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ACLS Pretest Question Answers (Pharmacology)

ACLS Pretest

SET-1

Q1. Which of the following is most accurate regarding the administration of vasopressin during cardiac arrest?

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

Q2. 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. Amiodarone, lidocaine, epinephrine
- B. Epinephrine, vasopressin, amiodarone
- C. Lidocaine, epinephrine, vasopressin
- D. Vasopressin, amiodarone, lidocaine

Q3. Which of the following statements about the use of magnesium in cardiac arrest is most accurate?

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

Q4. A patient with a possible acute coronary syndrome has ongoing chest discomfort unresponsive to 3 sublingual nitroglycerine tablets. There are no contraindications and 4 mg of morphine sulfate was administered. Shortly, BP falls to 88/60 and the patient complains of increased chest discomfort. You would:

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

Q5. A patient has a rapid irregular wide-complex tachycardia. The ventricular rate is 138. He is asymptomatic with a BP of 110/7-. He has a history of angina. Which of the following actions is recommended?

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

Q6. A 62-year-old man suddenly began to experience difficulty speaking and left-sided weakness. He is brought to the ER. He meets initial criteria for fibrinolytic therapy and a CT scan of the brain is ordered. Guidelines for antiplatelet and antithrombotic therapy are:

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

Q7. A patient is in cardiac arrest. VFib has been refractory to an initial shock. Two attempts at peripheral IV have been unsuccessful. The next recommended access route of administration for the delivery of drugs during CPR is:

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

Q8. 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 100 U per hour is being administered, and Aspirin was not taken by the patient because he had a history of gastritis treated 5 years ago. Your next action is to:

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

Q9. A patient with possible ACS and a bradycardia of 42/min has ongoing chest discomfort. What is the initial dose of atropine?

- A. Atropine 0.5 mg
- B. Atropine 1.0 mg
- C. Atropine 0.1 mg
- D. Atropine 3 mg

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

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

Answers Keys link is given at footer on this page