This is a SAMPLE of the pretest you can access with your AHA PALS Course Manual at Heart.org/Eccstudent using your personal code that comes with your PALS Course Manual.

The American Heart Association strongly promotes knowledge and proficiency in BLS, ACLS, and PALS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the American Heart Association, and any fees charged for such a course do not represent income to the Association.

In accordance with the Americans with Disabilities Act, please advise EMT Associates if you have any disability that requires special materials and/or services so that appropriate personnel can be advised.
If you do not wish to print the entire pre-test you may print Page 2 only to write your answers, score your test, and turn in to your instructor.

### Pre-course Self-Assessment: Rhythm ID

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Your Score for Section 1: 
Rhythm ID

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\frac{____}{20} = ____\%
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1/20= 5%  8/20= 35%  15/20= 75%
2/20= 10% 9/20= 40%  16/20= 80%
3/20= 15% 10/20= 50%  17/20= 85%
4/20= 20% 11/20 = 55%  18/20= 90%
5/20= 25% 12/20= 60%  19/20= 95%
6/20= 25% 13/20= 65%  20/20= 100%
7/20= 30% 14/20= 70%

### Pre-course Self-Assessment: Pharmacology

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Your Score for Section 2: 
Pharmacology

\[
\frac{____}{20} = ____\%
\]

1/20= 5%  8/20= 35%  15/20= 75%
2/20= 10% 9/20= 40%  16/20= 80%
3/20= 15% 10/20= 50%  17/20= 85%
4/20= 20% 11/20 = 55%  18/20= 90%
5/20= 25% 12/20= 60%  19/20= 95%
6/20= 25% 13/20= 65%  20/20= 100%
7/20= 30% 14/20= 70%

### Pre-course Self-Assessment: Practical Application

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Your Score for Section 3: 
Practical Application

\[
\frac{____}{20} = ____\%
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1/20= 5%  8/20= 35%  15/20= 75%
2/20= 10% 9/20= 40%  16/20= 80%
3/20= 15% 10/20= 50%  17/20= 85%
4/20= 20% 11/20 = 55%  18/20= 90%
5/20= 25% 12/20= 60%  19/20= 95%
6/20= 25% 13/20= 65%  20/20= 100%
7/20= 30% 14/20= 70%

### Your Score for the entire Pre-course Self Assessment

\[
\frac{____}{60} = ____\%
\]

1-3= 5%  19-21= 35%  37-39= 65%  55-57= 95%
4-6= 10%  22-24= 40%  40-42= 70%  58-60= 100%
7-9= 15%  25-27= 45%  43-45= 75%
10-12= 20%  28-30= 50%  46-48= 80%
13-15= 25%  31-33= 55%  49-51= 85%
16-18= 30%  34-36= 60%  52-54= 90%
Rhythm Identification

The following rhythm strips are representative of the types of rhythms you will need to identify during the ACLS learning stations. This section of the Precourse Self-Assessment 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 Provider Course.
**Question 1 of 20**
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole  
B. Atrial Fibrillation  
C. Atrial Flutter  
D. Course Ventricular Fibrillation  
E. Fine Ventricular Fibrillation  
F. Monomorphic Ventricular Tachycardia  
G. Normal Sinus Rhythm  
H. Polymorphic Ventricular Tachycardia  
I. Pulseless Electrical Activity  
J. Re-entry Supraventricular Tachycardia  
K. Second Degree AV Block (Mobitz I Wenchebach)  
L. Second Degree AV Block (Mobitz II Block)  
M. Sinus Bradycardia  
N. Sinus Tachycardia  
O. Third Degree AV Block  
H. Polymorphic Ventricular Tachycardia

**Question 2 of 20**
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole  
B. Atrial Fibrillation  
C. Atrial Flutter  
D. Course Ventricular Fibrillation  
E. Fine Ventricular Fibrillation  
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K. Second Degree AV Block (Mobitz I Wenchebach)  
L. Second Degree AV Block (Mobitz II Block)  
M. Sinus Bradycardia  
N. Sinus Tachycardia  
O. Third Degree AV Block
Question 3 of 20
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
C. Atrial Flutter
D. Course Ventricular Fibrillation
E. Fine Ventricular Fibrillation
F. Monomorphic Ventricular Tachycardia
G. Normal Sinus Rhythm
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K. Second Degree AV Block (Mobitz I Wenchebach)
L. Second Degree AV Block (Mobitz II Block)
M. Sinus Bradycardia
N. Sinus Tachycardia
O. Third Degree AV Block

Question 4 of 20
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
C. Atrial Flutter
D. Course Ventricular Fibrillation
E. Fine Ventricular Fibrillation
F. Monomorphic Ventricular Tachycardia
G. Normal Sinus Rhythm
H. Polymorphic Ventricular Tachycardia
I. Pulseless Electrical Activity
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Question 5 of 20
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
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E. Fine Ventricular Fibrillation
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Question 6 of 20
Please identify the rhythm by selecting the best single answer.

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E. Fine Ventricular Fibrillation
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K. Second Degree AV Block (Mobitz I Wenchebach)
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Question 7 of 20

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
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E. Fine Ventricular Fibrillation
F. Monomorphic Ventricular Tachycardia
G. Normal Sinus Rhythm
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Question 8 of 20
Please identify the rhythm by selecting the best single answer.

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L. Second Degree AV Block (Mobitz II Block)
M. Sinus Bradycardia
N. Sinus Tachycardia
O. Third Degree AV Block
Question 9 of 20
If no pulse with the rhythm? Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
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D. Course Ventricular Fibrillation
E. Fine Ventricular Fibrillation
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Question 10 of 20
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
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E. Fine Ventricular Fibrillation
F. Monomorphic Ventricular Tachycardia
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I. Pulseless Electrical Activity
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M. Sinus Bradycardia
N. Sinus Tachycardia
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Question 11 of 20
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
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N. Sinus Tachycardia
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H. Polymorphic Ventricular Tachycardia

Question 12 of 20
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
C. Atrial Flutter
D. Course Ventricular Fibrillation
E. Fine Ventricular Fibrillation
F. Monomorphic Ventricular Tachycardia
G. Normal Sinus Rhythm
H. Polymorphic Ventricular Tachycardia
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M. Sinus Bradycardia
N. Sinus Tachycardia
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Question 13 of 20
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
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E. Fine Ventricular Fibrillation
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M. Sinus Bradycardia
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Question 14 of 20
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
C. Atrial Flutter
D. Course Ventricular Fibrillation
E. Fine Ventricular Fibrillation
F. Monomorphic Ventricular Tachycardia
G. Normal Sinus Rhythm
H. Polymorphic Ventricular Tachycardia
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N. Sinus Tachycardia
O. Third Degree AV Block
Question 15 of 20
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
C. Atrial Flutter
D. Course Ventricular Fibrillation
E. Fine Ventricular Fibrillation
F. Monomorphic Ventricular Tachycardia
G. Normal Sinus Rhythm
H. Polymorphic Ventricular Tachycardia
I. Pulseless Electrical Activity
J. Re-entry Supraventricular Tachycardia
K. Second Degree AV Block (Mobitz I Wenchebach)
L. Second Degree AV Block (Mobitz II Block)
M. Sinus Bradycardia
N. Sinus Tachycardia
O. Third Degree AV Block
H. Polymorphic Ventricular Tachycardia

Question 16 of 20
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
C. Atrial Flutter
D. Course Ventricular Fibrillation
E. Fine Ventricular Fibrillation
F. Monomorphic Ventricular Tachycardia
G. Normal Sinus Rhythm
H. Polymorphic Ventricular Tachycardia
I. Pulseless Electrical Activity
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K. Second Degree AV Block (Mobitz I Wenchebach)
L. Second Degree AV Block (Mobitz II Block)
M. Sinus Bradycardia
N. Sinus Tachycardia
O. Third Degree AV Block
### Question 17 of 20
Please identify the rhythm by selecting the best single answer.

![EKG Image]

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### Question 18 of 20
Please identify the rhythm by selecting the best single answer.

![EKG Image]

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Question 19 of 20
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
C. Atrial Flutter
D. Course Ventricular Fibrillation
E. Fine Ventricular Fibrillation
F. Monomorphic Ventricular Tachycardia
G. Normal Sinus Rhythmn
H. Polymorphic Ventricular Tachycardia
I. Pulseless Electrical Activity
J. Re-entry Supraventricular Tachycardia
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L. Second Degree AV Block (Mobitz II Block)
M. Sinus Bradycardia
N. Sinus Tachycardia
O. Third Degree AV Block

Question 20 of 20
Please identify the rhythm by selecting the best single answer.

A. Agonal Rhythm/Asystole
B. Atrial Fibrillation
C. Atrial Flutter
D. Course Ventricular Fibrillation
E. Fine Ventricular Fibrillation
F. Monomorphic Ventricular Tachycardia
G. Normal Sinus Rhythm
H. Polymorphic Ventricular Tachycardia
I. Pulseless Electrical Activity
J. Re-entry Supraventricular Tachycardia
K. Second Degree AV Block (Mobitz I Wenchebach)
L. Second Degree AV Block (Mobitz II Block)
M. Sinus Bradycardia
N. Sinus Tachycardia
O. Third Degree AV Block
Pharmacology

This section of the Precourse Self-Assessment will 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 stations and Megacode testing station.

After you answer each pharmacology question, a box on the right will identify the case and section in the ACLS Provider Manual where you can review the information covered in that question. Click on the link to jump to that section in the ACLS Provider Manual.

If you have difficulty with drug knowledge and use, we strongly suggest that you spend additional time reviewing basic pharmacology and the ACLS algorithms.
**Question 1 of 20**

A Bradycardia rhythm is treated when:

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

**Question 2 of 20**

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

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

**Question 3 of 20**

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

A. Atropine 1 mg  
B. Atropine 3 mg  
C. Atropine 0.1 mg  
D. Atropine 0.5 mg

**Question 4 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?

A. Atropine 1 mg  
B. Epinephrine 1 mg  
C. Sodium bicarbonate 50 mEq  
D. Vasopressin 20 U
Question 5 of 20
A patient with a ST-segment elevation MI has ongoing chest discomfort. Fibrinolytic therapy has been ordered. Heparin 4000 U IV bolus administered and 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:

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

Question 6 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:

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

Question 7 of 20
A patient is in cardiac arrest. High-quality chest compressions are being given. The patient is intubated and an IV started. The rhythm is asystole. The first drug/dose to administer is:

A. Dopamine 2 to 20 mcg/kg per minute IV or IO
B. Atropine 1 mg IV or IO
C. Epinephrine 1 mg or vasopressin 40 U IV or IO
D. Atropine 0.5 mg IV or IO
E. Epinephrine 3 mg via endotracheal tube (ET)
**Question 8 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

A. Perform immediate electrical cardioversion
B. Give Amiodarone 300 mg IV push
C. Obtain 12-lead electrocardiogram
D. Establish IV

**Question 9 of 20**
Which of the following statements about the use of magnesium on cardiac arrest is most accurate?

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

**Question 10 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?

A. Blood pressure greater than 180 mm Hg
B. Heart rate 90 per minute
C. Use of phosphodiesterase inhibitor within 12 hours
D. Left ventricle infarct with bilateral rales

**Question 11 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?

A. Vasopressin, Amiodarone, Lidocaine
B. Amiodarone, Lidocaine, Epinephrine
C. Epinephrine, Vasopressin, Amiodarone
D. Lidocaine, Epinephrine, Vasopressin
Question 12 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?

A. Epinephrine 2 to 10 mcg/kg per minute
B. Adenosine 6 mg
C. Lidocaine 1mg/kg
D. Atropine 0.5 mg

Question 13 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 3rd shock. What drug should the team leader request be prepared for administration next?

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

Question 14 of 20
A patient with possible acute coronary syndrome has ongoing chest discomfort unresponsive to 3 sublingual nitroglycerin tablets. There are no contraindications and 4 mg or morphine sulfate was administered. Shortly, blood pressure falls to 88/60 mm Hg and the patient complains of increased chest discomfort. You would:

A. Give nitroglycerine 0.4 mg sublingually
B. Give normal saline 250 mL to 500 mL fluid bolus
C. Start dopamine at 2 mcg/kg per minute and titrate to BP 100 mm Hg systolic
D. Give additional 2 mg of morphine sulfate
**Question 15 of 20**
The patient is in cardiac arrest. Ventricular fibrillation has been refractory to an initial shock. The recommended access route to administration for the delivery of drugs during CPR is:

A. Femoral vein  
B. Endotracheal  
C. Central Line  
D. Intravenous or intraosseous  
E. External jugular vein

**Question 16 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?

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

**Question 17 of 20**
You arrive on-scene with the Code Team. High-quality CPR is in progress. And AED has previously advised “no shock indicated.” A rhythm check now finds asystole. After resuming high-quality compressions, your next action is to:

A. Attempt endotracheal intubation with minimal CPR interruption  
B. Place Combitube or laryngeal mask airway  
C. Call for pulse check  
D. Place IV or IO access
Question 18 of 20
A 62-year-old man suddenly begins 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 if the brain is ordered. Guidelines for antiplatelet and antithrombotic therapy are:

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

Question 19 of 20
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 100/60 mm Hg. Which of the following is now indicated

A. Give additional 1 mg atropine
B. Start epinephrine 2 to 20 mcg/min
C. Start dopamine 10 to 20 mcg/kg per minute
D. Give normal saline bolus 250 mL to 500 mL

Question 20 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 not called for. The recommended second dose of Amiodarone is:

A. Give endotracheal dose 2 to 4 mg/kg
B. 1 mg/kg IV push
C. 150 mg IV push
D. Start infusion 1 to 2 mg/min
E. 300 mg IV push
Practical Application

This section of the Precourse Self-Assessment will test your ability to identify a rhythm and then select a treatment or intervention on the basis of your identification of the rhythm and your knowledge of ACLS drugs and treatment algorithms. After you answer each pharmacology question, a box on the right will identify the case and section in the ACLS Provider Manual where you can review the information covered in that question. Click on the link to jump to that section in the ACLS Provider Manual.

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 the questions in this section, 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 pharmacology, and the ACLS algorithms.
Question 1 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:

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

Question 2 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 a bag mask. An IV has been initiated. You would now:

A. Initiate transcutaneous pacing
B. Give atropine 0.5 mg IV
C. Order immediate endotracheal intubation
D. Give epinephrine 1 mg IV
E. Give atropine 1 mg IV
Question 3 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 has 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?

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

Question 4 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 actions?

A. Intubate the patient and give epinephrine 2 to 4 mg via ET tube
B. Establish an IV and give vasopressin 40 U IV
C. Give single shock
D. Establish IV and give epinephrine 1 mg IV
E. Begin CPR with chest compressions for 2 minutes or about 5 cycles of compressions and ventilations.
The patient was admitted to the general medical ward with a history of alcoholism. A code is in progress and he has recurrent episodes of the above 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

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

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 palpations. At this time you would:

A. Give Amiodarone 300 mg IV, start infusion
B. Seek expert consultation
C. Give magnesium sulfate 1 to 2 g over 20 minutes
D. Give lidocaine 1 to 1.5 mg IV, start lidocaine infusion
Question 7 of 20
A patient becomes unresponsive and you are certain if a faint pulse is present with the above rhythm. Your next action is:

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

Question 8 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 in intravenous line is patent. Blood pressure is 160/96 mm Hg. There are no allergies or contraindications to any medication. You would first order:

A. Amiodarone 150 mg IV
B. Nitroglycerin 0.4 mg SL
C. Intravenous nitroglycerin initiated at 10 mcg/min and titrated
D. Morphine sulfate 2 to 4 mg IV
E. Lidocaine 1 mg/kg and infusion 2 mg/min
Question 9 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:

A. Start dopamine at 10 to 20 mcg/kg per minute
B. Perform endotracheal intubation
C. Administer Amiodarone 300 mg
D. Administer atropine 2 mg
E. Administer epinephrine 1 mg

Question 10 of 20
A patient presents with the above rhythm complaining of an irregular heartbeat. She has no other complaints. Past medical history is significant for a myocardial infarction 7 years ago. Blood pressure is 110/70 mm Hg. At this time you would:

A. Administer lidocaine 1 mg/kg IV
B. Perform elective synchronized cardioversion with presedation
C. Administer nitroglycerin 0.4 mg sublingual or spray
D. Continue monitoring and seek expert consultation
E. Perform emergency synchronized cardioversion
Question 11 of 20
A patient was in refractory ventricular fibrillation. A third shock has just been administered. Your team look sat you for instruction. Your immediate next order is:

A. Check carotid pulse
B. Perform endotracheal intubation
C. Give atropine 1 mg IV
D. Resume high-quality CPR
E. Give Amiodarone 300 mg IV

Question 12 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?

A. Give immediate unsynchronized high-energy shock (defibrillation dose)
B. Repeat Amiodarone 300 mg IV
C. Perform immediate synchronized cardioversion
D. Repeat Amiodarone 150 mg IV
E. Give lidocaine 1 to 1.5 mg/kg IV
**Question 13 of 20**
A 35-year-old woman presents to the emergency department with a chief complaint of palpations; she has no chest discomfort, shortness of breath, or light headedness. Which of the following is indicated at first?

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

**Question 14 of 20**
You arrive on-scene and find a 56 year old diabetic woman 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:

A. Give atropine 0.5 mg IV
B. Start dopamine at 2 to 10 mcg/kg per minute
C. Give atropine 1 mg IV
D. Give nitroglycerin 0.4 mg SL
E. Give morphine sulfate 4 mg IV
Question 15 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:

A. Give amiodarone 150 mg IV bolus, start infusion
B. Give lidocaine 1 to 1.5 mg IV, start infusion
C. Give amiodarone 300 mg IV
D. Give 1-2 L of normal saline
E. Repeat epinephrine 1 mg IV

Question 16 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:

A. Administer adenosine 6 mg; consult expert consultation
B. Give immediate synchronized shock
C. Give immediate unsynchronized shock
D. Administer magnesium sulfate 1 to 2 g IV diluted in 10 mL D5W given over 5 to 20 minutes
E. Give sedation and perform synchronized cardioversion
**Question 17 of 20**

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

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

**Question 18 of 20**

You are monitoring a 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:

A. Give atropine 0.5 mg IV  
B. Give atropine 1 mg IV  
C. Start transcutaneous pacing  
D. Start dopamine 2 to 10 mcg/kg per minute and titrate heart rate  
E. Administer sedation and begin immediate transcutaneous pacing at 80 per minute
Question 19 of 20
A patient suddenly becomes unresponsive. A cardiac monitor, oxygen, and intravenous line have been initiated. The code cart with all drugs and transcutaneous pacer is immediately available. Next you would:

A. Give atropine 0.5 mg IV
B. Initiate dopamine 2 to 10 mcg/kg per minute and titrate heart rate
C. Initiate dopamine at 10 to 20 mcg/kg and titrate heart rate
D. Begin transcutaneous pacing
E. Initiate epinephrine at 2 to 10 mcg/kg per minute

Question 20 of 20
A 45-year old woman with a history of palpations develops lightheadedness and palpations. She has received adenosine 6 mg IV for the above rhythm. She is now extremely apprehensive. Blood pressure is 108/70 mm Hg. The next appropriate intervention is:

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


7. C  14. B

5. A  12. A  19. A
7. D  14. A

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