

ACLS Pretest Question Answers (Pharmacology)

ACLS Pretest**SET-2**

Q11. 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/min. Vagal maneuvers have not been effective in terminating the rhythm. An IV has been established. What drug should be administered IV?

- A. Epinephrine 2-10 μ g/kg per minute
- B. Atropine 0.5 mg
- C. Lidocaine 1 mg/kg
- D. Adenosine 6 mg

Q12. A patient with a possible ST-segment elevation MI has ongoing chest discomfort. Which of the following would be a contraindication for administration of nitrates?

- A. HR of 90/min
- B. BP > 180 systolic
- C. Use of phosphodiesterase inhibitor within 12 hours
- D. Left ventricular infarct with bilateral rales

Q13. A patient has sinus bradycardia with a rate of 36/min. Atropine has been administered to a total dose of 3 mg. TCP has failed to capture. The patient is confused and BP is 100/60. Which of the following is now indicated?

- A. give additional 1mg Atropine
- B. Give NS bolus 250 mL-500mL
- C. Start dopamine 10-20 μ g/kg per minute
- D. Start epinephrine 2-10 μ g/min

Q14. A patient is in pulseless VTach. Two shocks and one dose of epinephrine have been given. The next drug/dose to anticipate to administer is:

- A. Amiodarone 300 mg
- B. Amiodarone 150 mg
- C. Lidocaine 0.5 mg/kg
- D. Epinephrine 3 mg

Q15. A patient is in refractory VFib and has received multiple appropriate defibrillations, epinephrine 1 mg IV twice, and an initial dose of lidocaine IV. The patient is intubated. A second dose of lidocaine is now called for. The recommended second dose of lidocaine is:

- A. 0.5-0.75 mg/kg IV push
- B. 2-3 mg/kg IV push
- C. Give endotracheal dose 2-4 mg/kg
- D. 1 mg/kg IV push

Q16. You arrive on-scene with the Code Team. High-quality CPR is in progress. An AED has previously advised “no shock indicated”. A rhythm now finds asystole. The next action you would take is to:

- A. place a Combitube or Laryngeal Mask Airway (LMA)
- B. Attempt intubation with minimal CPR interruption
- C. Call for a pulse check
- D. Place IV or IO access

Q17. 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. Vasopressin can be administered twice during cardiac arrest
- C. Vasopressin is recommended instead of epinephrine for the treatment of asystole
- D. The correct dose of Vasopressin is 40 U administered IV or IO

Q18. A patient is in cardiac arrest. High-quality chest compression are being given. The patient is intubated and an IV has been established. The rhythm is asystole. The first drug/dose to administer is:

- A. Epinephrine 1 mg or Vasopressin 40 U IV or IO
- B. Epinephrine 3 mg via ETT
- C. Dopamine 2 to 20 μ g/kg per minute IV or IO
- D. Atropine 1 mg IV or IO

Q19. 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 BP is 80/60. The next action is to:

- A. Obtain 12 lead ECG
- B. Perform immediate synchronized cardioversion
- C. Establish IV and give sedation for electrical cardioversion
- D. Give amiodarone 300 mg IV push

Q20. A patient is in refractory VFib. High-quality CPR is in progress and shocks have been given. One dose of epinephrine was given after the second shock. An antiarrhythmic drug was given immediately after the third shock. What drug should the team leader request to be prepared for administration?

- A. Repeat the antiarrhythmic
- B. Escalating dose epinephrine 3 mg
- C. Second dose of epinephrine 1 mg
- D. Sodium bicarbonate 50 mEq

Answers Keys link is given at footer on this page