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## Advanced cardiac life support test answers

1 Heart and Stroke Foundation Advanced Cardiovascular Life Support Exam A Answer Key 2 Student Answer Sheet Exam A Answer Key 2 Student Answer Sheet Exam A Answer Key 2 Student Answer Sheet Advanced Cardiovascular Life Support Exam A Answer Key 2 Student Answer Sheet Exam A Answer Sheet Exam A Exam A Answer Key Exam A Answer Key 2 Student Answer Sheet Exam A Exam  $6.\,A\,B\,C\,D\,7.\,A\,B\,C\,D\,8.\,A\,B\,C\,D\,9.\,A\,B\,C\,D\,10.\,A\,B\,C\,D\,11.\,A\,B\,C\,D\,12.\,A\,B\,C\,D\,13.\,A\,B\,C\,D\,14.\,A\,B\,$ 35. A B C D 36. A B C D 36. A B C D 37. A B C D 38. A B C D 48. A questions) Please do not mark on this exam. Record the best answer on the separate answer sheet. 1. Which type of atrioventricular block best describes this rhythm? A. First-degree E. Second-degree type I C. Second-degree type I D. Third-degree type I D. Third-degree type I D. Third-degree type II D. Third-degree type I D. Third-degree type I D. Third-degree type II D. Third-degree type do? A. Monitor the patient's PETCO 2 B. Obtain a 12-lead ECG C. Check the patient s pulse D. Obtain a chest x-ray 3. Which facility is the most appropriate EMS destination for a patient with sudden cardiac arrest who achieved return of spontaneous circulation in the field? A. Comprehensive stroke care unit B. Acute rehabilitation care unit C. Acute long-term care unit D. Coronary reperfusion capable medical centre 4. Which of the following signs is a likely indicator of cardiac arrest in an unresponsive patient? A. Slow, weak pulse rate B. Cyanosis C. Agonal gasps D. Irregular, weak pulse rate 2 6 5. Which type of atrioventricular block best describes this rhythm? A. Third-degree atrioventricular block B. Second-degree atrioventricular block type I C. First-degree atrioventricular block type I C. First-degree atrioventricular block type II 6. To properly ventilate a patient with a perfusing rhythm, how often do you squeeze the bag? A. Once every 1 seconds D. Once every addition to clinical assessment, which is the most reliable method to confirm and monitor correct placement of an endotracheal tube? A. Arterial blood gases B. Chest radiography C. Continuous waveform capnography D. Hemoglobin levels 8. You are caring for a patient with a suspected stroke whose symptoms started 2 hours ago. The CT scan was normal, with no signs of hemorrhage. The patient does not have any contraindications to fibrinolytic therapy for 24 hours B. Start fibrinolytic therapy as soon as possible C. Order an echocardiogram before fibrinolytic administration D. Wait for the results of the MRI 3 7 9. Which best describes this rhythm? A. First-degree atrioventricular block type I C. Second-degree atrioventricular block type I C. Second-degree atrioventricular block type II D. Third-degree atrioventricular block type I C. Second-degree atrioventricular block type II D. Third-degree atrioventricular block management after cardiac arrest? A. 26 C to 28 C B. 29 C to 31 C C. 32 C to 36 C D. 35 C to 37 C 11. Which is the recommended first intravenous dose of amiodarone for a patient with refractory ventricular fibrillation? A. 100 mg B. 150 mg C. 250 mg D. 300 mg 12. Which is the primary purpose of a medical emergency team or rapid response team? A. Improving care for patients admitted to critical care units B. Improving patient outcomes by identifying and treating early clinical deterioration to EMS personnel in the field 13. Which is the recommended next step after a defibrillation attempt? A. Check the ECG for evidence of a rhythm B. Open the patient sairway C. Determine if a carotid pulse is present D. Resume CPR, starting with chest compressions 4 8 14. EMS providers are treating a patient with suspected Stroke Algorithm, which critical action performed by the EMS team will expedite this patient's care on arrival and reduce the time to treatment? A. Alert the hospital B. Establish IV access C. Review the patient shistory of congestive heart failure. The patient is experiencing shortness of breath, a blood pressure of 68/50 mm Hg, and a heart rate of 190/min. The patient s lead II ECG is displayed here. Which best characterizes this patient s rhythm? A. Perfusing ventricular tachycardia D. Unstable supraventricular tachycardia B. Sinus tachycardia D. Unstable supraventricular tachycardia B. Sinus tachycardia D. Unstable supraventricular tachycardia B. Sinus tachycardia D. Unstable supraventricular tachycardia D. Unstable Which is the next step in your assessment and management of this patient? A. Apply the AED B. Check the patient s breathing and pulse C. Open the length of time it should take to perform a pulse check during the BLS Assessment? A. 1 to 4 seconds B. 5 to 10 seconds C. 11 to 15 seconds D. 16 to 20 seconds 18. You instruct a team member to give 0.5 mg atropine IV. Which response is an example of closed-loop communication? A. I ll give it in a few minutes. B. OK. C. I ll draw up 0.5 mg of atropine. D. Are you sure that is what you want given? 5 9 19. What is an effect of excessive ventilation? A. Decreased cardiac output B. Decreased intrathoracic pressure C. Increased venous return 20. If a team member is about to make a mistake during a resuscitation attempt, which best describes the action that the team member is about to make a mistake during a resuscitation attempt, and the team member is about to make a mistake during a resuscitation attempt, and the team member is about to make a mistake during a resuscitation attempt. team tasks C. Address the team member immediately D. Remove the team member from the area 21. Which best describes this rhythm? A. Monomorphic ventricular tachycardia D. Ventricular tachycardia D. Ventricular fibrillation 22. For STEMI patients, which best describes the recommended maximum goal time for emergency department door to balloon inflation time for percutaneous coronary intervention? A. 180 minutes D. 90 minutes D. 90 minutes D. 90 minutes D. 15 seconds D. 25 to 30 seconds D. 25 to 30 seconds D. 25 to 30 seconds D. 26 to 30 seconds D. 27 to 30 seconds D. 27 to 30 seconds D. 28 to 30 seconds D. 28 to 30 seconds D. 29 minutes D. 90 minutes D minimize interruptions in chest compressions during CPR? A. Administer IV medications only when delivering breaths B. Check the pulse immediately after defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. 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C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation C. Use an AED to monitor the patient s rhythm D. Con inefficiencies during a resuscitation attempt? A. Assign most tasks to the more experienced team members B. Perform the most complicated tasks D. Assign the same tasks to more than one team member 26. Which is an acceptable method of selecting an appropriately sized oropharyngeal airway? A. Measure from the corner of the mouth to the angle of the mandible B. Measure from the thyroid cartilage to the bottom of the earlobe C. Estimate by using the formula Weight (kg)/8 + 2 D. Estimate by using the formula Weight (kg)/8 + 2 nonlabored respiratory rate is 14 breaths/min, and his pulse oximetry reading is 97%. Which assessment step is most important now? A. Evaluating the PETCO 2 reading B. Requesting a 12-lead ECG D. Requesting laboratory testing 28. A patient in respiratory distress and with a blood pressure of 70/50 mm Hg presents with the lead II ECG rhythm shown here. Which is the appropriate treatment? A. Administering adenosine 6 mg IV push B. Performing vagal manoeuvres D. Performing synchronized cardioversion C. Performing defibrillation 29. During post cardiac arrest care, which is the recommended duration of targeted temperature management after reaching the correct temperature range? A. 0 to 8 hours B. At least 24 hours C. At least 36 hours D. At least 48 hours 7 11 30. Three minutes into a cardiac arrest resuscitation attempt, one member of your team inserts an endotracheal tube while another performs chest compressions. Capnography shows a persistent waveform and a PETCO 2 of 8 mm Hg. Which is the significance of this finding? A. Chest compressions may not be effective B. The endotracheal tube is in the esophagus C. The patient meets the criteria for termination of efforts D. The team is ventilating the patient with a suspected acute coronary syndrome? A. 40 mg B. 81 mg C. 160 to 325 mg D. 350 to 650 mg 32. A team member is unable to perform an assigned task because it is beyond the team member ake? A. Ask for a new task or role B. Assign it to another team member C. Do it anyway D. Seek expert advice 33. As the team leader, when do you tell the chest compressors to switch? A. Only when they tell you that they are fatigued B. About every 2 minutes C. About every 5 minutes D. About every 5 minutes D. About every 7 minutes 34. You are perform the compressions? A. Less than 80/min B. 80 to 90/min C. 100 to 120/min D. More than 120/min 35. A patient is being resuscitated in a very noisy environment. A team member? A. OK. B. Are you sure? C. Amiodarone 500 mg IV has been given. D. I have an order to give 500 mg of amiodarone IV. Is this correct? 8 12 36. A patient in stable narrow-complex tachycardia with a peripheral IV in place is refractory to the first dose of adenosine. Which dose would you administer next? A. 3 mg B. 12 mg C. 20 mg D. 40 mg 37. A patient has a witnessed loss of consciousness. The lead II ECG reveals this rhythm. Which is the appropriate treatment? A. Administration of adenosine 6 mg IV push B. Administration of epinephrine 1 mg IV push C. Defibrillation D. Synchronized cardioversion 38. Which of these tests should be performed for a patient with suspected stroke within 25 minutes of hospital arrival? A. 12-lead ECG B. Cardiac enzymes C. Coagulation studies D. Noncontrast CT scan of the head 39. What is the minimum systolic blood pressure one should attempt to achieve with fluid administration or vasoactive agents in a hypotensive post cardiac arrest patient who achieves return of spontaneous circulation? A. 75 mm Hg B. 80 mm Hg D. 90 mm Hg 9 13 40. You have completed 2 minutes of CPR. The ECG monitor displays the lead II rhythm shown here, and the patient has no pulse. Another member of your team resumes chest compressions, and an IV is in place. Which do you do next? A. Start a dopamine infusion B. Give atropine 0.5 mg C. Give epinephrine 1 mg IV D. Insert an advanced airway Use this scenario to answer the next 6 questions: A 45 year-old man had coronary artery stents placed 2 days ago. Today, he is in severe distress and is reporting crushing chest discomfort. He is pale, diaphoretic, and cool to the touch. His radial pulse is very weak, blood pressure is 64/40 mm Hg, respiratory rate is 28 breaths/min, and oxygen saturation is 89% on room air. When applied, the cardiac monitor initially showed ventricular tachycardia, which then quickly changed to ventricular tachycardia with ischemic chest pain 42. In addition to defibrillation, which intervention should be performed immediately? A. Advanced airway insertion B. Vasoactive medication administration C. Chest compressions D. Vascular access 43. Despite 2 defibrillation attempts, the patient remains in ventricular fibrillation. Which drug and dose should you administer first to this patient? A. Epinephrine 1 mg B. Amiodarone 300 mg C. Lidocaine 1 mg/kg D. Atropine 1 mg B. Atropine 1 mg C. Magnesium sulfate 1 g D. Amiodarone 300 mg 45. The patient has return of spontaneous circulation and is not able to follow commands. Which immediate post cardiac arrest care intervention do you choose for this patient? A. Initiate targeted temperature management B. Check the glucose level C. Administer epinephrine D. Extubate 46. Which would you have done first if the patient had not gone into ventricular fibrillation? A. Established IV access B. Obtained a 12-lead ECG C. Given atropine 1 mg D. Performed synchronized cardioversion Use this scenario to answer the next 4 questions: A 68-year-old woman presents with light-headedness, nausea, and chest discomfort. Your assessment finds her awake and responsive but ill-appearing, pale, and grossly diaphoretic. Her radial pulse is weak, thready, and fast. You are unable to obtain a blood pressure. She has no obvious dependent edema, and her neck veins are flat. Her lung sounds are equal, with moderate rales present bilaterally. The cardiac monitor shows the rhythm seen here. 47. Based on this patient s initial assessment, which adult ACLS algorithm should you follow? A. Acute coronary syndromes B. Tachycardia C. Suspected stroke D. Cardiac arrest 48. The patient s pulse oximeter shows a reading of 84% on room air. Which initial action do you take? A. Perform bag-mask ventilation B. Intubate the patient C. Apply oxygen D. Check the pulse oximeter probe 11 15 49. After your initial assessment of this patient, which intervention should be performed next? A. Synchronized cardioversion B. Administration of amiodarone 150 mg IM C. Immediate defibrillation D. Endotracheal intubation 50. If the patient became apneic and pulseless but the rhythm remained the same, which would take the highest priority? A. Administer amiodarone 300 mg B. Administer atropine 0.5 mg C. Insert an advanced airway D. Perform defibrillation 12 16 Answer Key Advanced Cardiovascular Life Support Exam A Question Answer 1. A B D 2. B C D 3. A B C 14. B C D 15. A B C 16. A C D 17. A C D 17. A C D 18. A C D 18. A C D 18. A C D 18. A B D 18. A B D 18. A C D 18. A B D 18. A C D 18. A B D 19. B C D 20. A B D 21. B C D 22. A B C 23. B C D 24. A B C 25. A B D 1 17 26. B C D 27. A B D 28. A C D 29. A C D 30. B C D 31. A B D 35. A B C 37. A B D 35. A B C 37. A B D 38. A B C 39. A B C 40. A B D 41. B C D 42. A B D 43. B C D 44. A B C 45. B C D
46. A B C 47. A C D 48. A B D 49. B C D 50. A B C 2 18 Annotated Answer Key Advanced Cardiovascular Life Support Exam A 1. Which type of atrioventricular block best describes this rhythm? A. First-degree B. Second-degree type II D. Third-degree The correct answer is C. This ECG rhythm strip shows second-degree type II atrioventricular block. [ACLS Provider Manual, Part 5: The ACLS Cases > Bradycardia Case > Rhythms for Bradycardia 2. Your patient is in cardiac arrest and has been intubated. To assess CPR quality, which should you do? A. Monitor the patient s PETCO 2 B. Obtain a 12-lead ECG C. Check the patient s pulse D. Obtain a 12-lead ECG C. Check the patient s pulse D. Obtain a chest x-ray The correct answer is A. The Heart and Stroke Foundation recommends using quantitative waveform capnography in intubated patients to monitor CPR quality, optimize chest compressions, and detect return of spontaneous circulation during chest compressions. [ACLS Provider Manual, Part 5: The ACLS Cases > Cardiac Arrest: VF/Pulseless VT Case > Application of the Adult Cardiac Arrest Algorithm: VF/pVT Pathway > Physiologic Monitoring During CPR] 3. Which facility is the most appropriate EMS destination for a patient with sudden cardiac arrest who achieved return of spontaneous circulation in the field? A. Comprehensive stroke care unit B. Acute rehabilitation care unit C. Acute long-term care unit D. Coronary reperfusion capable medical centre The correct answer is D. After return of spontaneous circulation in patients in whom coronary artery occlusion is suspected, provider Manual, Part 2: Systems of Care > Post Cardiac Arrest Care > Immediate Coronary Reperfusion With PCI] 1 19 4. Which of the following signs is a likely indicator of cardiac arrest in an unresponsive patient? A. Slow, weak pulse rate B. Cyanosis C. Agonal gasps D. Irregular, weak pulse rate The correct answer is C. Agonal gasps are not normal breathing. They are a sign of cardiac arrest. Agonal gasps may be present in the first minutes after sudden cardiac arrest. [ACLS Provider Manual, Part 4: The Systematic Approach > The BLS Assessment > Caution: Agonal Gasps] 5. Which type of atrioventricular block best describes this rhythm? A. Third-degree atrioventricular block B. Second-degree atrioventricular block type I C. First-degree atrioventricular block D. Second-degree atrioventricular block type I. [ACLS Provider Manual, Part 5: The ACLS Cases > Bradycardia Case > Rhythms for Bradycardia] 6. To properly ventilate a patient with a perfusing rhythm, how often do you squeeze the bag? A. Once every 3 to 4 seconds B. Once every 5 to 6 seconds C. Once every 10 seconds D. Once every 5 to 6 seconds with a bag-mask device or any advanced airway. [ACLS Provider Manual, Part 5: The ACLS Cases > Respiratory Arrest Case > The BLS Assessment > Ventilation and Pulse Check] 2 20 7. In addition to clinical assessment, which is the most reliable method to confirm and monitor correct placement of an endotracheal tube? A. Arterial blood gases B. Chest radiography C. Continuous waveform capnography D. Hemoglobin levels The correct answer is C. The HEART AND STROKE FOUNDATION recommends continuous waveform capnography in addition to clinical assessment as the most reliable method of confirming and monitoring correct placement of an endotracheal tube. [ACLS Provider Manual, Part 5: The ACLS Cases > Respiratory Arrest Case > The Primary Assessment > FYI 2015 Guidelines: Correct Placement of ET Tube] 8. You are caring for a patient with a suspected stroke whose symptoms started 2 hours ago. The CT scan was normal, with no signs of hemorrhage. The patient does not have any contraindications to fibrinolytic therapy. Which treatment approach is best for this patient? A. Hold fibrinolytic therapy for 24 hours B. Start fibrinolytic therapy as soon as possible C. Order an echocardiogram before fibrinolytic therapy in appropriate patients (those without contraindications) within 1 hour of hospital arrival and 3 hours from symptom onset. [ACLS Provider Manual, Part 5: The ACLS Cases > Acute Stroke Care > Goals of Stroke Care > Goals is D. This ECG rhythm strip shows third-degree atrioventricular block. [ACLS Provider Manual, Part 5: The ACLS Cases > Bradycardia Case > Rhythms for Brady A. 26 C to 28 C B. 29 C to 31 C C. 32 C to 31 C C. 32 C to 36 C D. 35 C to 37 C The correct answer is C. For targeted temperature between 32 C and 36 C for a period of at least 24 hours. [ACLS Provider Manual, Part 5: The ACLS Cases > Immediate Post Cardiac Arrest Care Case > Application of the Immediate Post Cardiac Arrest Care Algorithm > Targeted Temperature Management] 11. Which is the recommended first intravenous dose of amiodarone for a patient with refractory ventricular fibrillation? A. 100 mg B. 150 mg C. 250 mg D. 300 mg The correct answer is D. Consider amiodarone for treatment of ventricular fibrillation or pulseless ventricular tachycardia unresponsive to shock delivery, CPR, and a vasopressor. During cardiac arrest, consider amiodarone 300 mg IV/IO push for the first dose. [ACLS Provider Manual, Part 5: The ACLS Cases > Cardiac Arrest: VF/Pulseless VT Case > Antiarrhythmic Agents > Amiodarone] 12. Which is the primary purpose of a medical emergency team or rapid response team? A. Improving care for patients admitted to critical care units B. Improving patient outcomes by identifying and treating early clinical deterioration C. Providing diagnostic consultation to emergency department patients D. Providing online consultation to EMS personnel in the field The correct answer is B. Many hospitals have implemented the use of medical emergency teams or rapid response teams. The purpose of these teams is to improve patient outcomes by identifying and treating early clinical deterioration. [ACLS Provider Manual, Part 2: Systems of Care > Cardiopulmonary Resuscitation > Foundational Facts: Medical Emergency Teams and Rapid Response Teams] 13. Which is the recommended next step after a defibrillation attempt? A. Check the ECG for evidence of a rhythm B. Open the patient s airway C. Determine if a carotid pulse is present D. Resume CPR, starting with chest compressions The correct answer is D. Follow each shock immediately with CPR, beginning with chest compressions. [ACLS Provider Manual, Part 4: The Systematic Approach > The BLS Assessment > Overview of the BLS Assessment > Overview this patient s care on arrival and reduce the time to treatment? A. Alert the hospital B. Establish IV access C. Review the patient s history D. Treat hypertension The correct answer is A. Prearrival notification allows the hospital to prepare to evaluate and manage the patient effectively. [ACLS Provider Manual, Part 5: The ACLS Cases > Acute Stroke Case > Identification of Signs of Possible Stroke > Activate EMS System Immediately] 15. A responder is caring for a patient with a history of congestive heart failure. The patient is experiencing shortness of breath, a blood pressure of 68/50 mm Hg, and a heart rate of 190/min. The patient is experiencing shortness of breath, a blood pressure of 68/50 mm Hg, and a heart rate of 190/min. The patient is experiencing shortness of breath, a blood pressure of 68/50 mm Hg, and a heart rate of 190/min. The patient is experiencing shortness of breath, a blood pressure of 68/50 mm Hg, and a heart rate of 190/min. The patient is experiencing shortness of breath, a blood pressure of 68/50 mm Hg, and a heart rate of 190/min. The patient is experiencing shortness of breath, a blood pressure of 68/50 mm Hg, and a heart rate of 190/min. The patient is experiencing shortness of breath, a blood pressure of 68/50 mm Hg, and a heart rate of 190/min. The patient is experiencing shortness of breath, a blood pressure of 68/50 mm Hg, and a heart rate of 190/min. The patient is experienced by the factor of the fac this patient s rhythm? A. Perfusing ventricular tachycardia B. Sinus tachycardia C. Stable supraventricular tachycardia D. Unstable supraventricular tachycardia The ACLS Cases > Tachycardia: Stable and Unstable > Rhythms for Unstable Tachycardia, and The Approach to Unstable Tachycardia > Signs and Symptoms] 16. Your rescue team arrives to find a 59-year-old man lying on the kitchen floor. You determine that he is unresponsive. Which is the next step in your assessment and management of this patient? A. Apply the AED B. Check the patient is unresponsive and activate your emergency team, a breathing check and pulse check should be performed. Ideally, these checks are done simultaneously to minimize delay in detection of cardiac arrest and initiation of CPR. After determining that a patient is not breathing and has no pulse, start CPR, beginning with chest compressions. [ACLS Provider Manual, Part 4: The Systematic Approach > The BLS Assessment > Overview of the BLS Assessment] 5 23 17. Which best describes the length of time it should take to perform a pulse check during the BLS Assessment? A. 1 to 4 seconds B. 5 to 10 seconds C. 11 to 15 seconds D. 16 to 20 seconds The correct answer is B. Check the pulse for 5 to 10 seconds B. 5 to 10 seconds D. 16 to 20 seconds The correct answer is B. Check the pulse for 5 to 10 seconds D. 16 to 20 seconds D > The BLS Assessment > Overview of the BLS Assessment] 18. You instruct a team member to give 0.5 mg atropine IV. Which response is an example of closed-loop communication? A. I ll give it in a few minutes. B. OK. C. I ll draw up 0.5 mg of atropine. D. Are you sure that is what you want given? The correct answer is C. When communicating with high-performance team members, the team leader should use closed-loop communication. By receiving a clear response and eye contact, the team leader confirms that the team member heard and understood the message. [ACLS Provider Manual, Part 3: Effective High-Performance Team Dynamics > Elements of Effective High-Performance Team Dynamics > How to Communicate] 19. What is an effect of excessive ventilation? A.
Decreased cardiac output B. Decreased intrathoracic pressure C. Increased venous return to the heart, and diminishes cardiac output and survival. [ACLS Provider Manual, Part 5: The ACLS Cases > Respiratory Arrest Case > Management of Respiratory Arrest > Critical Concepts: Avoiding Excessive Ventilation] 20. If a team member is about to make a mistake during a resuscitation attempt, which best describes the action that the team leader or other team members should take? A. Conduct a debriefing after the resuscitation attempt B. Reassign the team member immediately D. Remove the team member from the area The correct answer is C. During a resuscitation attempt, the leader or a member of a high-performance team may need to intervene if an action that is about to occur may be inappropriate at the time. Team members should guestion a colleague who is about to make a mistake. [ACLS Provider Manual, Part 3: Effective High-Performance Team Dynamics > Roles] 6 24 21. Which best describes this rhythm? A. Monomorphic ventricular tachycardia B. Polymorphic ventricular tachycardia C. Supraventricular tachycardia C. Supraventricular tachycardia D. Ventricular patients, which best describes the recommended maximum goal time for emergency department door to balloon inflation time for percutaneous coronary intervention? A. 180 minutes D. 90 mi arrival or perform percutaneous coronary intervention within 90 minutes of arrival. The goal for emergency department door to balloon inflation time is 90 minutes. [ACLS Provider Manual, Part 5: The ACLS Cases: Acute Coronary Syndromes Case > Immediate ED Assessment and Treatment > Introduction] 23. Which is the maximum interval you should allow for an interruption in chest compressions? A. 10 seconds B. 15 seconds D. 25 to 30 seconds D. seconds. When you stop chest compressions, blood flow to the brain and heart stops. [ACLS Provider Manual, Part 4: The Systematic Approach > The BLS Assessment > Critical Concepts: Minimizing Interruptions in chest compressions during CPR? A. Administer IV medications only when delivering breaths B. Check the pulse immediately after defibrillation C. Use an AED to monitor the patient s rhythm D. Continue CPR while the defibrillation and return of spontaneous circulation). Thus, it is reasonable for healthcare providers to practice efficient coordination between CPR and defibrillator, another provider should resume chest compressions and continue until the defibrillator operator should deliver the shock as soon as the compressor removes his or her hands from the patient. [ACLS Provider Manual, Part 5: The ACLS Cases > Cardiac Arrest: VF/Pulseless VT Case > Application of the Adult Cardiac Arrest Algorithm: VF/pVT Pathway > Foundational Facts: Resume CPR While Manual Defibrillator Is Charging 25. Which best describes an action taken by the team leader to avoid inefficiencies during a resuscitation attempt? A. Assign most tasks to the more experienced team members B. Perform the most complicated tasks C. Clearly delegate tasks D. Assign the same tasks to more than one team member The correct answer is C. To avoid inefficiencies, the team leader must clearly delegate tasks D. Assign the same tasks D. A is an acceptable method of selecting an appropriately sized oropharyngeal airway? A. Measure from the corner of the mouth to the angle of the mouth select the appropriate size for an oropharyngeal airway (OPA), place the OPA against the side of the mandible. A properly sized and inserted OPA results in proper alignment with the glottic opening. [ACLS Provider Manual, Part 5: The ACLS Cases > Respiratory Arrest Case > Basic Airway Adjuncts: Oropharyngeal Airway > Technique of OPA Insertion] 8 26 27. You are evaluating a 58-year-old man with chest discomfort. His blood pressure is 92/min, his nonlabored respiratory rate is 14 breaths/min, and his pulse oximetry reading is 97%. Which assessment step is most important now? A. Evaluating the PETCO 2 reading B. Requesting a chest x-ray C. Obtaining a 12-lead ECG D. Requesting laboratory testing The correct answer is C. The 12-lead ECG D. Requesting a chest x-ray C. Obtaining a 12-lead ECG D. Requesting laboratory testing The correct answer is C. The 12-lead ECG D. Requesting a chest x-ray C. Obtaining a 12-lead ECG D. Requesting laboratory testing The correct answer is C. The 12-lead ECG D. Requesting laboratory testing The correct answer is C. The 12-lead ECG D. Requesting laboratory testing The correct answer is C. The 12-lead ECG D. Requesting laboratory testing The correct answer is C. The 12-lead ECG D. Requesting laboratory testing The correct answer is C. The 12-lead ECG D. Requesting laboratory testing The correct answer is C. The 12-lead ECG D. Requesting laboratory testing The correct answer is C. The 12-lead ECG D. Requesting laboratory testing The correct answer is C. The 12-lead ECG D. Requesting laboratory testing The correct answer is C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the C. The 12-lead ECG D. Requesting the correct answer is C. The 12-lead ECG D. Requesting the C. The 12-lead ECG D. 5: The ACLS Cases > Acute Coronary Syndromes Case > Immediate ED Assessment and Treatment > Introduction; 28. A patient in respiratory distress and with a blood pressure of 70/50 mm Hg presents with the lead II ECG rhythm shown here. Which is the appropriate treatment? A. Administering adenosine 6 mg IV push B. Performing synchronized cardioversion C. Performing vagal manoeuvres D. Performing defibrillation, unstable atrial flutter, and unstable regular monomorphic tachycardia with pulses. Synchronized cardioversion uses a lower energy level than attempted defibrillation. Low-energy shocks should always be delivered as synchronized shocks to avoid precipitating ventricular fibrillation. [ACLS Provider Manual. Part 5: The ACLS Cases > Tachycardia: Stable and Unstable > Cardioversion > Unsynchronized shocks, and Recommendations | 29. During post cardiac arrest care, which is the recommended duration of targeted temperature management, healthcare providers should select and maintain a constant target temperature between 32 C and 36 C for a period of at least 24 hours. [ACLS Provider Manual, Part 5: The ACLS Cases > Immediate Post Cardiac Arrest Care Case > Application of the Immediate Post Cardiac attempt, one member of your team inserts an endotracheal tube while another performs chest compressions. Capnography shows a persistent waveform and a PETCO 2 of 8 mm Hg. Which is the significance of this finding? A. Chest compressions may not be effective B. The endotracheal tube is in the esophagus C. The patient meets the criteria for termination of efforts D. The team is ventilating the patient too often (hyperventilation) The correct answer is A. PETCO 2 values less than 10 mm Hg in intubated patients indicate that cardiac output is inadequate to achieve return of spontaneous circulation. It is reasonable to consider trying to improve quality of CPR by optimizing chest compression parameters. [ACLS Provider Manual, Part 5: The ACLS Cases > Cardiac Arrest: VF/Pulseless VT Case > Application of the Adult Cardiac Arrest Algorithm: VF/pVT Pathway > Physiologic Monitoring During CPR] 31. Which is the recommended oral dose of aspirin for a patient with a suspected acute coronary syndrome? A. 40 mg B. 81 mg C. 160 to 325 mg D. 350 to 650 mg The correct answer is C. If the patient has not taken aspirin and has no history of true aspirin allergy and no evidence of recent gastrointestinal
bleeding, give the patient has not taken aspirin allergy and no evidence of recent gastrointestinal bleeding, give the patient has not taken aspirin allergy and no evidence of recent gastrointestinal bleeding, give the patient has not taken aspirin allergy and no evidence of recent gastrointestinal bleeding, give the patient has not taken aspirin allergy and no evidence of recent gastrointestinal bleeding, give the patient has not taken aspirin allergy and no evidence of recent gastrointestinal bleeding, give the patient has not taken aspirin allergy and no evidence of recent gastrointestinal bleeding. swallowed. [ACLS Provider Manual, Part 5: The ACLS Cases > Acute Coronary Syndromes Case > EMS Assessment, Care, and Hospital Preparation > Administer Oxygen and Drugs] 32. A team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member is unable to perform an assigned task because it is beyond the team member task because it is beyond the team member task because it is beyond the team member task because it is beyond the task because it is b for a new task or role B. Assign it to another team member C. Do it anyway D. Seek expert advice The correct answer is A. Not only should everyone on the team leader to evaluate team resources and call for backup of team members when assistance is needed. High-performance team members should anticipate situations in which they might require assistance and inform the team leader. [ACLS Provider Manual, Part 3: Effective High-Performance Team Dynamics > Roles] 10 28 33. As the team leader, when do you tell the chest compressors to switch? A. Only when they tell you that they are fatigued B. About every 2 minutes D. About every 2 minutes D. About every 2 minutes D. About every 5 minutes D. About every 6 minutes D. About every 7 minutes D. About every 7 minutes D. About every 8 minutes D. About every 9 minutes D. A Critical Concepts: High-Quality CPR] 34. You are performing chest compressions, you should compress at a rate of 100 to 120/min. [ACLS Provider Manual, Part 4: The Systematic Approach > The BLS Assessment > Critical Concepts: Quality Compressions] 35. A patient is being resuscitated in a very noisy environment. A team member? A. OK. B. Are you sure? C. Amiodarone 500 mg IV has been given. D. I have an order to give 500 mg of amiodarone IV. Is this correct? The correct answer is D. Unclear communication can lead to unnecessary delays in treatment or to medication errors. Team members should question an order if the slightest doubt exists. [ACLS Provider Manual, Part 4: Effective High-Performance Team Dynamics > Elements of Effective High-Performance Team Dynamics > How to Communicate] 36. A patient in stable narrow-complex tachycardia with a peripheral IV in place is refractory to the first dose of adenosine. is indicated for most forms of stable narrow-complex supraventricular tachycardia. If the patient is not responsive to the first dose, a second dose of adenosine (12 mg rapid IV push) should be given. [ACLS Provider Manual, Part 5: The ACLS Cases > Tachycardia: Stable and Unstable > Application of the Tachycardia Algorithm to the Stable Patient > Narrow QRS, Regular Rhythm] 11 29 37. A patient has a witnessed loss of consciousness. The lead II ECG reveals this rhythm. Which is the appropriate treatment? A. Administration of epinephrine 1 mg IV push B. Administration of epinephrine 2 mg IV push B. Administration of epinephrine 2 mg IV push B. Administration of epinephrine 2 mg IV push B. Administration of epinephrine 3 mg IV push B. Administration of epinephrine 4 mg IV push and pulseless ventricular tachycardia require CPR until a defibrillator is available. Both are treated with high-energy unsynchronized shocks. The interval from callapse to defibrillation is critical for patients with sudden cardiac arrest (ventricular fibrillation/pulseless ventricular tachycardia). [ACLS Provider Manual, Part 5: The ACLS Cases > Cardiac Arrest Algorithm > VF/pVT (Left Side, and Application of the Adult Cardiac Arrest Algorithm: VF/pVT Pathway > Principle of Early Defibrillation] 38. Which of these tests should be performed for a patient with suspected stroke within 25 minutes of hospital arrival? A. 12-lead ECG B. Cardiac enzymes C. Coagulation studies D. Noncontrast CT scan of the performance and interpretation of a noncontrast CT scan to differentiate ischemic from hemorrhagic stroke. The CT scan should be read within 45 minutes of the patient s arrival in the emergency department arrival. [ACLS Provider Manual, Part 5: The ACLS Cases > Acute Stroke Case > CT Scan: Hemorrhage or No Hemorrhage > Introduction] 39. What is the minimum systolic blood pressure one should attempt to achieve with fluid administration or vasoactive agents in a hypotensive post cardiac arrest patient who achieve with fluid administration or vasoactive agents in a hypotensive post cardiac arrest patient so volume status is adequate, infusions of vasoactive agents may be initiated and titrated to achieve a minimum systolic blood pressure of 90 mm Hg or greater or a mean arterial pressure of 65 mm Hg or more. [ACLS Provider Manual, Part 5: The ACLS Cases > Immediate Post Cardiac Arrest Care Case > Overview of Post Cardiac Arrest Care [12 30 40. You have completed 2 minutes of CPR. The ECG monitor displays the lead II rhythm shown here, and the patient has no pulse. Another member of your team resumes chest compressions, and an IV is in place. Which do you do next? A. Start a dopamine infusion B. Give atropine 0.5 mg C. Give epinephrine 1 mg IV D. Insert an advanced airway The correct answer is C. Give epinephrine as soon as IV/IO access become available. A dose of 1 mg IV/IO should be given and repeated every 3 to 5 minutes. [ACLS Provider Manual, Part 5: The ACLS Cases > Cardiac Arrest: Pulseless Electrical Activity Case > Managing PEA: The Adult Cardiac Arrest Algorithm > Administer Epinephrine] Use this scenario to answer the next 6 questions: A 45-year-old man had coronary artery stents placed 2 days ago. Today, he is in severe distress and is reporting crushing chest discomfort. He is pale, diaphoretic, and cool to the touch. His radial pulse is very weak, blood pressure is 64/40 mm Hg, respiratory rate is 28 breaths/min, and oxygen saturation is 89% on room air. When applied, the cardiac monitor initially showed ventricular tachycardia, which then quickly changed to ventricular fibrillation. 41. Based on this patient s initial presentation, which ten quickly changed to ventricular facility showed ventricular tachycardia. with ischemic chest pain The correct answer is A. Acute life-threatening complications of acute coronary syndromes include ventricular fibrillation, pulseless ventricular facility and unstable tachycardias, and unstable tachycardias, and unstable tachycardias, and unstable tachycardias. [ACLS Provider Manual, Part 5: The ACLS Cases > Acute Coronary Syndromes Case > Goals for ACS Patients] 42. In addition to defibrillation, which intervention should be performed immediately? A. Advanced airway insertion B. Vasoactive medication administration C. Chest compressions D. Vascular access The correct answer is C. Ventricular fibrillation, which intervention should be performed immediately? A. Advanced airway insertion B. Vasoactive medication administration C. Chest compressions D. Vascular access The correct answer is C. Ventricular fibrillation, which intervention should be performed immediately? A. Advanced airway insertion B. Vasoactive medication administration C. Chest compressions D. Vascular access The correct answer is C. Ventricular fibrillation and pulseless ventricular fibrillation and pulseless ventricular fibrillation. Part 5: The ACLS Cases > Cardiac Arrest: VF/Pulseless VT Case > Managing VF/Pulseless VT Case C. Lidocaine 1 mg/kg D. Atropine 1 mg IV/IO during CPR after the shock. When IV/IO access is available, give epinephrine 1 mg IV/IO during CPR after the second shock and repeat epinephrine 1 mg IV/IO every 3 to 5 minutes. [ACLS Provider Manual, Part 5: The ACLS Cases > Cardiac Arrest: VF/Pulseless VT Case > Application of the Adult Cardiac Arrest Algorithm: VF/pVT Pathway > Shock and Vasopressors] 44. Despite the drug provided above and continued CPR, the patient remains in ventricular fibrillation. Which other drug should be administered next? A. Epinephrine 1 mg B. Atropine 1 mg C. Magnesium
sulfate 1 g D. Amiodarone 300 mg The correct answer is D. Consider amiodarone for treatment of ventricular fibrillation or pulseless ventricular facility. [ACLS Provider Manual, Part 5: The ACLS Cases > Cardiac Arrest: VF/Pulseless VT Case > Amiodarone] 45. The patient has return of spontaneous circulation and is not able to follow commands. Which immediate post cardiac arrest care intervention do you choose for this patient? A. Initiate targeted temperature management B. Check the glucose level C. Administer epinephrine D. Extubate The correct answer is A. To protect the brain and other organs, the high-performance team should start targeted temperature management in patients who remain comatose (lack of meaningful response to verbal commands) with return of spontaneous circulation after cardiac arrest. [ACLS Provider Manual, Part 5: The ACLS Cases > Immediate Post Cardiac Arrest Care Algorithm > Targeted Temperature Management] 46. Which would you have done first if the patient had not gone into ventricular fibrillation? A. Established IV access B. Obtained a 12lead ECG C. Given atropine 1 mg D. Performed synchronized cardioversion The correct answer is D. Synchronized shocks are recommended for patients with unstable supraventricular tachycardia with pulses. [ACLS Provider Manual, Part 5: The ACLS Cases > Tachycardia: Stable and Unstable > Cardioversion > Recommendations | 14 32 Use this scenario to answer the next 4 questions: A 68-year-old woman presents with light-headedness, nausea, and chest discomfort. Your assessment finds her awake and responsive but ill-appearing, pale, and grossly diaphoretic. Her radial pulse is weak, thready, and fast. You are unable to obtain a blood pressure. She has no obvious dependent edema, and her neck veins are flat. Her lung sounds are equal, with moderate rales present bilaterally. The cardiac monitor shows the rhythm seen here. 47. Based on this patient s initial assessment, which adult ACLS algorithm should you follow? A. Acute coronary syndromes B. Tachycardia C. Suspected stroke D. Cardiac arrest The correct answer is B. This ECG rhythm strip shows ventricular tachycardia With a Pulse Algorithm outlines the steps for assessment and management of a patient presenting with symptomatic tachycardia with pulses. [ACLS Provider Manual, Part 5: The ACLS Cases > Tachycardia: Stable and Unstable > Managing Unstable > Managing Unstable Tachycardia: The Tachycardia: The patient Spulse oximeter probe The correct answer is C. In the application of the Tachycardia Algorithm to an unstable patient, identify and treat the underlying cause. Give oxygen, if indicated, and monitor oxygen saturation of the Tachycardia Algorithm to the Unstable Patient > Identify and Treat the Underlying Cause] 49. After your initial assessment of this patient, which intervention be performed next? A. Synchronized cardioversion B. Administration of amiodarone 150 mg IM C. Immediate defibrillation D. Endotracheal intubation The correct answer is A. Synchronized shocks are recommended for patients with unstable suprayentricular tachycardia, unstable atrial fibrillation, unstable atrial fibrillatio the same, which would take the highest priority? A. Administer amiodarone 300 mg B. Administer atropine 0.5 mg C. Insert an advanced airway D. Perform defibrillation. Ventricular fibrillation and pulseless ventricular tachycardia require CPR until a defibrillator is available. Both are treated with high-energy unsynchronized shocks. The interval from cardiac arrest. Early defibrillation is critical for patients with sudden cardiac arrest. [ACLS Provider Manual, Part 5: The ACLS Cases

> Cardiac Arrest: VF/Pulseless VT Case > Managing VF/Pulseless VT: The Adult Cardiac Arrest Algorithm > VF/pVT (Left Side, and Application of the Adult Cardiac Arrest Algorithm: VT/pVT Pathway > Principle of Early Defibrillation] 16

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