

ACLS Practice Test



Section 1: Rhythm Identification Answers

For the following 6-second rhythm strips, utilize these selections. Selections can be utilized more than once.

A	Agonal rhythm/Asystole	H	Second-degree atrioventricular block (Mobitz I)
B	Atrial Fibrillation	I	Second-degree atrioventricular block (Mobitz II)
C	Atrial Flutter	J	Sinus Bradycardia
D	Monomorphic ventricular tachycardia	K	Sinus Tachycardia
E	Normal Sinus Rhythm	L	Supraventricular Tachycardia
F	Polymorphic ventricular tachycardia	M	Third-degree atrioventricular block
G	Pulseless Electrical Activity	N	Ventricular Fibrillation

1.



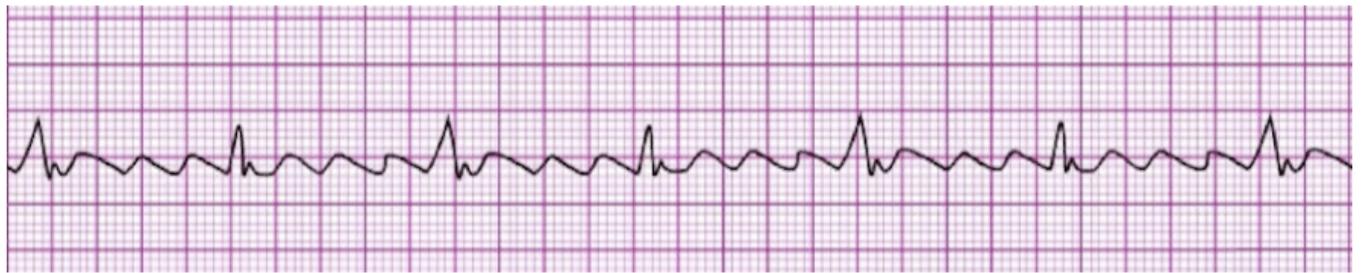
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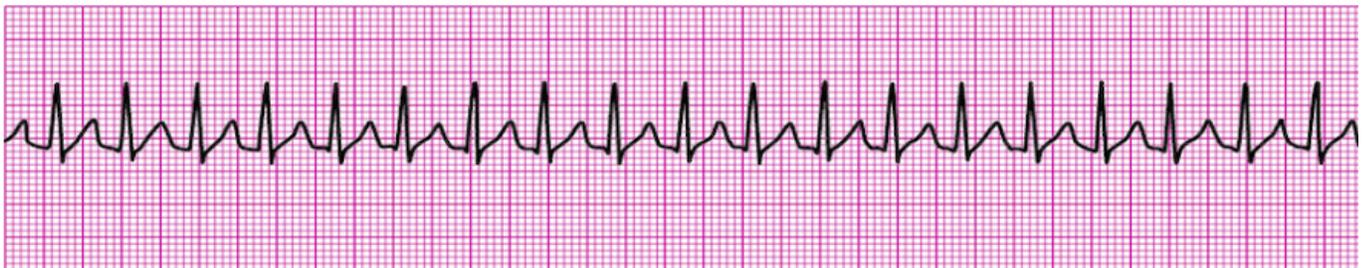
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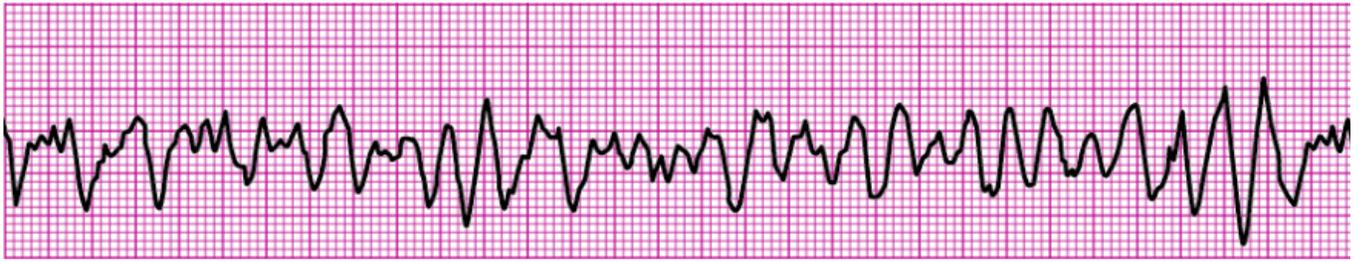
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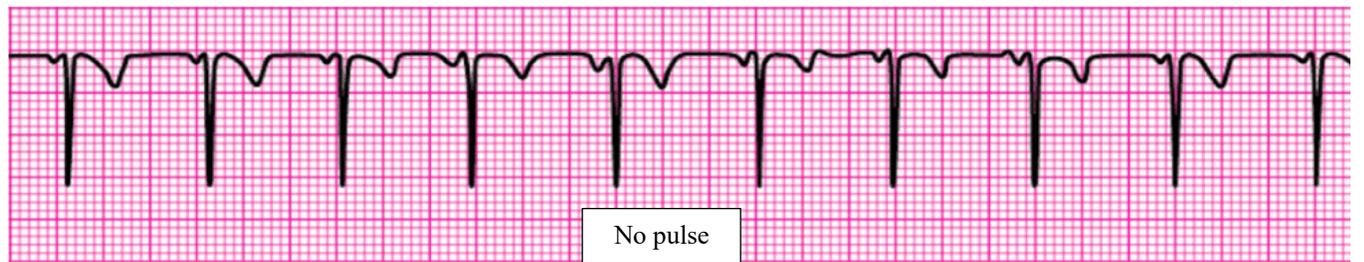
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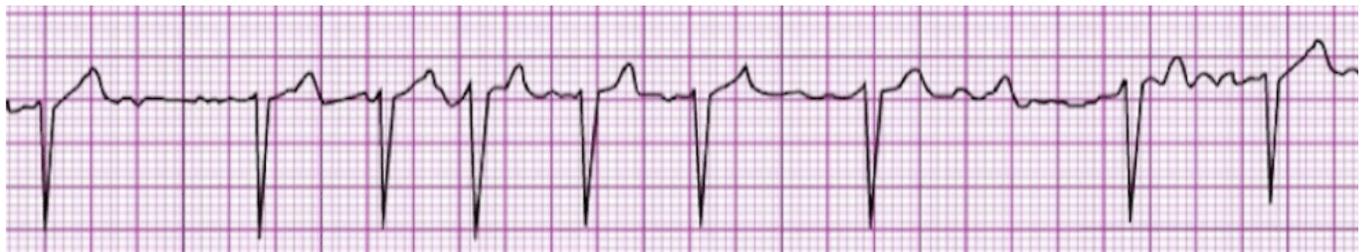
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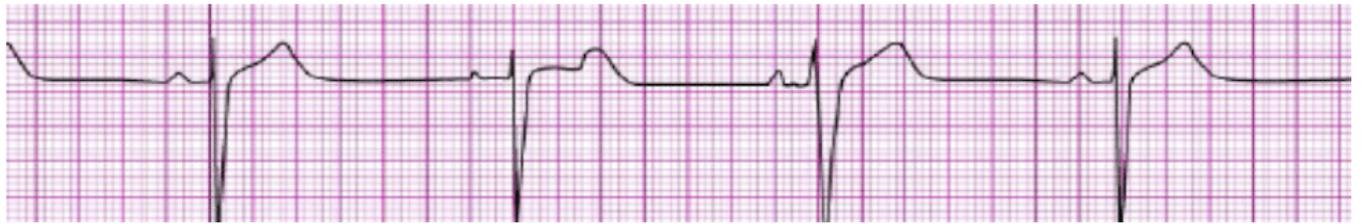
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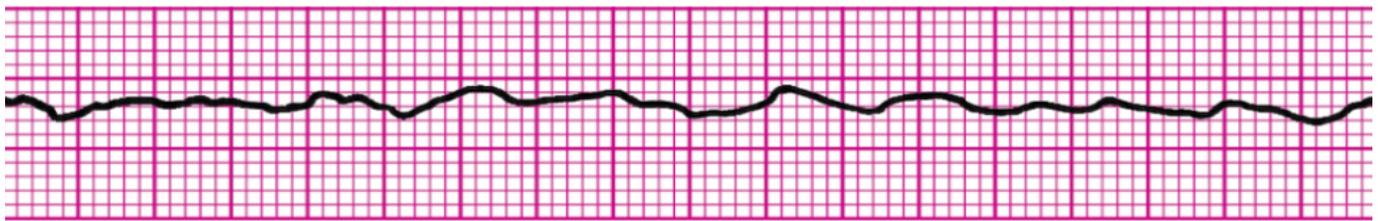
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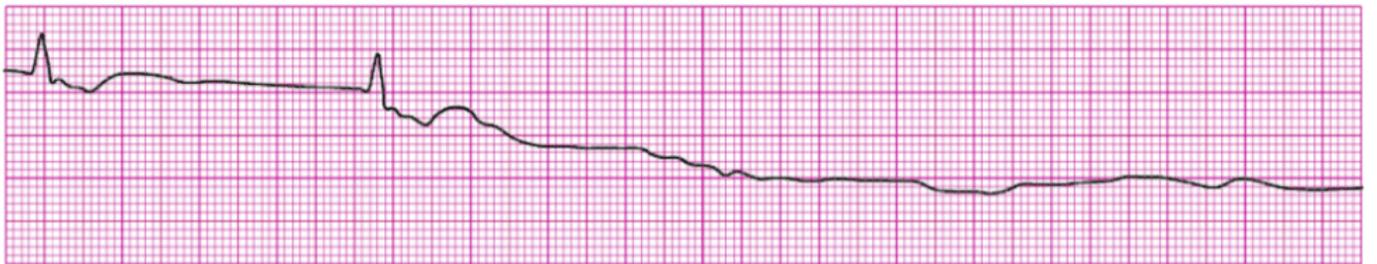
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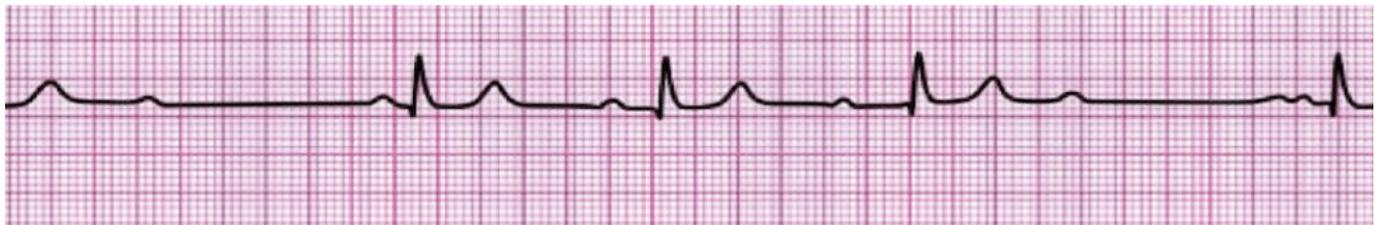
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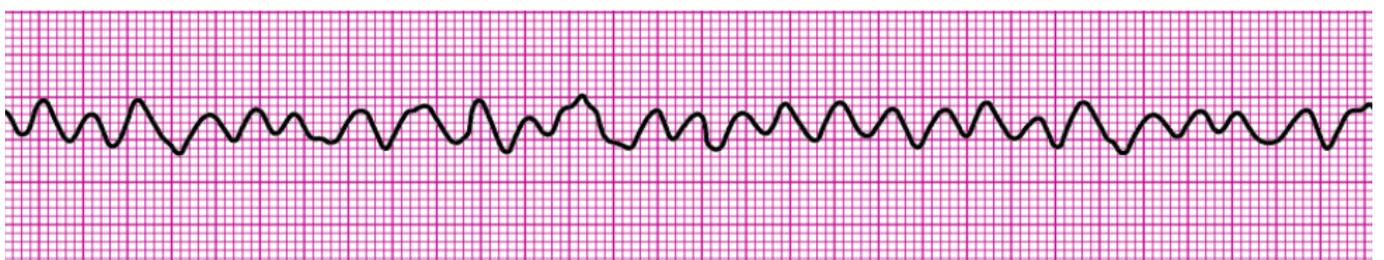
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16.



17.



18.



19.



20.



Section 2: Pharmacology Answers

1. You are caring for a 66-year-old man with a history of a large intracerebral hemorrhage 2 months ago. He is being evaluated for another acute stroke. The CT scan is negative for hemorrhage. The patient is receiving oxygen via nasal cannula at 2 L/min, and an IV has been established. His blood pressure is 180/100 mm Hg. Which drug do you anticipate giving to this patient?
 - A. Nicardipine
 - B. rtPA
 - C. Glucose (D50)
 - D. Aspirin

2. A patient has a rapid irregular wide-complex tachycardia. The ventricular rate is 138/min. He is asymptomatic, with a blood pressure of 110/70 mm Hg. He has a history of angina. What action is recommended next?
 - A. Giving adenosine 6 mg IV bolus
 - B. Performing synchronized cardioversion
 - C. Seeking expert consultation
 - D. Giving lidocaine 1 to 1.5 mg IV bolus

3. A patient with STEMI has ongoing chest discomfort. Heparin 4000 units IV bolus and a heparin infusion of 1000 units per hour are being administered. The patient did not take aspirin because he has a history of gastritis, which was treated 5 years ago. What is your next action?
 - A. Give aspirin 162 to 325 mg to chew
 - B. Give enteric-coated aspirin 75 mg orally
 - C. Give enteric-coated aspirin 325 mg rectally
 - D. Give clopidogrel 300 mg orally

4. What is the indication for the use of magnesium in cardiac arrest?
 - A. Ventricular tachycardia associated with a normal QT interval
 - B. Shock-refractory ventricular fibrillation
 - C. Shock-refractory monomorphic ventricular tachycardia
 - D. Pulseless ventricular tachycardia-associated torsades de pointes (correct)

5. In which situation does bradycardia require treatment?
 - A. Hypotension (Correct)
 - B. Systolic blood pressure greater than 100 mm Hg
 - C. Diastolic blood pressure greater than 90 mm Hg
 - D. 12-lead ECG showing a normal sinus rhythm

6. 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. What is the first drug/dose to administer?
- A. Epinephrine 1 mg IV/IO (Correct)
 - B. Atropine 1 mg IV/IO
 - C. Atropine 0.5 mg IV/IO
 - D. Dopamine 2 to 20 mcg/kg per minute IV/IO
-

7. A patient with sinus bradycardia and a heart rate of 42/min has diaphoresis and a blood pressure of 80/60 mm Hg. What is the initial dose of atropine?
- A. 0.1 mg
 - B. 3 mg
 - C. 1 mg (Correct)
 - D. 0.5 mg
-

8. Which intervention is most appropriate for the treatment of a patient in asystole?
- A. Epinephrine (Correct)
 - B. Defibrillation
 - C. Transcutaneous pacing
 - D. Atropine
-

9. You arrive on the 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, which action do you take next?
- A. Perform endotracheal intubation
 - B. Call for a pulse check
 - C. Insert a laryngeal airway
 - D. Establish IV or IO access (Correct)
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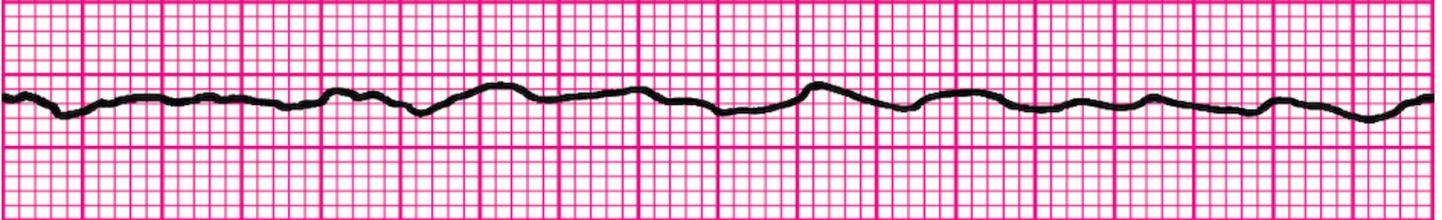
10. A patient is in refractory ventricular fibrillation and has received multiple appropriate defibrillation shocks, epinephrine 1 mg IV twice, and an initial dose of amiodarone 300 mg IV. The patient is intubated. Which best describes the recommended second dose of amiodarone for this patient?
- A. 1 mg/kg IV push
 - B. 300 mg IV push
 - C. 1 to 2 mg/min infusion
 - D. 150 mg IV push (Correct)
-

11. A patient with possible STEMI has ongoing chest discomfort. What is a contraindication to nitrate administration?
- A. Systolic blood pressure greater than 180 mm Hg
 - B. Anterior wall myocardial infarction
 - C. Use of a phosphodiesterase inhibitor within the previous 24 hours (Correct)
 - D. Heart rate less than 90/min
-
12. A patient is in pulseless ventricular tachycardia. Two shocks and 1 dose of epinephrine have been given. Which drug should be given next?
- A. Lidocaine 0.5 mg/kg
 - B. Epinephrine 3 mg
 - C. Adenosine 6 mg
 - D. Amiodarone 300 mg
-
13. A patient has sinus bradycardia with a heart rate of 36/min. Atropine has been administered to a total dose of 3 mg. A transcutaneous pacemaker has failed to capture. The patient is confused, and her blood pressure is 88/56 mm Hg. Which therapy is now indicated?
- A. Normal saline 250 mL to 500 mL bolus
 - B. Atropine 1 mg
 - C. Epinephrine 2 to 10 mcg/min (Correct)
 - D. Adenosine 6 mg
-
14. A 35-year-old woman has palpitations, light-headedness, and a stable tachycardia. The monitor shows a regular narrow-complex QRS at a rate of 180/min. Vagal maneuvers have not been effective in terminating the rhythm. An IV has been established. Which drug should be administered?
- A. Epinephrine 2 to 10 mcg/kg per minute
 - B. Atropine 0.5 mg
 - C. Lidocaine 1 mg/kg
 - D. Adenosine 6 mg (Correct)
-
15. A patient is in cardiac arrest. Ventricular fibrillation has been refractory to a second shock. Which drug should be administered first?
- A. Sodium bicarbonate 50 mEq IV/IO
 - B. Atropine 1 mg IV/IO
 - C. Epinephrine 1 mg IV/IO (Correct)
 - D. Lidocaine 1 mg/kg IV/IO
-

16. A 62-year-old man suddenly experienced difficulty speaking and left-sided weakness. He meets initial criteria for fibrinolytic therapy, and a CT scan of the brain is ordered. Which best describes the guidelines for antiplatelet and fibrinolytic therapy?
- A. Hold aspirin for at least 24 hours if rtPA is administered (Correct)
 - B. Give aspirin 162 to 325 mg to be chewed immediately
 - C. Give heparin if the CT scan is negative for hemorrhage
 - D. Give aspirin 120 mg and clopidogrel 75 mg orally
-
17. A 57-year-old woman has palpitations, chest discomfort, and tachycardia. The monitor shows a regular wide-complex QRS at a rate of 180/min. She becomes diaphoretic, and her blood pressure is 80/60 mm Hg. Which action do you take next?
- A. Perform electrical cardioversion (Correct)
 - B. Obtain a 12-lead ECG
 - C. Seek expert consultation
 - D. Establish IV access
-
18. A patient is in cardiac arrest. Ventricular fibrillation has been refractory to an initial shock. If no pathway for medication administration is in place, which method is preferred?
- A. Endotracheal tube
 - B. External jugular vein
 - C. IV or IO (Correct)
 - D. Central line
-
19. A monitored patient in the ICU developed a sudden onset of narrow-complex tachycardia at a rate of 220/min. The patient's blood pressure is 128/58 mm Hg, the PETCO₂ is 38 mm Hg, and the pulse oximetry reading is 98%. There is vascular access in the left arm, and the patient has not been given any vasoactive drugs. A 12-lead ECG confirms a supraventricular tachycardia with no evidence of ischemia or infarction. The heart rate has not responded to vagal maneuvers. What is your next action?
- A. Administer amiodarone 300 mg IV push
 - B. Perform synchronized cardioversion at 50 J
 - C. Administer adenosine 6 mg IV push (Correct)
 - D. Perform synchronized cardioversion at 200 J
-
20. A patient is in refractory ventricular fibrillation. High-quality CPR is in progress. One dose of epinephrine was given after the second shock. An antiarrhythmic drug was given immediately after the third shock. You are the team leader. Which medication do you order next?
- A. Epinephrine 3 mg
 - B. Epinephrine 1 mg (Correct)
 - C. Sodium bicarbonate 50 mEq
 - D. A second dose of the antiarrhythmic drug

Section 3: Practical Application

1. After initiation of CPR and 1 shock for ventricular fibrillation, this rhythm is present on the next rhythm check. A second shock is given, and chest compressions are resumed immediately. An IV is in place, and no drugs have been given. Bag-mask ventilations are producing visible chest rise. What is your next intervention?



2. Which action should you take immediately after providing an AED shock?
- A. Start rescue breathing
 - B. Prepare to deliver a second shock
 - C. Check the pulse rate
 - D. Resume chest compressions (Correct)
3. What is the maximum interval for pausing chest compressions?
- A. 25 seconds
 - B. 10 seconds (Correct)
 - C. 20 seconds
 - D. 15 seconds
4. You are providing bag-mask ventilations to a patient in respiratory arrest. How often should you provide ventilations?
- A. Every 6 seconds (Correct)
 - B. Every 10 seconds
 - C. Every 14 seconds
 - D. Every 12 seconds
5. What is the recommended depth of chest compressions for an adult victim?
- A. At least 2 inches (Correct)
 - B. At least 1.5 inches
 - C. At least 2.5 inches
 - D. At least 3 inches

6. What is the recommended compression rate for high-quality CPR?
- A. 90 to 100 compression per minute
 - B. 100 to 120 compressions per minute (Correct)
 - C. 70 to 80 compressions per minute
 - D. 50 to 20 compressions per minute
-

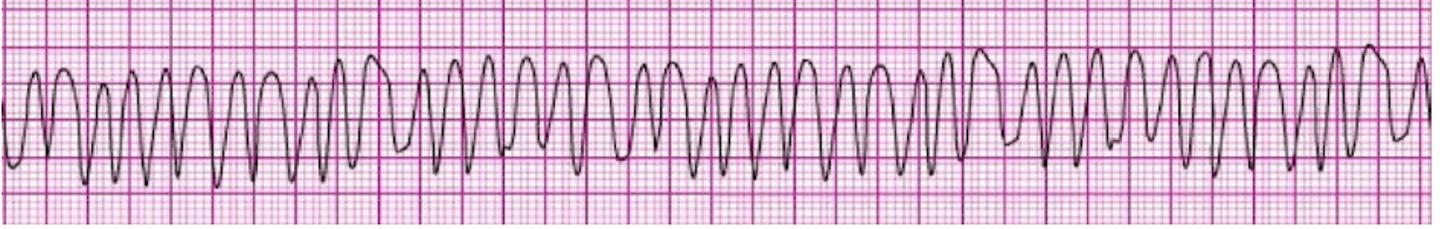
7. How often should you switch chest compressors to avoid fatigue?
- A. About every 2 minutes (Correct)
 - B. About every 5 minutes
 - C. About every 4 minutes
 - D. About every 3 minutes
-

8. A patient's 12-lead ECG is transmitted by the paramedics and shows a STEMI. When the patient arrives in the emergency department, the rhythm shown here is seen on the cardiac monitor. The patient has resolution of moderate (5/10) chest pain after 3 doses of sublingual nitroglycerin. Blood pressure is 104/70 mm Hg. Which intervention is most important in reducing this patient's in-hospital and 30-day mortality rate?

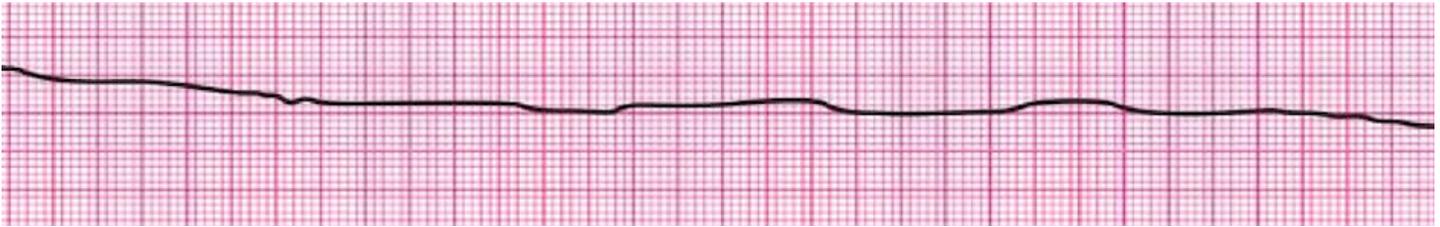


9. Your patient is not responsive and is not breathing. You can palpate a carotid pulse. Which action do you take next?
- A. Apply an AED
 - B. Start rescue breathing (Correct)
 - C. Obtain a 12-lead ECG
 - D. Start an IV
-
10. How does complete chest recoil contribute to effective CPR?
- A. Reduces rescuer fatigue
 - B. Allows maximum blood return to the heart (Correct)
 - C. Reduces the risk of rib fractures
 - D. Increases the rate of chest compressions
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11. A patient has been resuscitated from cardiac arrest. During post-ROSC treatment, the patient becomes unresponsive, with the rhythm shown here. Which action is indicated next?



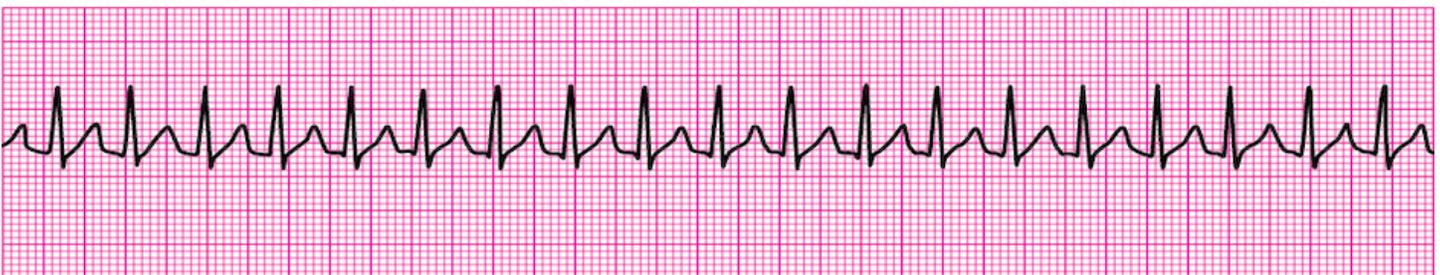
12. A patient was in refractory ventricular fibrillation. A third shock has just been administered. Your team looks to you for instructions. What is your next action?



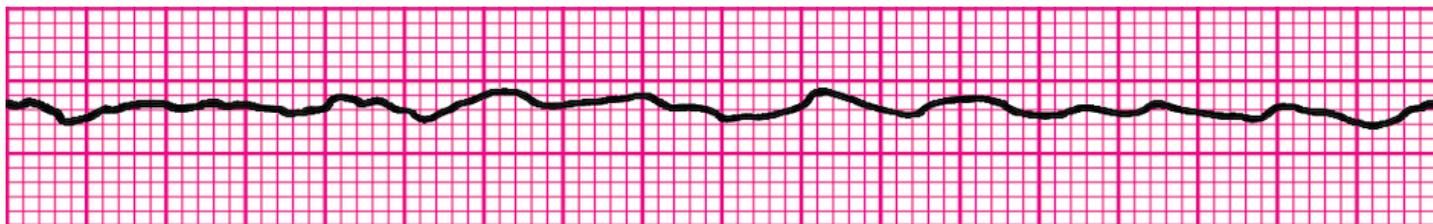
13. You are the code team leader and arrive to find a patient with CPR in progress. On the next rhythm check, you see the rhythm shown here. Team members tell you that the patient was well but reported chest discomfort and then collapsed. She has no pulse or respirations. Bag-mask ventilations are producing visible chest rise, and IO access has been established. Which intervention would be your next action?



14. A 35-year-old woman presents with a chief complaint of palpitations. She has no chest discomfort, shortness of breath, or light-headedness. Her blood pressure is 120/78 mm Hg. Which intervention is indicated first?



15. You arrive on the scene to find CPR in progress. Nursing staff report the patient was recovering from a pulmonary embolism and suddenly collapsed. Two shocks have been delivered, and an IV has been initiated. What do you administer now?



16. Your patient is a 56-year-old woman with a history of type 2 diabetes who reports feeling dizzy. She is pale and diaphoretic. Her blood pressure is 80/60 mm Hg. The cardiac monitor documents the rhythm shown here. She is receiving oxygen at 4 L/min by nasal cannula, and an IV has been established. What do you administer next?



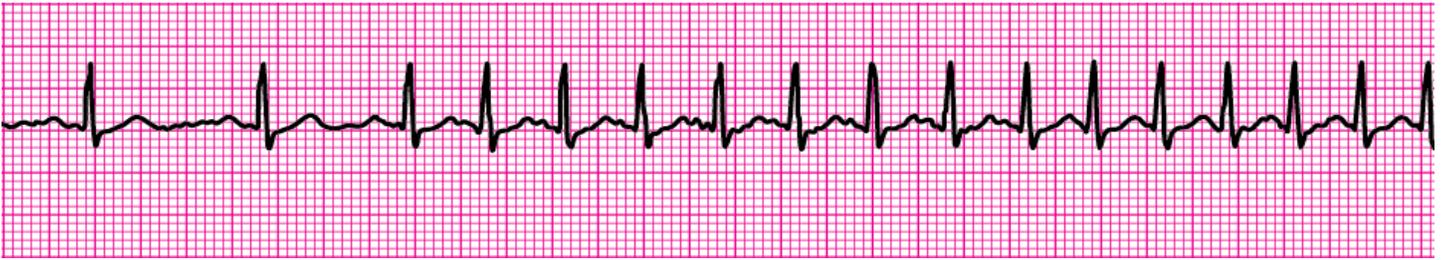
17. What action minimizes the risk of air entering the victim's stomach during bag-mask ventilation?

- A. Ventilating until you see the chest rise (Correct)
- B. Delivering the largest breath you can
- C. Ventilating as quickly as you can
- D. Squeezing the bag with both hands

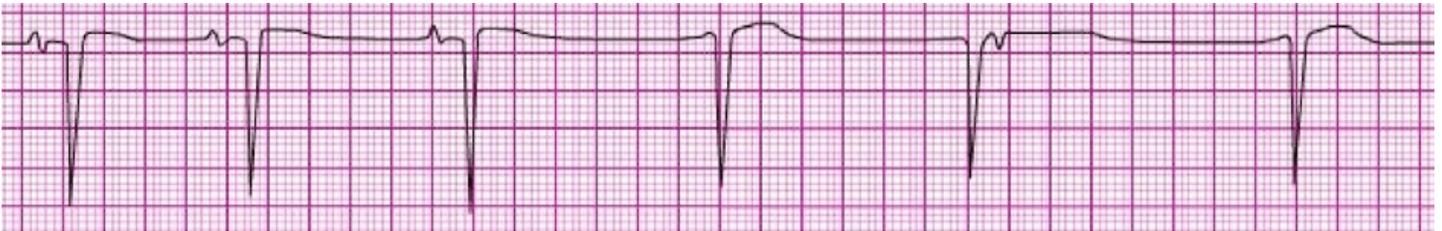
18. Which action is likely to cause air to enter the victim's stomach (gastric inflation) during bag-mask ventilation?

- A. Giving breaths over 1 second
- B. Ventilating too quickly (Correct)
- C. Providing just enough volume for the chest to rise
- D. Providing a good seal between the face and the mask

19. A 45-year-old woman with a history of palpitations develops light-headedness and palpitations. She has received adenosine 6 mg IV for the rhythm shown here, without conversion of the rhythm. She is now extremely apprehensive. Her blood pressure is 128/70 mm Hg. What is the next appropriate intervention?



20. A patient becomes unresponsive. You are uncertain if a faint pulse is present. The rhythm shown here is seen on the cardiac monitor. An IV is in place. Which action do you take next?



Answer Key

Rhythm Strips:

1. K Sinus Tachycardia
2. F Polymorphic ventricular tachycardia.
3. J Sinus bradycardia.
4. C Atrial flutter.
5. L Supraventricular tachycardia.
6. M Third-degree atrioventricular block
7. N Ventricular fibrillation.
8. I Second-degree atrioventricular block (Mobitz II block)
9. H Second-degree atrioventricular block (Mobitz I Wenckebach)
10. D Monomorphic ventricular tachycardia.
11. G Pulseless electrical activity
12. B Atrial fibrillation
13. J Sinus bradycardia
14. N Ventricular fibrillation
15. A Agonal rhythm/asystole
16. H Second-degree atrioventricular block (Mobitz I Wenckebach)
17. N Ventricular fibrillation
18. L Supraventricular tachycardia
19. I Second-degree atrioventricular block (Mobitz II block)
20. E Normal sinus rhythm

Pharmacology

1. D
2. C
3. A
4. D
5. A
6. A
7. C
8. A
9. D
10. D
11. C
12. D
13. C
14. D
15. C
16. A
17. A
18. C
19. C
20. B

Practical Application

1. Give epinephrine 1 mg IV/IO.
2. D
3. B
4. A
5. A
6. B
7. A
8. Reperfusion Therapy
9. B
10. B
11. Give an immediate unsynchronized high-energy shock
12. Resume high-quality chest compressions
13. Epinephrine 1 mg
14. Vagal maneuvers
15. Epinephrine 1 mg IV
16. Atropine 1 mg IV
17. A
18. B
19. Administer adenosine 12 mg IV
20. Start high-quality CPR