracheal tube, the proper dose should be 2–2.5 times the recommended IV dose. How much normal saline should be used?

**Correct Answer:** 10 ml of normal saline  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**

#### QUESTION 167



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

**Correct Answer:** G  
**Section:** (none)  
**Explanation**  
**Explanation/Reference:**

**QUESTION 168** T/F: Epinephrine increases cerebral and myocardial blood flow during CPR.

- A. False
- B. True

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 169** T/F: Epinephrine increases coronary perfusion pressure.

- A. True
- B. False

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 170** T/F: Propranolol increases the pumping function of heart muscle.

- A. True
- B. False

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:  
Beta-blockers depress contractility.

**QUESTION 171**

FILL BLANK

While working in the CCU taking care of a patient with a myocardial infarction, you notice the sudden onset of ventricular fibrillation. Further evaluation reveals a pulseless patient. What should you do next?

**Correct Answer:** CPR and shock therapy as soon as possible

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 172**

A patient complains of shortness of breath and chest pain radiating to the neck. Blood pressure is 80/50 mm Hg and the respiratory rate is 40 per minute. Oxygen and an IV has been started. The monitor shows the following rhythm. What should the next treatment be?





- A. carotid massage
- B. lidocaine
- C. sedation, then synchronized cardioversion
- D. adenosine

**Correct Answer: C**

**Section: (none)**

**Explanation**

**Explanation/Reference:**

#### QUESTION 173

A 70-kg emergency department patient has pulseless electrical activity. An IV is started and a saline infusion is begun. What should the first treatment be?

- A. lidocaine 70 mg
- B. epinephrine 1 mg IV
- C. verapamil 5 mg IV
- D. sodium bicarbonate 1 ampule



**Correct Answer: B**

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 174** What is the evaluation and treatment for a patient with pulseless electrical activity?

CPR, rapid fluid challenge, oxygen, check breath sounds bilaterally, and give epinephrine.

The three most treatable causes of pulseless electrical activity are (Choose three.):

- A. massive pulmonary embolism
- B. cardiac tamponade
- C. hypovolemia
- D. tension pneumothorax
- E. massive myocardial infarction

**Correct Answer: BCD**

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 175** Ventricular fibrillation

(Choose three.):

- A. may be mimicked by artifact on the monitor
- B. may produce a peripheral pulse
- C. produces no cardiac output
- D. treated with early defibrillation

**Correct Answer:** ACD

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 176

FILL BLANK

Following successful resuscitation from ventricular fibrillation, patients should be treated with:

**Correct Answer:** oxygen, lidocaine

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 177

FILL BLANK

During cardiac arrest from pulseless electrical activity, the exam reveals distended neck veins. How should cardiac tamponade be ruled out?

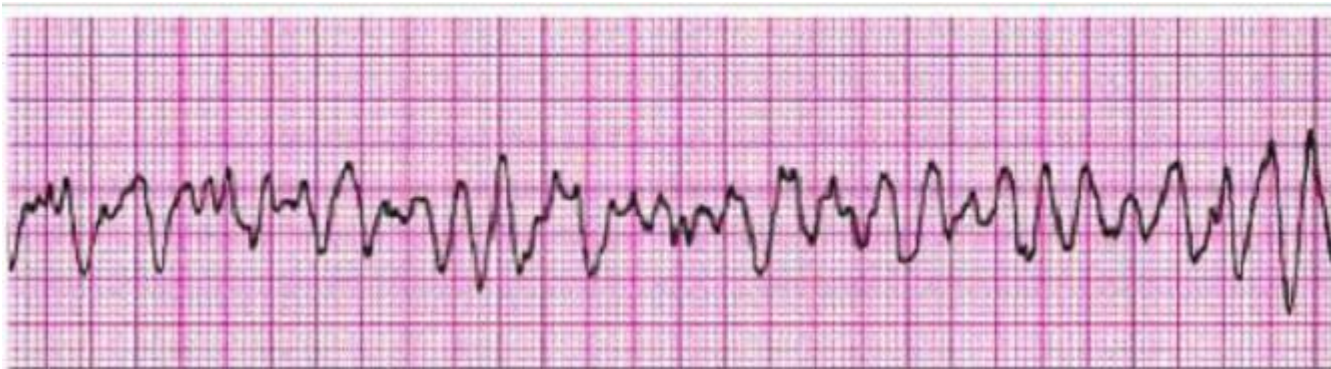
**Correct Answer:** Pericardiocentesis

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 178



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)

- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

**Correct Answer:** M

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 179** An incubated patient develops sudden onset narrow complex tachycardia, at a rate of 130 beats per minute.

Vital signs are 0-0-0. CPR is in progress. The most important action is:

- A. find the cause of the arrest
- B. give 1 mg epinephrine IVP
- C. give verapamil 5 mg IVP
- D. cardiovert at 360 J

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 180**

A patient's heart rate is 40 beats/min with a systolic blood pressure of 50 mm Hg. A transcutaneous pacemaker is not available. List the treatments in order of priority: Oxygenation, atropine, dopamine, Epinephrine.

Which of the following drugs are not used in the routine management of an acute MI?

- A. lidocaine
- B. oxygen
- C. nitroglycerin
- D. morphine

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 181**

If no contraindications exist, thrombolytic therapy should be given to patients with (Choose three.):

- A. chest pain for 4 hours with clear ST elevation > 1 mm in two adjacent leads
- B. presentation within 12 hours after symptom onset
- C. 6 hours of chest pain and left bundle branch block

D. 6 hours of chest pain, ST elevation, and age greater than 75 years

**Correct Answer:** ACD

**Section: (none)**

**Explanation**

**Explanation/Reference:**

#### QUESTION 182

FILL BLANK

Potentially treatable causes of asystole include:

**Correct Answer:** hypoxia, acidosis, hyperkalemia, and tension pneumothorax

**Section: (none)**

**Explanation**

**Explanation/Reference:**

#### QUESTION 183

FILL BLANK

A 5-year-old child is evaluated by paramedics for “difficulty breathing.” Paramedics find the child is not breathing, is pulseless, and apneic. The monitor shows a bradyarrhythmia at 30 beats/min. What should be the first intervention?

**Correct Answer:** Check the airway.

**Section: (none)**

**Explanation**

**Explanation/Reference:**



**QUESTION 184** Transcutaneous cardiac pacing is appropriate for the following situations (Choose two.):

- A. sinus bradycardia
- B. sinus bradycardia with hypotension
- C. complete heart block with pulmonary edema
- D. prolonged asystole

**Correct Answer:** AB

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 185** T/F: Brain damage, after resuscitation, is evidence of negligence:

- A. True
- B. False

**Correct Answer:** B

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 186** T/F: An automated defibrillator can accurately diagnose ventricular fibrillation during chest compressions.

- A. True
- B. False

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 187** An Advanced Cardiac Life

Support card, implies:

- A. expertise in ACLS according to the guidelines of the American Heart Association
- B. certification to prescribe the treatments taught in the ACLS course
- C. qualification to perform the procedures taught in ACLS in a hospital setting
- D. successful completion of a course in ACLS according to the guidelines of the American Heart

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 188**



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation

- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

**Correct Answer:** G

**Section:** (none)

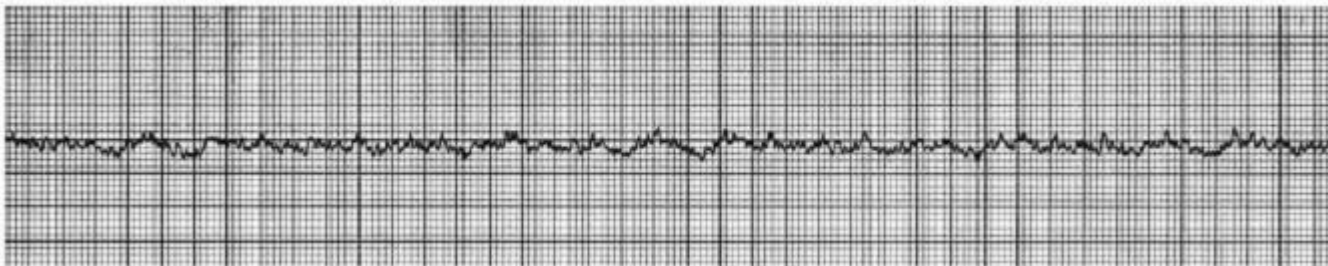
**Explanation**

**Explanation/Reference:**

#### QUESTION 189

##### SIMULATION

A patient is apneic and pulseless. The following is the presenting rhythm. Treatment?



**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

Defibrillate with 200 J, 200–300 J, then 360 J (checking pulse and rhythm after each defibrillation), intubate, IV access. If spontaneous rhythm and pulse are not restored, begin CPR and give epinephrine 1 mg IV push. (The rhythm above shows ventricular fibrillation.)

#### QUESTION 190

##### SIMULATION

The patient is pulseless and apneic with the following rhythm. Bag-mask ventilations and chest compressions are begun. Treatment?



**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

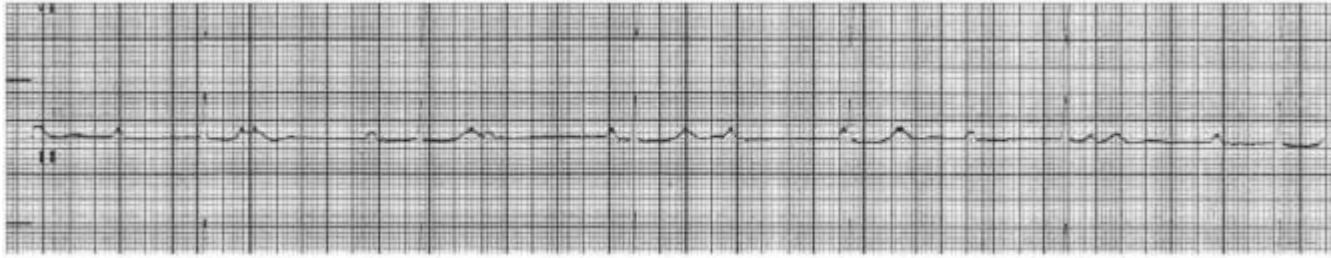
Explanation:

CPR, intubate, and administer epinephrine. (The rhythm above reveals pulseless electrical activity or PEA.)

### QUESTION 191

#### SIMULATION

A patient complains of nausea, weakness, and shortness of breath. The patient is cool and clammy. BP is 70/50, pulse is 30, respirations 28. The monitor shows the following rhythm. What is the order of treatment?



**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

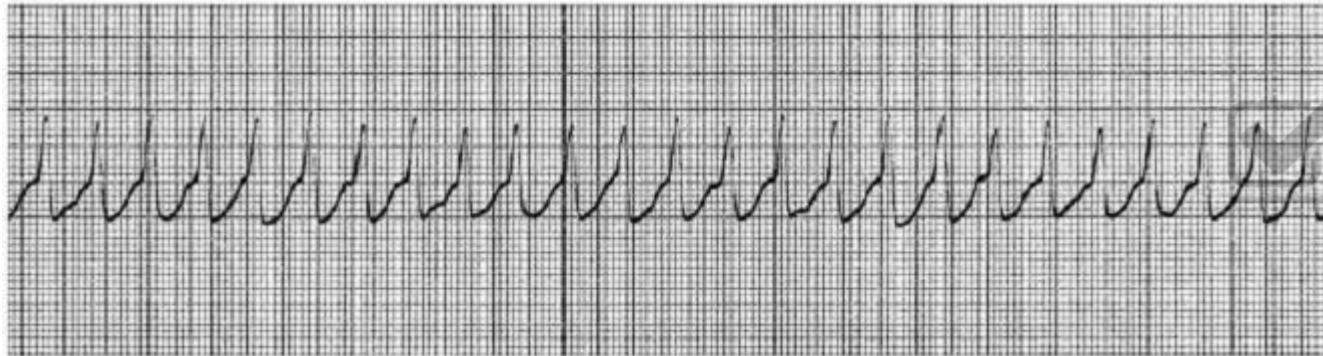
Explanation:

O<sub>2</sub>, atropine, external pacemaker, dopamine, epinephrine, transvenous pacemaker (The rhythm above is third-degree AV block.)

### QUESTION 192

#### SIMULATION

An 80-year-old complains of chest pain that began 1 hour ago. The patient is pale and diaphoretic. BP is 80/50 and respiratory rate is 24. The monitor shows the following rhythm. Treatment?



**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

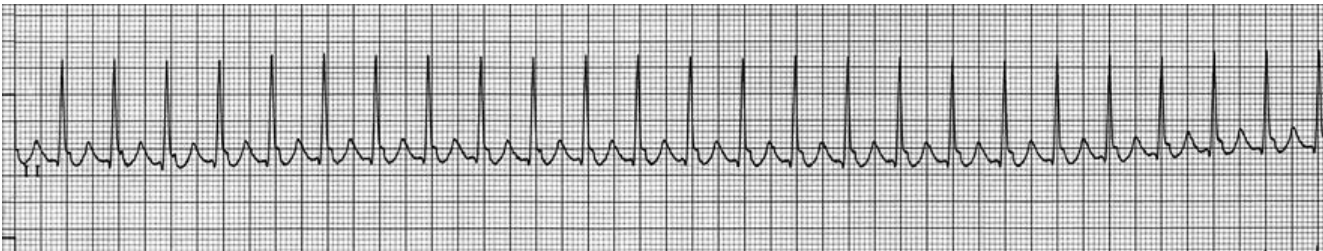
Explanation:

Consider sedation and synchronized countershock with 100 J. (The rhythm above is ventricular tachycardia.)

### QUESTION 193

#### SIMULATION

A patient in the CCU complains of sudden dizziness, nausea, vomiting, Difficulty breathing. Exam reveals rates throughout both lung fields, BP is 80/50, and respirations are 40/min. The monitor shows the following rhythm. Treatment?



**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

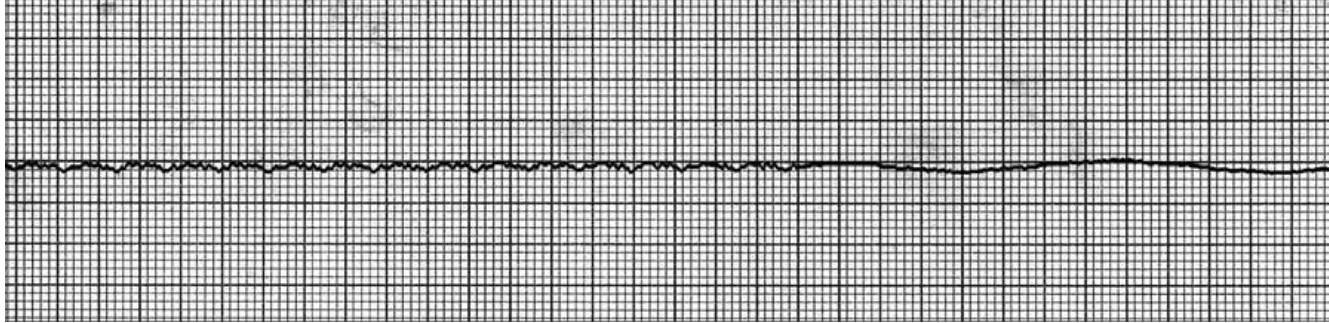
Explanation:

IV access, O<sub>2</sub>, monitor, IV sedation followed by synchronized cardioversion at 100 J. (The rhythm above shows paroxysmal supraventricular tachycardia.)

**QUESTION 194**

**SIMULATION**

The patient has been in the following rhythm for 2–3 minutes. Treatment?



**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

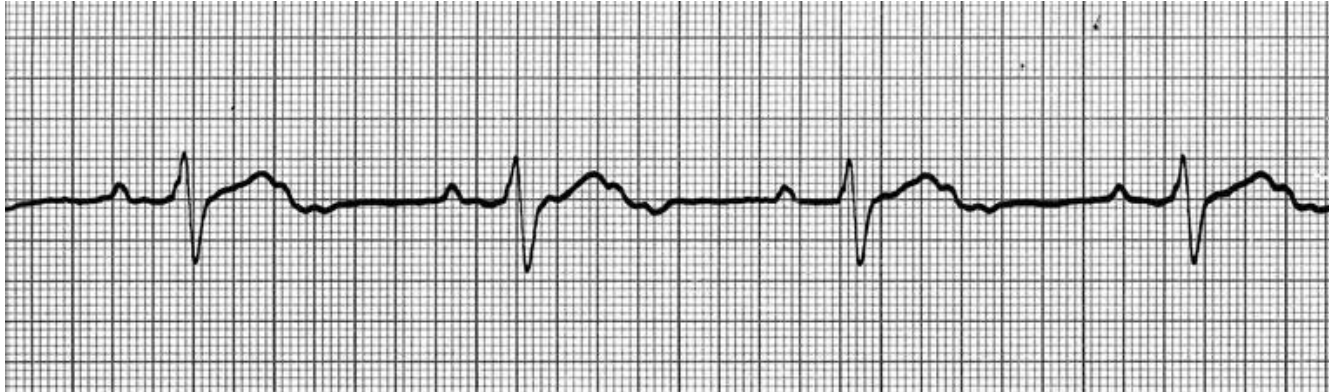
CPR, epinephrine, atropine, consider transcutaneous pacemaker. (The rhythm above shows asystole.)



**QUESTION 195**

**SIMULATION**

The patient “fainted.” Exam reveals an alert patient. BP is 120/80 and respirations are 16/minute. The patient denies chest pain or injuries. The monitor shows the following rhythm. Treatment?



**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

O<sub>2</sub>, IV access, transcutaneous pacer on standby, monitor closely, and rapid transport to a facility for likely permanent pacemaker implantation. (The rhythm above is second-degree AV block, Mobitz type II.)

**QUESTION 196**

**SIMULATION**

Describe the function of the right atrium of the heart.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The right atrium receives blood from the large veins in the body and pumps oxygen-poor blood to the right ventricle.

**QUESTION 197**

SIMULATION

Describe the function of the left atrium.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The left atrium receives blood from the pulmonary veins located in the lungs and pumps oxygenated blood to the left ventricle.

**QUESTION 198**

FILL BLANK

Inadequate tissue perfusion is the definition of what?

**Correct Answer:** Shock.

**Section: (none)**

**Explanation**

**Explanation/Reference:**



**QUESTION 199**

SIMULATION

Describe the proper technique for assessing circulation in infants and children.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

When assessing the circulatory status of a child, the following need to be examined: the brachial or femoral pulse, peripheral pulses, capillary refill, skin color, and temperature. Blood pressure should be assessed in children over the age of 3.

**QUESTION 200**

SIMULATION

Describe the function of the right ventricle.

**Correct Answer:** see explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The right ventricle pumps blood to the lungs to be oxygenated.

**QUESTION 201**

SIMULATION

Describe the function of the left ventricle.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The left ventricle pumps blood to the rest of the body.

#### **QUESTION 202**

SIMULATION

Describe the function of the valves located within the heart.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The valves located within the heart prevent backflow of blood into the chambers from which it came.

#### **QUESTION 203**

SIMULATION

Describe a unique characteristic of the heart muscle itself that is not found in any other muscle in the body.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Cardiac muscle is unique in that it contains its own conductive system.

#### **QUESTION 204**

SIMULATION

Describe the function of the arteries that are located within the body.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Arteries carry blood from the heart to the rest of the body.

#### **QUESTION 205**

SIMULATION

What is the function of the coronary arteries?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

To supply blood to the heart muscle.

**QUESTION 206**

## SIMULATION

Describe the major function of the aorta.

**Correct Answer:** see explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The aorta is the major artery originating from the heart and lying in front of the spine in the thoracic and abdominal cavities. This provides blood flow to the rest of the vascular system in the body.

**QUESTION 207**

## SIMULATION

Describe the location and function of the pulmonary artery.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

The pulmonary artery originates in the right ventricle. Its function is to carry oxygen-poor blood to the lungs.

**QUESTION 208**

## SIMULATION

Describe the location and function of the carotid artery.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The carotid artery is located in the neck. It supplies blood to the head. Pulsation can be palpated on either side of the neck.

**QUESTION 209**

## SIMULATION

Describe the location and function of the femoral artery.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The femoral artery is the major artery of the thigh. It supplies the groin and lower extremities with blood. Pulsation can be palpated in the groin.

**QUESTION 210**

## SIMULATION

Describe the location of the radial artery.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**



Explanation:

The radial artery is the artery that provides blood supply to the lower hand. Pulsation can be palpated at the wrists on the thumb side.

**QUESTION 211**

**SIMULATION**

Describe the location and function of the brachial artery.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The brachial artery is found in the upper arm and supplies blood to the humerus, the biceps, and triceps. Pulsation can be palpated on the inside of the arm between the elbow and shoulder. The brachial artery is often used when measuring a blood pressure with a blood pressure cuff and a stethoscope.

**QUESTION 212**

**SIMULATION**

Describe where you would find the posterior tibial pulse.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

On the posterior surface of the medial malleolus.

**QUESTION 213**

**SIMULATION**

Identify the location of arterioles within the circulatory system.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Arterioles are the smallest branches of an artery leading to the capillaries.

**QUESTION 214**

**SIMULATION**

Describe the location and function of capillaries.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Capillaries are tiny blood vessels that connect arterioles to venules. They are found in all parts of the body. Their function is to allow the exchange of nutrients and waste at the cellular level.

**QUESTION 215**

**SIMULATION**

What are venules?



**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Venules are the smallest branches of veins leading to the capillaries.

**QUESTION 216**

SIMULATION

Identify the function of veins within the cardiovascular system.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Veins are vessels that carry deoxygenated blood back to the heart. The only exception to this is the pulmonary veins, which carry oxygenated blood from the lungs back to the heart.

**QUESTION 217**

SIMULATION

What is the function of the pulmonary vein?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

To carry oxygen-rich blood from the lungs to the left atrium for distribution to the rest of the body.



**QUESTION 218**

SIMULATION

What is the location and function of the vena cava?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The vena cava is broken into two sections: the superior vena cava, which originates in the upper chest, and the inferior vena cava, which originates in the abdomen. The function of the vena cava is to carry this blood to the right atrium.

**QUESTION 219**

SIMULATION

What is the function of red blood cells?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

To carry oxygen to the organs of the body and to carry carbon dioxide away from those organs.

**QUESTION 220**

SIMULATION

What is the function of white blood cells within the circulatory system?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

White blood cells act as part of the body's defense against infection.

#### **QUESTION 221**

SIMULATION

Describe the function of plasma as it relates to the circulatory system.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Plasma is the fluid that carries the blood cells and nutrients.

#### **QUESTION 222**

SIMULATION

Describe the function of platelets within the cardiovascular system.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Platelets are essential for the formation of blood clots.

#### **QUESTION 223**

SIMULATION

Describe the meaning of the term pulse as it relates to the cardiovascular system and explain where a pulse could be palpated.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

The pulse is what is felt when the left ventricle contracts and sends a wave of blood through the arteries. It can be palpated anywhere an artery simultaneously passes near the skin's surface.

#### **QUESTION 224**

SIMULATION

Identify four primary sites where a peripheral pulse may be palpated.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Radial, brachial, posterior tibial, Dorsalis pedis.



**QUESTION 225**

## SIMULATION

Identify two areas in which a central pulse may be palpated.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The carotid artery in the neck or the femoral artery in the groin.

**QUESTION 226**

## SIMULATION

What is meant by the following two terms as they relate to blood pressure: systolic and diastolic.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Systolic is the pressure exerted against the walls of the artery when the left ventricle contracts. Diastolic is the pressure exerted against the walls of the artery when the left ventricle is at rest.

**QUESTION 227**

## SIMULATION

Shock is also called hypoperfusion. Identify the meaning of inadequate circulation as it relates to shock.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Shock or inadequate circulation is a state of profound depression of the vital processes of the body. It is characterized by signs and symptoms such as pallor; cyanosis; cool, clammy skin; rapid, weak pulse; rapid, shallow breathing; restlessness, anxiety, or mental dullness; nausea and vomiting; reduction in the total blood volume; and hypotension.

**QUESTION 228**

## SIMULATION

Identify five ways in which a patient may lose heat.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Radiation, convection, conduction, evaporation, and breathing.

**QUESTION 229**

## FILL BLANK

Identify the condition in which a patient's heat loss exceeds the patient's heat gain.

**Correct Answer:** Hypothermia.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 230**

FILL BLANK

Identify the condition in which a patient's heat gained exceeds the patient's heat loss.

**Correct Answer:** Hyperthermia

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 231**

SIMULATION

Identify those questions that are important to ask regarding a patient suffering from exposure to the environment.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

What is the source of their exposure? What particular environment where they in? Have they experienced any loss of consciousness? What effects are they feeling in their body?

**QUESTION 232**

SIMULATION

Infants and young children are at great risk of generalized hypothermia. What factors increase their risk?



**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Infants and young children are small with large surface areas. The small muscle mass does not allow adequate shivering in children and none at all in infants. They have less body fat to insulate them from the environment. Younger children need help to protect themselves. They are unable to put on or take off their clothes, which afford them protection in a given environment.

**QUESTION 233**

SIMULATION

Identify the signs and symptoms of generalized hypothermia and how you would assess a patient experiencing hypothermia.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Cold or cool skin temperature. Place the back of the hand between the clothing and the patient's abdomen to assess the general temperature of the patient. The patient experiencing a generalized cold emergency will present with cold abdominal skin temperature; a decreasing mental status or motor function, which directly correlates with a degree of hypothermia.

**QUESTION 234**

SIMULATION

Identify the respiratory variations that may be seen in both the early and late hypothermic patient.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

A patient suffering from early signs of hypothermia will experience rapid breathing. Patients suffering from late hypothermia may experience shallow, slow, or even absent breathing.

**QUESTION 235**

SIMULATION

A patient experiencing hypothermia will show variances in their pulse rate depending on the severity of the hypothermia. Describe these changes.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

A patient experiencing early hypothermia will have a rapid pulse rate. A patient suffering from late hypothermia may experience a slow, barely palpable, and/or irregular or completely absent pulse rate. Additionally, they may also have a low to absent blood pressure.

**QUESTION 236**

SIMULATION

Describe the skin of a patient suffering from hypothermia.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

A patient suffering from hypothermia may exhibit skin that is both red in the early stages of hypothermia and, as hypothermia progresses; the skin will become pale, even cyanotic. Its texture may also become stiff and hard.

**QUESTION 237**

SIMULATION

Identify the appropriate medical care for patients suffering from generalized hypothermia.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Remove the patient from the environment. Protect the patient from further heat loss. Place in a warm environment as soon as possible. Remove all wet clothing and cover with a blanket. Handle the patient extremely gently. Avoid rough handling of any kind. Do not allow the patient to walk or exert himself or herself in any fashion. Administer oxygen if not already done as part of the initial assessment. Oxygen administered should be warmed and humidified if possible. Assess pulses for 30–45 seconds before starting CPR, as the patient may be bradycardic. The 30 or 40 seconds ensures a good time frame for assessing pulses. If the patient is alert and responding appropriately, actively rewarm the patient with warm blankets, heat packs or hot water bottles to the groin, axillary, Cervical regions. If possible, turn up the heat in the patient compartment of the ambulance.

**QUESTION 238**

SIMULATION

You must be able to provide proper emergency medical care for a patient suffering from localized cold injuries. Identify the proper emergency medical care.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Remove the patient from the environment immediately. Protect the cold injured extremity from further injury. Administer oxygen, if not already done as part of the initial assessment. Remove all wet or restrictive clothing. If it is an early or superficial injury, splint the extremity, cover the extremity, and Do not rub it. Do not reexpose to the cold. If it is a late or deep cold injury, remove all jewelry and cover with dry clothing or dressings. Do not break any blisters, rub, or massage the area, apply heat directly to the tissue, or attempt to rewarm. Do not allow the patient to walk on any of the affected extremities. When an extremely long or delayed transport is inevitable, then active rapid rewarming should be done.

**QUESTION 239****SIMULATION**

List the proper procedure for active rapid rewarming.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Immerse the affected part in warm water bath.

Monitor the water to ensure that it does not cool from the frozen part.

Continuously stir the water to keep it moving.

Continue until the part is soft and color and sensation return. Dress the area with a dry sterile dressing.

If it is a hand or a foot, place a dry sterile dressing between fingers and toes.

Protect against refreezing of the warmed part and expect the patient to complain of severe pain.

**QUESTION 240****SIMULATION**

Give an example of an advanced directive.

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Do Not Resuscitate (DNR) orders.

**QUESTION 241** T/F: The patient does not have the right to refuse resuscitative orders.

A. True

B. False

**Correct Answer:** B

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 242**

T/F: DNR orders require a written order from a physician.

A. True

B. False

**Correct Answer:** A

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

In most jurisdictions.

**QUESTION 243**

## SIMULATION

You arrive at the home of a 68-year-old man who presents with a weak, thready pulse, and respirations of 8. The wife states she has DNR orders, but she can't find them. What do you do?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Begin resuscitative efforts.

**QUESTION 244**

## SIMULATION

In order to obtain expressed consent from a patient, that patient must . . .

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Be of legal age, be able to make rational decisions, and must be informed of the steps of the procedures and all related risks.

**QUESTION 245**

## SIMULATION

When must you obtain expressed consent from a patient?



**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Before rendering treatment to every conscious, mentally competent adult.

**QUESTION 246**

## SIMULATION

What is implied consent?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Implied consent is consent assumed from the unconscious patient requiring emergency intervention.

**QUESTION 247**

## SIMULATION

Upon what assumption is implied consent based?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

On the assumption that the unconscious patient would consent to lifesaving interventions were he or she conscious.

**QUESTION 248**

SIMULATION

When does the principle of implied consent apply to children?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

When life-threatening situations exist and the parent or legal guardian is not available for consent.

**QUESTION 249**

SIMULATION

When does the principle of implied consent apply to mentally incompetent adults?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

When life-threatening situations exist and the legal guardian is not available for consent.

**QUESTION 250**

SIMULATION

What local issues may affect consent for treating children and mentally incompetent adults?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Emancipation issues and state regulations regarding the age of minors.

**QUESTION 251**

FILL BLANK

What is the legal term for unlawfully touching a patient without his or her consent?

**Correct Answer:** Battery

**Section: (none)**

**Explanation**

**Explanation/Reference:****QUESTION 252**

FILL BLANK

What is the legal term for providing emergency care when the patient does not consent to the treatment?

**Correct Answer:** Assault

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 253** T/F: A patient has the right to refuse treatment, even when that treatment may prove lifesaving.

- A. True
- B. False

**Correct Answer:** A

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 254**

SIMULATION

Who can refuse treatment or transport?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Any mentally competent adult, or in the case of a child or mentally incompetent adult, the parent or legal guardian.

**QUESTION 255**

SIMULATION

If you have any doubt as to whether you should or should not provide care to a patient, what should you do?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Err in favor of providing care.

**QUESTION 256**

SIMULATION

How can you protect yourself from the legal consequences of patient refusal?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Ensure that you document fully and accurately.

**QUESTION 257** T/F: Before leaving the scene of a patient who refuses transport, you should try to persuade the patient to be transported.

- A. True
- B. False

**Correct Answer:** A  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**  
Explanation:  
Always err on the side of treatment.

**QUESTION 258**  
SIMULATION

You suspect that your patient is drunk, but he signs the release form and tells you to leave. Are you legally liable if something happens to this patient and why?

**Correct Answer:** See explanation below.  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**  
Explanation:  
Yes. A patient under the influence of alcohol is not considered competent to refuse treatment.

**QUESTION 259**  
SIMULATION

Define negligence.

**Correct Answer:** See explanation below.  
**Section:** (none)  
**Explanation**



**Explanation/Reference:**  
Explanation:  
Negligence is the deviation from the accepted standard of care resulting in further injury to the patient.

**QUESTION 260**  
SIMULATION

What are the four components of negligence?

**Correct Answer:** See explanation below.  
**Section:** (none)  
**Explanation**

**Explanation/Reference:**  
Explanation:

A duty to act. Breach of that duty.  
Injury or damage was inflicted, either physical or psychological. The actions of treating individual caused the injury or damage.

**QUESTION 261** T/F: In order for there to be a duty to act, a contractual or legal obligation must exist.

- A. True
- B. False

**Correct Answer:** A

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 262**

FILL BLANK

A patient calls for an ambulance, and the dispatcher confirms that an ambulance will be sent. Do the rescuers on the ambulance have an implied or formal duty to act?

**Correct Answer:** Implied

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 263**

FILL BLANK

You begin treatment of a patient. Is continuing treatment an implied or formal duty to act?

**Correct Answer:** Implied

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 264**

SIMULATION

You are treating a patient who is tachypneic, with shallow, inadequate respirations. What might you expect to discover when examining his skin?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The skin may be pale or cyanotic, Cool and clammy.

**QUESTION 265**



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia

- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

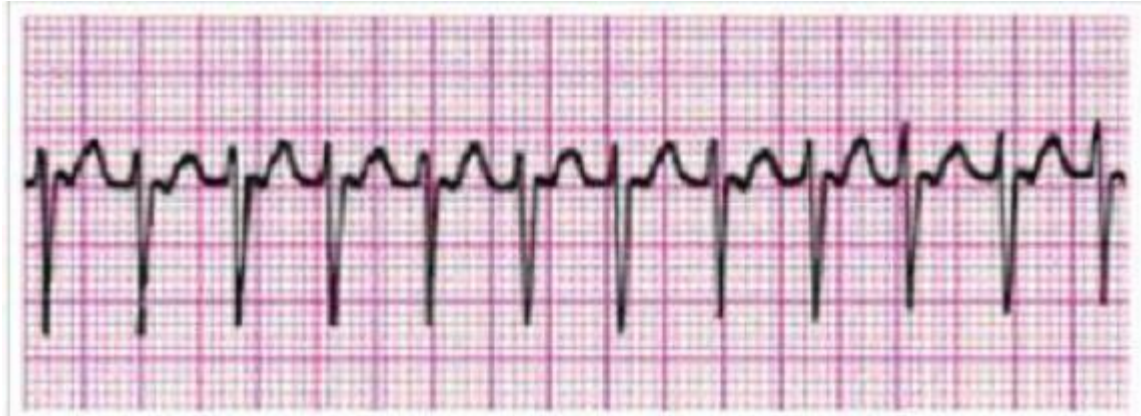
**Correct Answer:** M

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 266



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole

P. Pulseless electrical activity

**Correct Answer:** D

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 267

SIMULATION

Why is it easier for a child's airway to become obstructed than an adult's airway?

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

All structures are smaller and more easily obstructed.

#### QUESTION 268

SIMULATION

How does the pharynx in an adult and child differ?

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

Infant and children's tongues take up proportionally more space in the mouth than adults do.

#### QUESTION 269

SIMULATION

How does the trachea in an adult and child differ?

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

Infants and children have narrower tracheas that are obstructed more easily by swelling, and the trachea is also softer and more flexible. The cricoid cartilage is less developed and less rigid, and is the narrowest portion of the child's airway.

#### QUESTION 270

SIMULATION

What is the principal difference in the way children and adults breathe?

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:

The chest wall of the child is softer and the muscles less welldeveloped. Therefore, infants and children rely more heavily on the diaphragm for breathing than adults.



**QUESTION 271**

## SIMULATION

Upon arrival at a motor vehicle crash, you find a woman in her twenties, supine on the street. How do you initially assess circulation?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Palpate the carotid artery.

**QUESTION 272**

## SIMULATION

When using one hand to secure a mask for ventilation, which fingers hold the mask down?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The thumb and index fingers.

**QUESTION 273**

## SIMULATION

What is the purpose of the oxygen reservoir?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

The oxygen reservoir allows for a higher concentration of oxygen.

**QUESTION 274**

## SIMULATION

What sizes of masks should you carry for the bag-valve-mask?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Infant, child, and adult.

**QUESTION 275**

## SIMULATION

Where should you position the apex of the mask of the bag-valve-mask?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**



**Explanation/Reference:**

Explanation:  
Over the patient's nose.

**QUESTION 276** T/F: Two rescuers using the bag-valve-mask will be more effective than one.

- A. True
- B. False

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:**

**QUESTION 277** T/F: Position self at the side of the patient's head for optimal performance.

- A. True
- B. False

**Correct Answer:** B

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:  
You should be positioned at the top of the patient's head.

**QUESTION 278**

SIMULATION

What adjunctive airways may be necessary to effectively ventilate with the bag-valve-mask?

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:  
Oropharyngeal or nasopharyngeal airways.

**QUESTION 279**

SIMULATION

What kind of valve should the bag-valve-mask have?

**Correct Answer:** See explanation below.

**Section:** (none)

**Explanation**

**Explanation/Reference:**

Explanation:  
A nonjam valve that allows a maximum of oxygen inlet flow of 15 l/min.

**QUESTION 280**

FILL BLANK



How often should you repeat ventilations on an adult?

**Correct Answer:** Every 5 seconds

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 281**

FILL BLANK

How often should you repeat ventilations on a child?

**Correct Answer:** Every 3 seconds

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 282**

FILL BLANK

If while ventilating a patient the chest does not rise and fall, what is the first thing you should do?

**Correct Answer:** Reposition the head

**Section: (none)**

**Explanation**

**Explanation/Reference:**



**QUESTION 283**

SIMULATION

If while ventilating a patient the chest does not rise and fall, what should you do after repositioning the head?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

If air is escaping from under the mask, reposition fingers and mask.

**QUESTION 284**

FILL BLANK

If while ventilating a patient the chest does not rise and fall, what should you do after repositioning fingers and mask?

**Correct Answer:** Check for obstruction

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 285**

SIMULATION

If while ventilating a patient the chest does not rise and fall, what should you do after checking for obstruction?

**Correct Answer:** see explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Use alternative method of artificial ventilation, e.g., pocket mask, manually triggered device. If necessary, consider the use of adjuncts such as oral or nasal airways.

#### **QUESTION 286**

SIMULATION

What precautions should you take in ventilating a patient with suspected trauma or neck injury?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

Immobilize the head and neck. Have an assistant immobilize or immobilize between your knees.

#### **QUESTION 287**

FILL BLANK

What type of ventilatory device is contraindicated in children?

**Correct Answer:** Oxygen-powered ventilation devices

**Section: (none)**

**Explanation**

**Explanation/Reference:**



#### **QUESTION 288**

FILL BLANK

What peak flow rate and percent of oxygen should a flow-restricted oxygen-powered ventilation device be capable of delivering?

**Correct Answer:** 100% at up to 40 L/min

**Section: (none)**

**Explanation**

**Explanation/Reference:**

#### **QUESTION 289**

FILL BLANK

At what pressure should the inspiratory pressure relief valve activate on a flow-restricted oxygen-powered ventilation device?

**Correct Answer:** 60

cc/water

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 290**

## SIMULATION

In addition to a pressure relief valve, what safety features should a flow-restricted oxygen-powered ventilation device have?

**Correct Answer:** An audible alarm that sounds whenever the relief-valve pressure is exceeded.

**Section: (none) Explanation**

**Explanation/Reference:**

**QUESTION 291**

## SIMULATION

How should the trigger be positioned on a flow-restricted oxygen-powered ventilation device?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

In such a way that both hands of the EMT can remain on the mask to hold it in position.

**QUESTION 292**

## SIMULATION

What is a tracheostomy?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

A permanent artificial opening in the trachea.

**QUESTION 293**

## SIMULATION

What special procedures do you need to use when ventilating a tracheostomy patient?

**Correct Answer:** See explanation below.

**Section: (none)**

**Explanation**

**Explanation/Reference:**

Explanation:

If unable to artificially ventilate, try suction, then artificial ventilation through the nose and mouth; sealing the stoma may improve ability to artificially ventilate from above or may clear obstruction. You need to seal the mouth and nose when air is escaping.

**QUESTION 294** Which of the following patients require intubation? (Choose two.)

- A. conscious with a suspected stroke
- B. unconscious with no gag reflex
- C. normotensive with third degree heart block
- D. cardiac arrest after three unsuccessful countershocks

**Correct Answer:** BD

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 295**



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

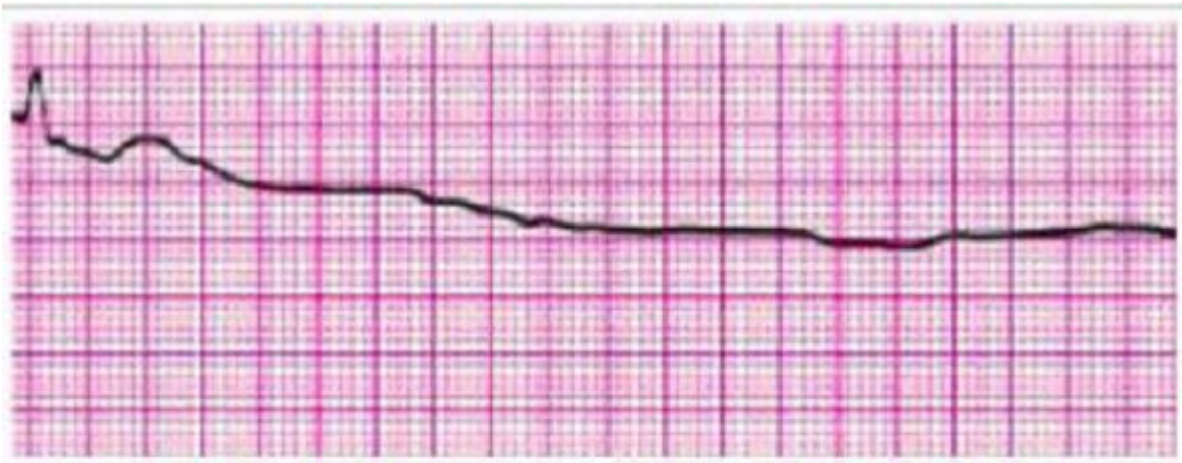
**Correct Answer: B**

**Section: (none)**

**Explanation**

**Explanation/Reference:**

**QUESTION 296**



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity



**Correct Answer:** O

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 297



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia

- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

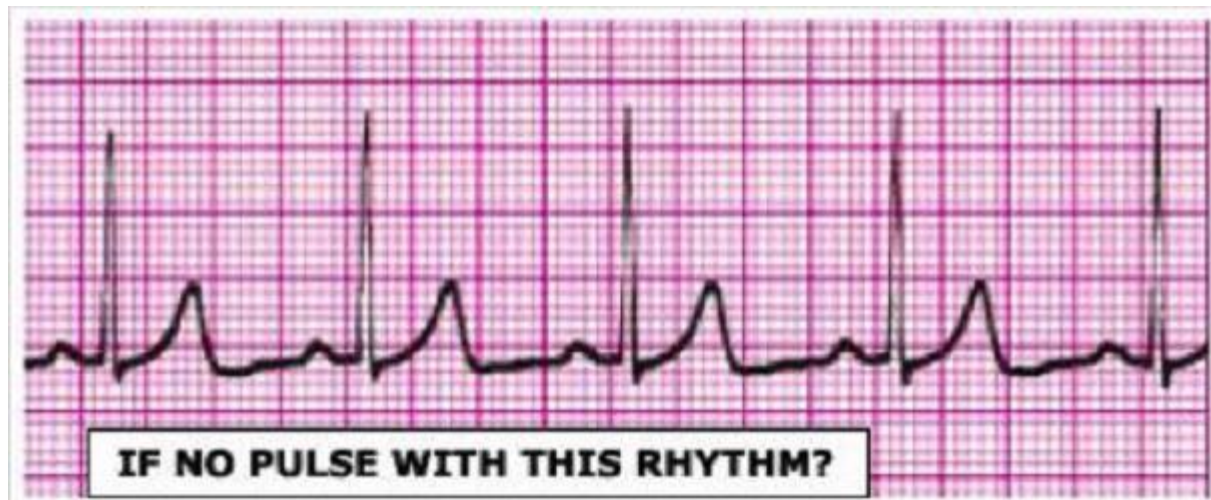
**Correct Answer:** H

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 298



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation

- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

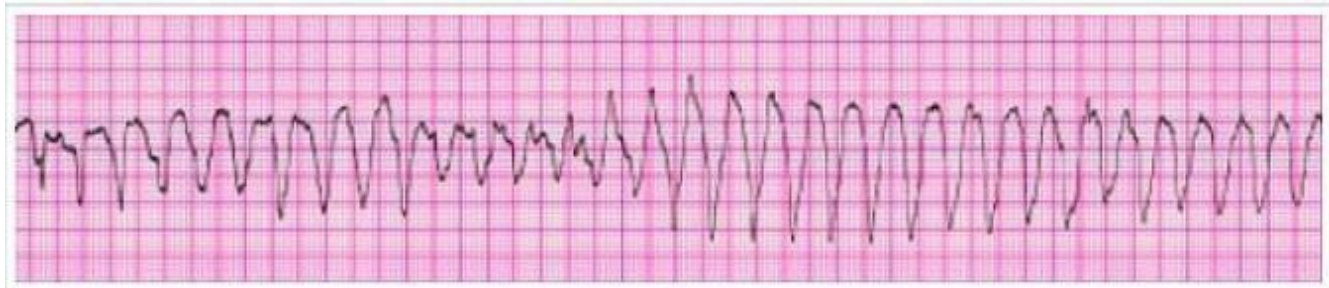
**Correct Answer:** P

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 299



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

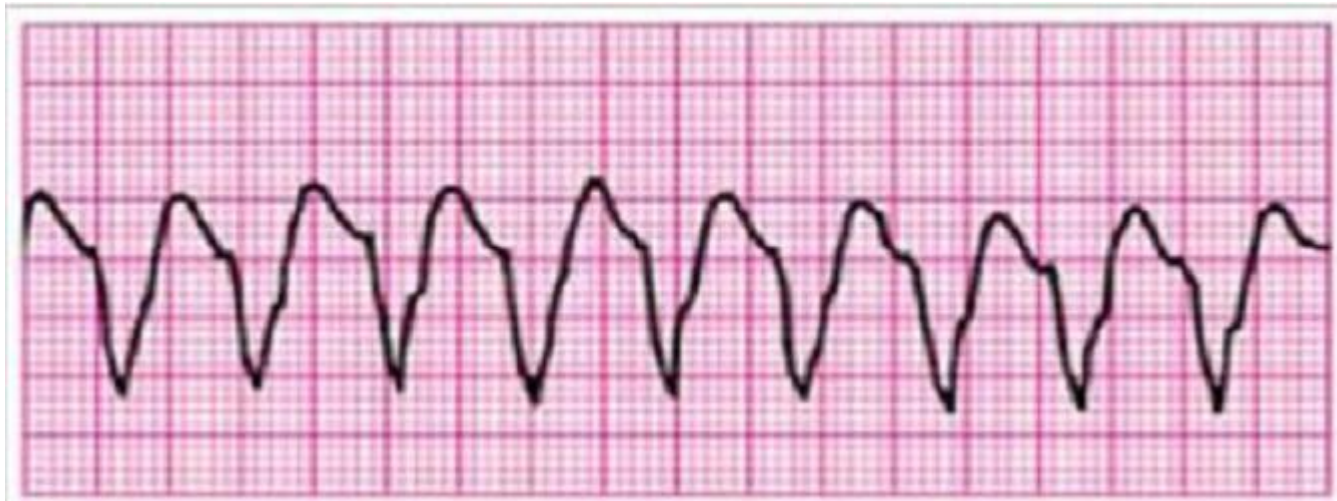
**Correct Answer:** L

**Section:** (none)

**Explanation**

**Explanation/Reference:**

#### QUESTION 300



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity



**Correct Answer: K**

**Section: (none)**

**Explanation**

**Explanation/Reference:**

#### QUESTION 301



Identify the rhythm by selecting the best single answer:

- A. Normal sinus rhythm
- B. Sinus tachycardia
- C. Sinus bradycardia
- D. Reentry supraventricular tachycardia
- E. First-degree AV Block
- F. Second-degree AV Block (Mobitz 1 Wenckebach)
- G. Second-degree AV Block (Mobitz II Block)
- H. Third-degree AV Block
- I. Atrial fibrillation
- J. Atrial flutter
- K. Monomorphic ventricular tachycardia
- L. Polymorphic ventricular tachycardia
- M. Coarse ventricular fibrillation
- N. Fine ventricular fibrillation
- O. Agonal rhythm/asystole
- P. Pulseless electrical activity

**Correct Answer:** A

**Section:** (none)

**Explanation**

**Explanation/Reference:**