

2022 AHA ACLS Review Questions

Section 1: BLS

1.	What is your priority in care for a pulseless patient?	
2.	What is the compression to ventilation ratio for the pulseless patient <u>without</u> advanced airway?	
3.	How often do we switch CPR compressors?	
4.	How soon should compressions be started in the pulseless patient? How long is the pulse check?	
5.	What is the maximum off chest time for the pulseless patient? A common error in CPR is...	
6.	How much air do you use to ventilate your patient? What does excessive ventilation cause?	
7.	What is the primary focus of the CPR Coach? What role can be combined with the CPR Coach?	
8.	What is CCF? What is the CCF goal? What action affects CCF the most? What action on the monitor/defibrillator can increase CCF?	
9.	How often can you defibrillate a patient? What rhythms can be defibrillated?	
10.	Best way to minimize interruption in chest compressions (time off chest)?	
11.	What is the compression rate and depth?	
12.	Quantitative capnography be used for what 2 things? What are PETCO ₂ readings associated with each?	
13.	What is a team leader's first responsibility?	
14.	What should you say or do if a team member is making a mistake?	
15.	What is the purpose of a rapid response team?	

Section 2: Airway

1.	What is ventilation rate and frequency for the adult patient <u>with a pulse</u> ? What happens to the heart rate in a patient with severe hypoxia (or resp. arrest)?	
2.	What type of patient requires or oral pharyngeal airway (OPA)? How do you measure for correct size?	
3.	After ROSC, what is the target PETCO ₂ reading?	
4.	What is the ventilation rate on the pulseless patient after <u>advanced airway</u> placement? Do you pause compressions during ventilation with ETT?	
5.	Agonal breathing may be an indication of what?	
6.	What is the goal for stable O ₂ Saturations? What is the initial treatment for O ₂ Saturations less than 92%?	

Section 3: Blocks and Bradycardia

1.	Correct treatments for all unstable bradycardias? (Including heart blocks)	
2.	What IV infusions are recommended for unstable bradycardia?	



3.	What is true about the PR interval in a Second degree type II block? Second degree Type 1?	
4.	Describe the relationship between the p wave and the QRS in third-degree or complete heart block.	

Section 4: Medications

1.	What is preferred medication route for a pulseless patient? 2 nd choice?	
2.	When during the CPR cycle should meds be given?	
3.	What is the FIRST drug all pulseless patients get? Dose? Frequency? How many defibs before the first EPI?	
4.	What are the SECOND 2 drugs that can be given for pulseless VT or VF rhythms? Dose? Frequency?	
5.	What antiarrhythmic is recommended for polymorphic VT/torsades?	
6.	What is the first test to order for stable patients with a new rhythm? What is the recommended treatment for stable SVT? For Unstable SVT?	
7.	What is the recommended treatment for stable VT with a pulse? For Unstable VT with a pulse?	
8.	What is first treatment option for ALL unstable bradycardias and blocks?	
9.	How is closed loop communication used in medication administration during a code?	
10.	What should you do/say if told to give the wrong dose or wrong medication?	

Section 5: PEA/Asystole

1.	List the 5 H's and 5 T's (or PATCH 5MD)	
2.	What is the most frequent cause of PEA/Asystole?	
3.	Describe what PEA is.	
4.	How do you confirm a patient is really in asystole?	
5.	During a code of PeTCO2 reading of 8 could indicate what? What does a PeTCO2 reading that jumps to 35 during compressions indicate?	

Section 6: Post Cardiac Arrest Care – After ROSC

1.	What does ROSC stand for?	
2.	What is first treatment priority after ROSC?	
3.	List the other assessments done immediately after ROSC:	
4.	What BP reading is the target for ROSC? If the BP reading after ROSC is less than the target, what is the initial treatment? 2 nd tx?	



5.	If a patient is non-responsive or not following commands, what is the recommended treatment? How Long? Target temperature range?	
6.	If the 12 lead ECG shows ST elevation, what is the treatment plan?	
7.	Excessive (hyper) ventilation can lead to what? After ROSC, what is the risk of extended over- oxygenation?	
8.	If out of hospital arrest, what kind of hospital should patient be transported to?	

Section 7: Electric Therapy and Tachys

1.	What electric therapy can be used for unstable bradycardia?	
2.	Synch cardioversion can be used on what rhythms?	
3.	Safe defibrillation/cardioversion includes what steps?	
4.	Where in the rhythm is the shock delivered in synchronized cardioversion?	
5.	What should your action be immediately following defibrillation?	
6.	How often should we defib a pt that remain in pulseless VT/VF? Should we ever delay defib to give meds?	

Section 8: ACS

1.	What is door to reperfusion time in STEMI pt?	
2.	What is MONA? Doses?	
3.	What assessment tool is a <u>priority</u> in patients with chest pain?	
4.	What are the contraindications to nitroglycerine administration in pts. with chest pain?	
5.	What are contraindications to ASA?	
6.	What is a common symptom of ACS?	

Section 9: CVA

1.	What is the most important information needed on a patient with stroke symptoms?	
2.	What is the “window of opportunity” for fibrinolytic therapy in the CVA pt.?	
3.	What is the Adult Suspected Stroke Algorithm? Who uses it?	
4.	Why must a non-contrast head CT be done ASAP on pts. with stroke symptoms? How soon should it be done? If your hospital’s CT scanner is not operating, what should you do?	
5.	Why is it important for EMS to provide prehospital notification to the Stroke Team of arrival?	