

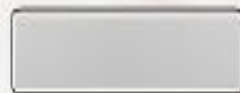
Precourse self-assessment

Are you ready for the course?

The objective of the precourse self-assessment is to evaluate your ability to integrate both rhythm interpretation and the use of pharmacologic agents.

For some, this will be a review and refresher exercise.

For others, you will learn that more preparation is needed before proceeding with the course.



 **Precourse self-assessment**

Rhythm ID

Pharmacology

Practical application

Score report

Welcome to the Precourse Self-assessment

The objective of this self-assessment is to prepare you for the ACLS learning stations and megacode testing station. The ACLS Provider Course will teach you how to use basic rhythm and drug knowledge as a team leader and team member. You will need to know this material before participating in the course. For some, this will be a review and refresher exercise. For others, you will learn that more preparation is needed before proceeding with the course.

There are three sections: rhythm identification, drug usage and knowledge, and practical application. Take the rhythm identification and pharmacology sections first. Then, test your knowledge of their application based on ACLS core material and algorithms.



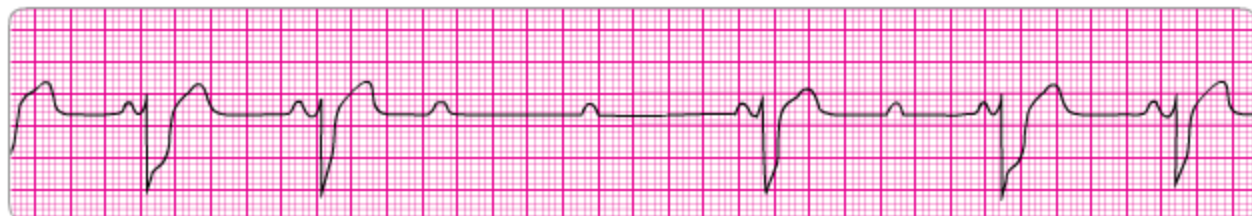
Rhythm Identification

The following rhythm strips are representative of the types of rhythms you will need to identify during the ACLS provider learning stations.

This self-assessment section will test your ability to identify the rhythms in the core ACLS algorithms and cases.

If you have difficulty with rhythm interpretation, we strongly suggest that you spend additional time reviewing these basic arrhythmias before the ACLS basic provider course.





Question 1 out of 20

Please identify the rhythm by selecting the best single answer

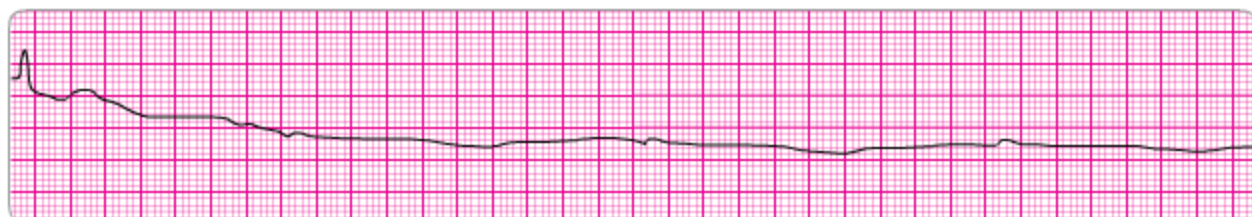
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| <input type="radio"/> Atrial fibrillation | <input type="radio"/> Reentry supraventricular tachycardia |
| <input type="radio"/> Atrial flutter | <input type="radio"/> Second-degree AV Block (Mobitz I Wenckebach) |
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| <input type="radio"/> Monomorphic ventricular tachycardia | <input type="radio"/> Sinus tachycardia |
| <input type="radio"/> Normal sinus rhythm | <input type="radio"/> Third-degree AV Block |
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Question 2 out of 20

Please identify the rhythm by selecting the best single answer

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Question 3 out of 20

Please identify the rhythm by selecting the best single answer

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Question 4 out of 20

Please identify the rhythm by selecting the best single answer

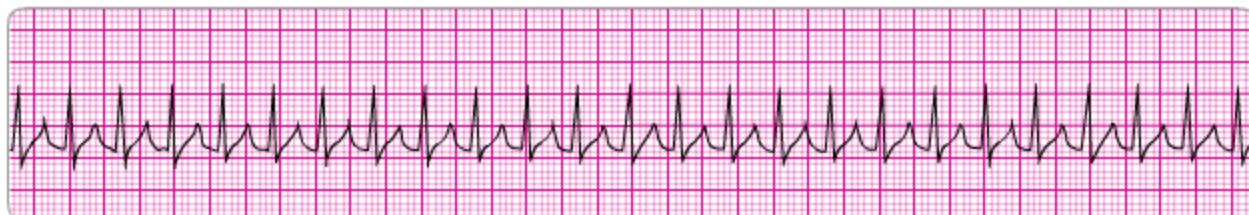
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Question 5 out of 20

Please identify the rhythm by selecting the best single answer

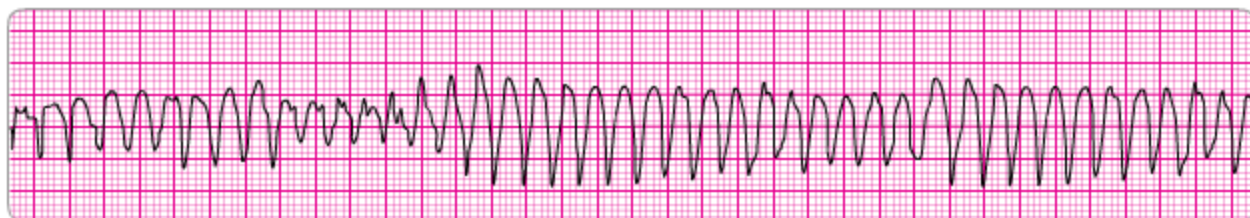
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Question 6 out of 20

Please identify the rhythm by selecting the best single answer

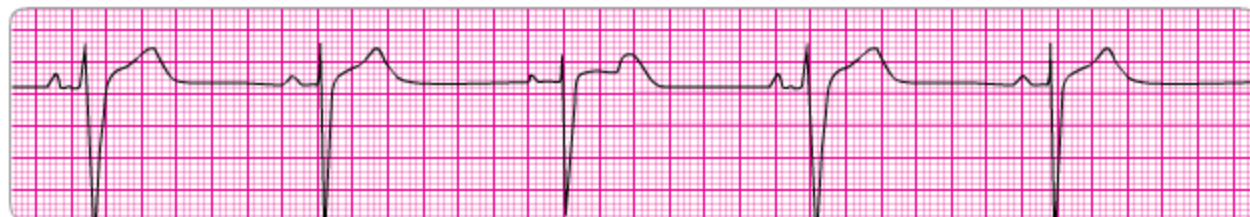
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Question 7 out of 20

Please identify the rhythm by selecting the best single answer

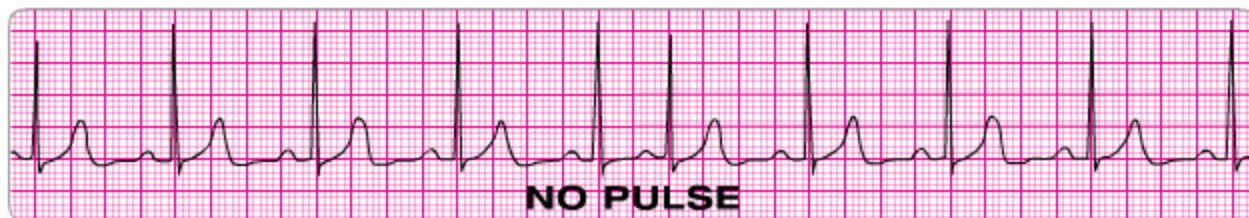
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Question 8 out of 20

Please identify the rhythm by selecting the best single answer

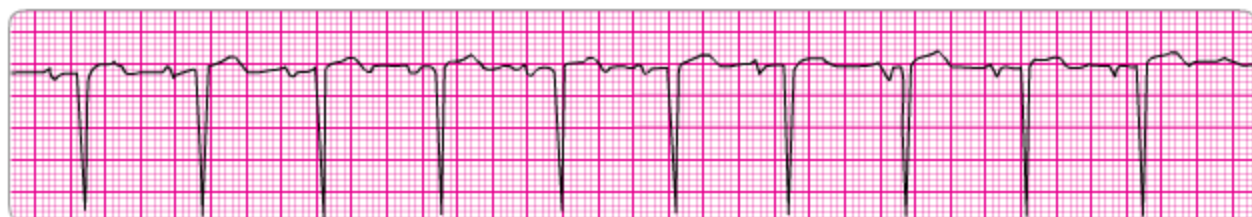
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| <input type="radio"/> Normal sinus rhythm | <input type="radio"/> Third-degree AV Block |
| <input type="radio"/> Polymorphic ventricular tachycardia | |



Question 9 out of 20

If no pulse with this rhythm? Please identify the rhythm by selecting the best single answer

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Question 10 out of 20

Please identify the rhythm by selecting the best single answer

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Question 11 out of 20

Please identify the rhythm by selecting the best single answer

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Question 12 out of 20

Please identify the rhythm by selecting the best single answer

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Question 13 out of 20

Please identify the rhythm by selecting the best single answer

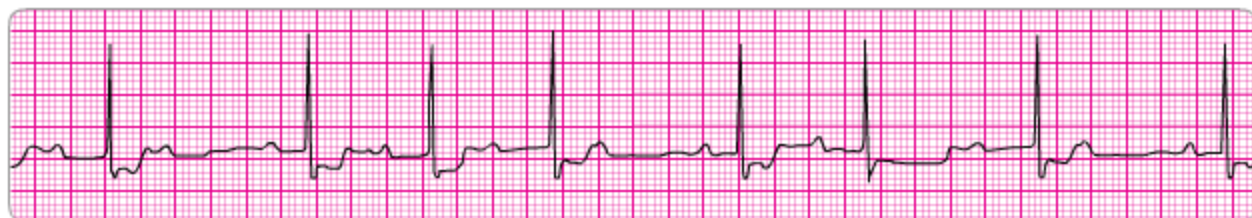
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Question 14 out of 20

Please identify the rhythm by selecting the best single answer

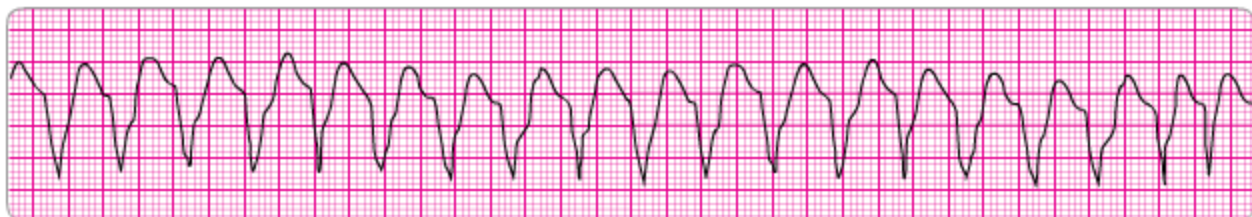
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Question 15 out of 20

Please identify the rhythm by selecting the best single answer

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Question 16 out of 20

Please identify the rhythm by selecting the best single answer

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Question 17 out of 20

Please identify the rhythm by selecting the best single answer

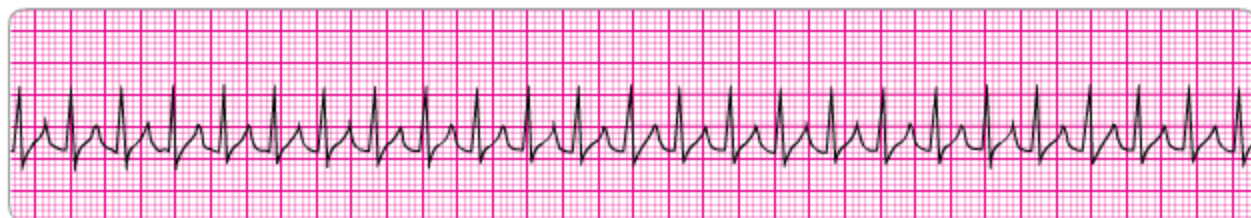
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| <input type="radio"/> Normal sinus rhythm | <input type="radio"/> Third-degree AV Block |
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Question 18 out of 20

Please identify the rhythm by selecting the best single answer

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Question 19 out of 20

Please identify the rhythm by selecting the best single answer

- Agonal rhythm/asystole
- Atrial fibrillation
- Atrial flutter
- Coarse ventricular fibrillation
- Fine ventricular fibrillation
- Monomorphic ventricular tachycardia
- Normal sinus rhythm
- Polymorphic ventricular tachycardia
- Pulseless electrical activity
- Reentry supraventricular tachycardia
- Second-degree AV Block (Mobitz I Wenckebach)
- Second-degree AV Block (Mobitz II Block)
- Sinus bradycardia
- Sinus tachycardia
- Third-degree AV Block



Question 20 out of 20

Please identify the rhythm by selecting the best single answer

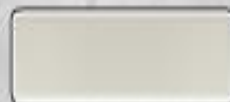
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- Fine ventricular fibrillation
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- Normal sinus rhythm
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- Reentry supraventricular tachycardia
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- Second-degree AV Block (Mobitz II Block)
- Sinus bradycardia
- Sinus tachycardia
- Third-degree AV Block

Pharmacology

The following pharmacology questions test your knowledge of ACLS core drugs used in the ACLS Provider Course and algorithms. This section will also test your ability to use these drugs in scenarios similar to the learning and Megacode testing stations.

The *ACLS Provider Manual* will have information locations identified in the left hand column of the pages. The answers section of each question will indicate which case the question is based on and where the information is located using these information locations. Find the case in your *ACLS Provider Manual*. Then locate the information heading in the left-hand column.

If you have difficulty with drug knowledge and use, we strongly suggest that you spend additional time reviewing basic drug pharmacology and the ACLS algorithms.



Question number 1 out of 20

A bradycardia rhythm is treated when:

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

Question number 2 out of 20

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

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

Question number 3 out of 20

A patient with a sinus bradycardia of 42 beats per minutes has diaphoresis and a blood pressure of 80/60. What is the initial dose of atropine?

- Atropine 1 mg
- Atropine 3 mg
- Atropine 0.1 mg
- Atropine 0.5 mg

Question number 4 out of 20

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

- Atropine 1 mg
- Epinephrine 1 mg
- Sodium bicarbonate 50 mEq
- Vasopressin 20 U

Question number 5 out of 20

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:

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

Question number 6 out of 20

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

- Amiodarone 150 mg
- Epinephrine 3 mg
- Lidocaine 0.5 mg/kg
- Vasopressin 40 U
- Amiodarone 300 mg

Question number 7 out of 20

A patient is in cardiac arrest. High-quality chest compressions are being given. The patient is intubated and an IV has been started. The rhythm is asystole. The first drug/dose to administer is

- Dopamine 2 to 20 mcg/kg per minute IV or IO
- Atropine 1 mg IV or IO
- Epinephrine 1 mg or vasopressin 40 U IV or IO
- Atropine 0.5 mg IV or IO
- Epinephrine 3 mg via endotracheal tube (ET)

Question number 8 out of 20

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 mm Hg. The next action is to:

- Perform immediate electrical cardioversion
- Give amiodarone 300 mg IV push
- Obtain 12-lead electrocardiogram
- Establish IV

Question number 9 out of 20

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

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

Question number 10 out of 20

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?

- Blood pressure greater than 180 mm Hg
- Heart rate 90 per minute
- Use of phosphodiesterase inhibitor within 12 hours
- Left ventricular infarct with bilateral rales

Question number 11 out of 20

Your patient has been intubated. IV/IO access is not available. Which combination of drugs can be administered by the endotracheal route of administration?

- Vasopressin, amiodarone, lidocaine
- Amiodarone, lidocaine, epinephrine
- Epinephrine, vasopressin, amiodarone
- Lidocaine, epinephrine, vasopressin

Question number 12 out of 20

A 35-year-old woman has palpitations, lightheadedness and a stable tachycardia. The monitor shows a regular narrow-complex QRS at a rate of 180 per minute. Vagal maneuvers have not been effective in terminating the rhythm. An IV has been established. What drug should be administered IV?

- Epinephrine 2 to 10 mcg/kg per minute
- Adenosine 6 mg
- Lidocaine 1 mg/kg
- Atropine 0.5 mg

Question number 13 out of 20

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?

- Escalating dose epinephrine 3 mg
- Second dose of epinephrine 1 mg
- Repeat the antiarrhythmia drug
- Sodium bicarbonate 50 mEq

Question number 14 out of 20

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 mm Hg and the patient complains of increased chest discomfort. You would

- Give nitroglycerin 0.4 mg sublingually
- Give normal saline 250 mL to 500 mL fluid bolus
- Start dopamine at 2 mcg/kg per minute and titrate to BP 100 mm Hg systolic
- Give an additional 2 mg of morphine sulfate

Question number 15 out of 20

A patient is in cardiac arrest. Ventricular fibrillation has been refractory to an initial shock. The recommended access route of administration for the delivery of drugs during CPR is

- Femoral vein
- Endotracheal
- Central line
- Intravenous or intraosseous
- External jugular vein

Question number 16 out of 20

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

- Seek expert consultation
- Immediate synchronized cardioversion
- Give adenosine 6 mg IV bolus
- Give lidocaine 1 to 1.5 mg IV bolus

Question number 17 out of 20

You arrive on-scene with the Code Team. High-quality CPR is in progress. An AED has previously advised "no shock indicated." A rhythm check now finds asystole. After resuming high-quality compressions, your next action is to

- Attempt endotracheal intubation with minimal CPR interruption
- Place a Combitube or laryngeal mask airway
- Call for a pulse check
- Place IV or IO access

Question number 18 out of 20

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:

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

**Question number 18 out of 20**

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:

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- Administer heparin if CT scan is negative for hemorrhage
- Do not give aspirin for at least 24 hours if tPA is administered
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Question number 20 out of 20

A patient is in refractory ventricular fibrillation and has received multiple appropriate defibrillations, epinephrine 1 mg IV twice, and an initial dose of 300 mg amiodarone IV. The patient is intubated. A second dose of amiodarone is now called for. The recommended second dose of amiodarone is

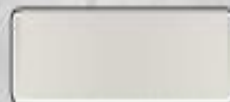
- Give endotracheal dose 2 to 4 mg/kg
- 1 mg/kg IV push
- 150 mg IV push
- Start infusion 1 to 2 mg/min
- 300 mg IV push

Practical Application

This self-assessment section will test your ability to identify the rhythm and then select a treatment or intervention based on your identification of the rhythm and knowledge of ACLS drugs and treatment algorithms. The *ACLS Provider Manual* will have information locations identified in the left-hand column of the pages. The answer section of each question will indicate which case the question is based on and where the information is located using these information locations. Find the case in your *ACLS Provider Manual*. Then locate the information heading in the left-hand column.

In previous parts of the precourse self-assessment you have (1) identified these rhythms and reviewed your rhythm analysis skills and (2) demonstrated knowledge of the pharmacology and drug interventions required to treat these rhythms. You should have demonstrated proficiency in these areas before proceeding with this section.

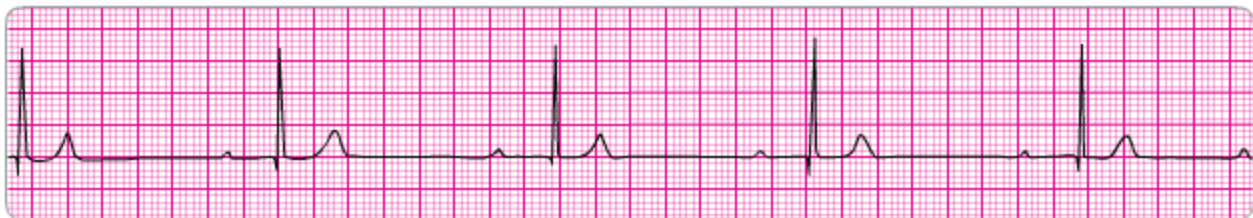
For purposes of these questions, assume that you are the team leader unless otherwise directed. Assume that you can administer medications by the IV or IO route unless otherwise noted. A manual defibrillator is available unless otherwise noted. If you have difficulty with the practical application questions, review the ACLS rhythms, basic drug pharmacology, and the ACLS algorithms.




Question number 1 out of 20

You are evaluating a patient with a 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 mm Hg. You observe the above rhythm on the monitor and your next action is

- Administer nitroglycerin 0.4 mg SL
- Continue monitoring patient and seek expert consultation
- Initiate transcutaneous pacing (TCP)
- Give atropine 0.5 mg IV
- Start epinephrine 2 to 10 mcg/min and titrate


Question number 2 out of 20

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

- Initiate transcutaneous pacing
- Give atropine 0.5 mg IV
- Order immediate endotracheal intubation
- Give epinephrine 1 mg IV
- Give atropine 1 mg IV


Question number 3 out of 20

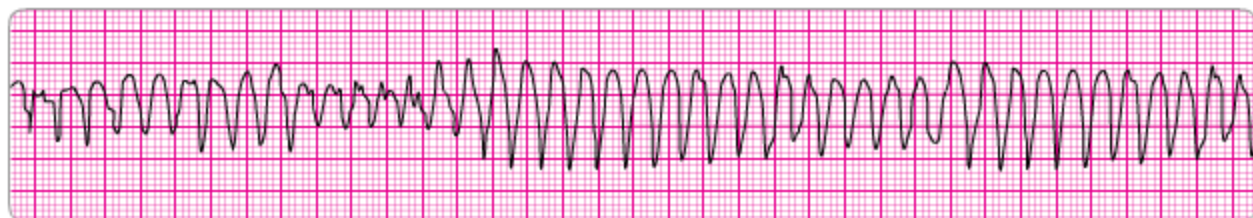
A patient with an acute MI on a 12-lead ECG transmitted by the paramedics has the above findings on a rhythm strip when a monitor is placed in the ED. The patient had resolution of moderate (5/10) chest pain with three doses of sublingual nitroglycerin. Blood pressure is 104/70 mm Hg. Which intervention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

- Atropine 0.5 mg IV, total dose 2 mg as needed
- Reperfusion therapy
- Intravenous nitroglycerin for 24 hours
- Temporary pacing
- Atropine 1 mg IV, total dose 3 mg as needed


Question number 4 out of 20

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

- Intubate the patient and give epinephrine 2 to 4 mg via ET tube
- Establish an IV and give vasopressin 40 U IV
- Give a single shock
- Establish an IV and give epinephrine 1 mg IV
- Begin CPR with chest compressions for 2 minutes or about 5 cycles of compressions and ventilations



Question number 5 out of 20

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 high 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

- Give magnesium sulfate 1 to 2 g IV diluted in 10 mL D5W given over 5 to 20 minutes
- Repeat amiodarone 150 mg IV
- Repeat amiodarone 300 mg IV
- Lidocaine 1 to 1.5 mg IV and start infusion 2 mg/min
- Give sodium bicarbonate 50 mEq IV



Question number 6 out of 20

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 mm Hg. She is apprehensive but has no complaints other than palpitations. At this time you would

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



Question number 7 out of 20

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

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



Question number 8 out of 20

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 mm Hg. There are no allergies or contraindications to any medication. You would first order

- Amiodarone 150 mg IV
- Nitroglycerin 0.4 mg SL
- Intravenous nitroglycerin initiated at 10 mcg/min and titrated
- Morphine sulfate 2 to 4 mg IV
- Lidocaine 1 mg/kg IV and infusion 2 mg/min


Question number 9 out of 20

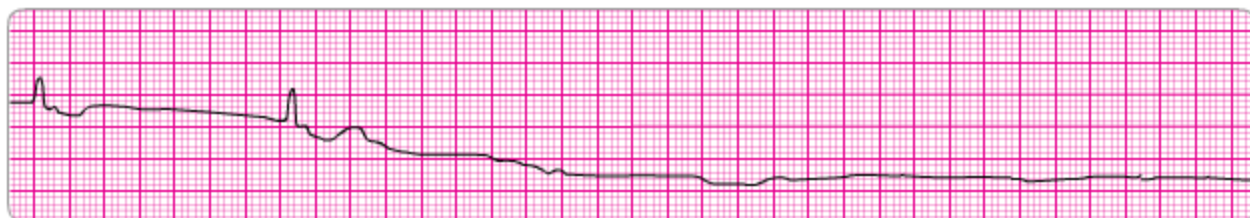
You are the code team leader and arrive finding the above rhythm with CPR in progress. Team members report that the patient was well but complained of chest pain and collapsed. She has no pulse or respirations. Bag mask ventilations are producing visible chest rise, high-quality CPR is in progress, and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

- Start dopamine at 10 to 20 mcg/kg per minute
- Perform endotracheal intubation
- Administer amiodarone 300 mg
- Administer atropine 1 mg
- Administer epinephrine 1 mg


Question number 10 out of 20

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

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


Question number 11 out of 20

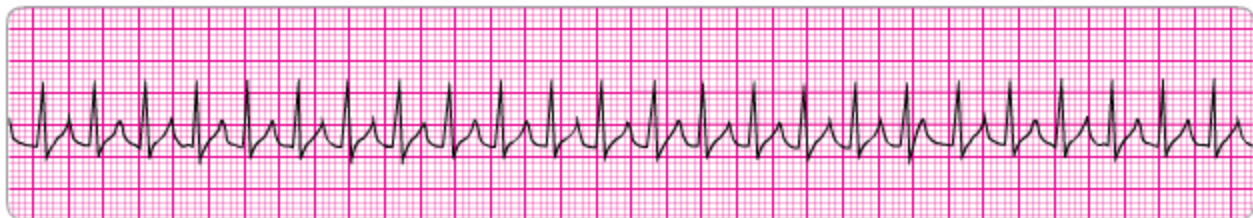
A patient was in refractory ventricular fibrillation. A third shock has just been administered. Your team looks at you for instruction. Your immediate next order is:

- Check carotid pulse
- Perform endotracheal intubation
- Give atropine 1 mg IV
- Resume high-quality chest compressions
- Give amiodarone 300 mg IV


Question number 12 out of 20

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?

- Give immediate unsynchronized high-energy shock (defibrillation dose)
- Repeat amiodarone 300 mg IV
- Perform immediate synchronized cardioversion
- Repeat amiodarone 150 mg IV
- Give lidocaine 1 to 1.5 mg/kg IV


Question number 13 out of 20

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?

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


Question number 14 out of 20

You arrive on-scene and find a 56 year old diabetic women complaining of dizziness. She is pale and diaphoretic. Her blood pressure is 80/60 mm Hg. The cardiac monitor documents the rhythm above. She is receiving oxygen at 4 L/min by nasal cannula, and an IV has been established. Your next order is

- Give atropine 0.5 mg IV
- Start dopamine at 2 to 10 mcg/kg per minute
- Give atropine 1 mg IV
- Give nitroglycerin 0.4 mg SL
- Give morphine sulfate 4 mg IV


Question number 15 out of 20

A patient has been resuscitated from cardiac arrest and is being prepared for transport. She is intubated and is receiving 100% oxygen. Blood pressure is 80/60 mm Hg. During the resuscitation she received 2 doses of epinephrine 1 mg, and amiodarone 300 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:

- Give amiodarone 150 mg IV bolus, start infusion
- Give lidocaine 1 to 1.5 mg IV, start infusion
- Give amiodarone 300 mg IV
- Give 1-2 L of normal saline
- Repeat epinephrine 1 mg IV


Question number 16 out of 20

You are monitoring a patient. 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:

- Administer adenosine 6 mg; consult expert consultation
- Give an immediate synchronized shock
- Give an immediate unsynchronized shock
- Administer magnesium sulfate 1 to 2 g IV diluted in 10 mL D5W given over 5 to 20 minutes
- Give sedation and perform synchronized cardioversion


Question number 17 out of 20

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?

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


Question number 18 out of 20

You are monitoring the patient and note the above rhythm on the cardiac monitor. She is complaining of dizziness and has a blood pressure of 80/40. She has an IV in place. Your next action is

- Give atropine 0.5 mg IV
- Give atropine 1 mg IV
- Start transcutaneous pacing
- Start dopamine 2 to 10 mcg/kg per minute and titrate heart rate
- Administer sedation and begin immediate transcutaneous pacing at 80 per minute



Question number 19 out of 20

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

- Give atropine 0.5 mg IV
- Initiate dopamine at 2 to 10 mcg/kg per minute and titrate heart rate
- Initiate dopamine at 10 to 20 mcg/kg per minute and titrate heart rate
- Begin transcutaneous pacing
- Initiate epinephrine at 2 to 10 mcg/kg per minute



Question number 20 out of 20

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 mm Hg. The next appropriate intervention is

- Repeat adenosine 12 mg IV
- Perform immediate unsynchronized cardioversion
- Repeat adenosine 3 mg IV
- Perform vagal maneuvers and repeat adenosine 6 mg IV
- Sedate and perform synchronized cardioversion



Pre-Course Self-Assessment Answers

<u>Section 1 - Rhythm Identification</u>		Correct	Incorrect
1- Second Degree AV Block (Mobitz II Block)-----	<input type="checkbox"/>	<input type="checkbox"/>	
2- Reentry Supraventricular Tachycardia-----	<input type="checkbox"/>	<input type="checkbox"/>	
3- Agonal Rhythm/Asystole-----	<input type="checkbox"/>	<input type="checkbox"/>	
4- Sinus Bradycardia-----	<input type="checkbox"/>	<input type="checkbox"/>	
5- Fine Ventricular Fibrillation-----	<input type="checkbox"/>	<input type="checkbox"/>	
6- Reentry Supraventricular Tachycardia-----	<input type="checkbox"/>	<input type="checkbox"/>	
7- Polymorphic Ventricular Tachycardia-----	<input type="checkbox"/>	<input type="checkbox"/>	
8- Sinus Bradycardia-----	<input type="checkbox"/>	<input type="checkbox"/>	
9- Pulseless Electrical Activity-----	<input type="checkbox"/>	<input type="checkbox"/>	
10- Normal Sinus Rhythm-----	<input type="checkbox"/>	<input type="checkbox"/>	
11- Third Degree AV Block-----	<input type="checkbox"/>	<input type="checkbox"/>	
12- Atrial Flutter-----	<input type="checkbox"/>	<input type="checkbox"/>	
13- Monomorphic Ventricular Tachycardia-----	<input type="checkbox"/>	<input type="checkbox"/>	
14- Sinus Tachycardia-----	<input type="checkbox"/>	<input type="checkbox"/>	
15- Second Degree AV Block (Mobitz II Block)-----	<input type="checkbox"/>	<input type="checkbox"/>	
16- Monomorphic Ventricular Tachycardia-----	<input type="checkbox"/>	<input type="checkbox"/>	
17- Second Degree AV Block (Mobitz I Wenckebach)-----	<input type="checkbox"/>	<input type="checkbox"/>	
18- Coarse Ventricular Fibrillation-----	<input type="checkbox"/>	<input type="checkbox"/>	
19- Reentry Supraventricular Tachycardia-----	<input type="checkbox"/>	<input type="checkbox"/>	
20- Normal Sinus Rhythm-----	<input type="checkbox"/>	<input type="checkbox"/>	
Totals for section		_____	_____

<u>Section 2 - Pharmacology</u>		Correct	Incorrect
1- Chest pain or shortness of breath is present-----	<input type="checkbox"/>	<input type="checkbox"/>	
2- The correct dose of vasopressin is 40 U administered IO-----	<input type="checkbox"/>	<input type="checkbox"/>	
3- Atropine 0.5 mg-----	<input type="checkbox"/>	<input type="checkbox"/>	
4- Epinephrine 1 mg-----	<input type="checkbox"/>	<input type="checkbox"/>	
5- Give aspirin 160 to 325 mg chewed, immediately-----	<input type="checkbox"/>	<input type="checkbox"/>	
6- Amiodarone 300 mg-----	<input type="checkbox"/>	<input type="checkbox"/>	
7- Epinephrine 1 mg or 40 U IV or IO-----	<input type="checkbox"/>	<input type="checkbox"/>	
8- Perform immediate electrical cardioversion-----	<input type="checkbox"/>	<input type="checkbox"/>	
9- Magnesium is indicated in VF/pulseless VT associated with torsades de pointes-----	<input type="checkbox"/>	<input type="checkbox"/>	
10- Use of phosphodiesterase inhibitor within 12 hours-----	<input type="checkbox"/>	<input type="checkbox"/>	
11- Lidocaine, Epinephrine, Vasopressin-----	<input type="checkbox"/>	<input type="checkbox"/>	
12- Adenosine 6 mg-----	<input type="checkbox"/>	<input type="checkbox"/>	
13- Second dose of epinephrine 1 mg-----	<input type="checkbox"/>	<input type="checkbox"/>	
14- Give normal saline 250 mL to 500 mL fluid bolus-----	<input type="checkbox"/>	<input type="checkbox"/>	
15- Intravenous or intraosseous-----	<input type="checkbox"/>	<input type="checkbox"/>	
16- Seek expert consultation-----	<input type="checkbox"/>	<input type="checkbox"/>	
17- Place IV or IO access-----	<input type="checkbox"/>	<input type="checkbox"/>	
18- Do not give aspirin for at least 24 hours if tPA is administered-----	<input type="checkbox"/>	<input type="checkbox"/>	
19- Start epinephrine 2 to 10 mcg/min-----	<input type="checkbox"/>	<input type="checkbox"/>	
20- 150 mg IV push-----	<input type="checkbox"/>	<input type="checkbox"/>	
Totals for section		_____	_____



Section 3 - Practical Application

	Correct	Incorrect
1- Continue monitoring patient and seek expert consultation-----	<input type="checkbox"/>	<input type="checkbox"/>
2- Give epinephrine 1 mg IV-----	<input type="checkbox"/>	<input type="checkbox"/>
3- Reperfusion therapy-----	<input type="checkbox"/>	<input type="checkbox"/>
4- Give a single shock-----	<input type="checkbox"/>	<input type="checkbox"/>
5- Give magnesium sulfate 1 to 2 g IV diluted in 10 mL D5W given over 5 to 20 minutes-----	<input type="checkbox"/>	<input type="checkbox"/>
6- Seek expert consultation-----	<input type="checkbox"/>	<input type="checkbox"/>
7- Begin CPR with high-quality chest compressions-----	<input type="checkbox"/>	<input type="checkbox"/>
8- Nitroglycerin 0.4 mg SL-----	<input type="checkbox"/>	<input type="checkbox"/>
9- Administer epinephrine 1 mg-----	<input type="checkbox"/>	<input type="checkbox"/>
10- Continue monitoring patient and seek expert consultation-----	<input type="checkbox"/>	<input type="checkbox"/>
11- Resume high-quality chest compressions-----	<input type="checkbox"/>	<input type="checkbox"/>
12- Give immediate unsynchronized high-energy shock (defibrillation dose)-----	<input type="checkbox"/>	<input type="checkbox"/>
13- Perform vagal maneuvers-----	<input type="checkbox"/>	<input type="checkbox"/>
14- Give atropine 0.5 mg IV-----	<input type="checkbox"/>	<input type="checkbox"/>
15- Give 1-2 L of normal saline-----	<input type="checkbox"/>	<input type="checkbox"/>
16- Administer adenosine 6 mg; consult expert consultation-----	<input type="checkbox"/>	<input type="checkbox"/>
17- Prepare to give epinephrine 1 mg IV-----	<input type="checkbox"/>	<input type="checkbox"/>
18- Give atropine 0.5 mg IV-----	<input type="checkbox"/>	<input type="checkbox"/>
19- Give atropine 0.5 mg IV-----	<input type="checkbox"/>	<input type="checkbox"/>
20- Repeat adenosine 12 mg IV-----	<input type="checkbox"/>	<input type="checkbox"/>
Totals for section	_____	_____

Your overall score: _____/60