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**Medical**

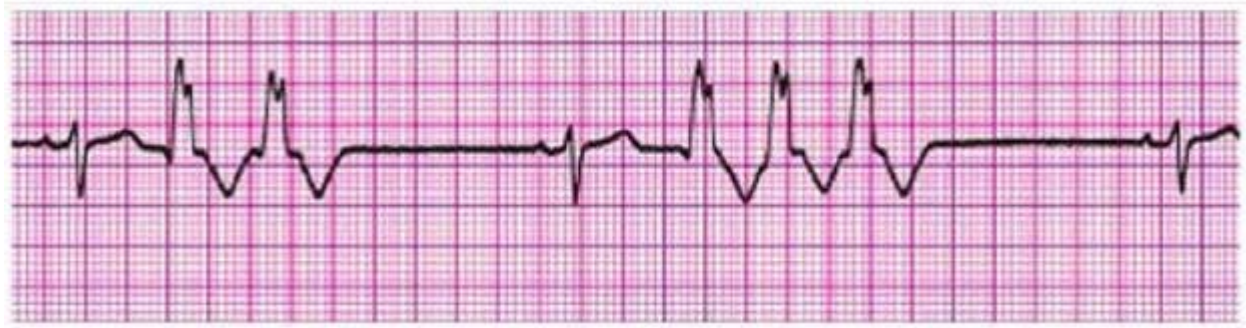
**ACLS**

*Advanced Cardiac Life Support - 2023*



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Question #342

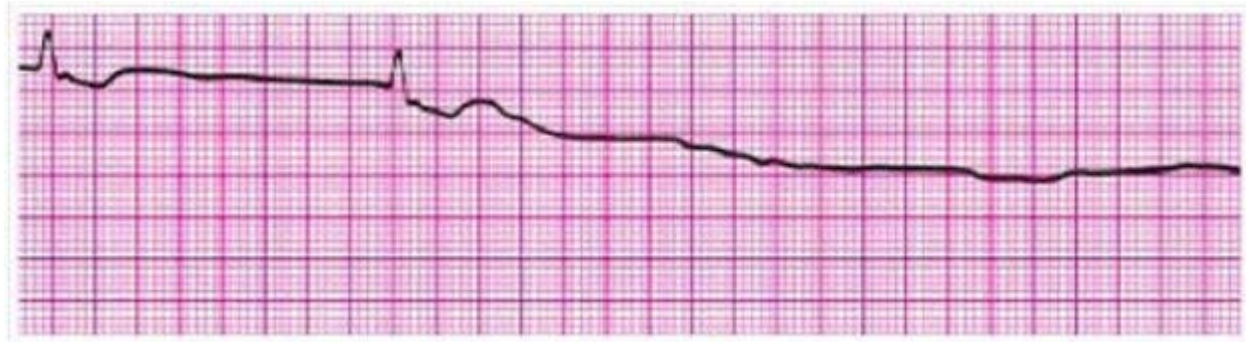


A patient has been resuscitated from cardiac arrest and is being prepared for transport. She is incubated and is receiving 100% oxygen. During the resuscitation she received 2 doses of epinephrine 1 mg, atropine 1 mg, and lidocaine 100 mg IV. You now observe the above rhythm on the cardiac monitor. The rhythm abnormality is becoming more frequent and increasing in number. You should order:

- A. Give amiodarone 300 mg IV, start infusion
- B. Give lidocaine 1 to 1.5 mg IV
- C. Repeat epinephrine 1 mg IV
- D. Give lidocaine 0.5 to 0.75 mg/kg IV, start lidocaine infusion
- E. Give amiodarone 150 mg IV, start infusion

**Answer: D**

Question #343



A patient was in refractory ventricular fibrillation. A third shock has just been administered. Your team looks at you for instruction. Your immediate next order is:

- A. Give atropine 1 mg IV
- B. Resume high-quality chest compressions
- C. Give amiodarone 300 mg IV
- D. Perform endotracheal intubation
- E. Give epinephrine 1 mg IV

**Answer: B**

Question #344

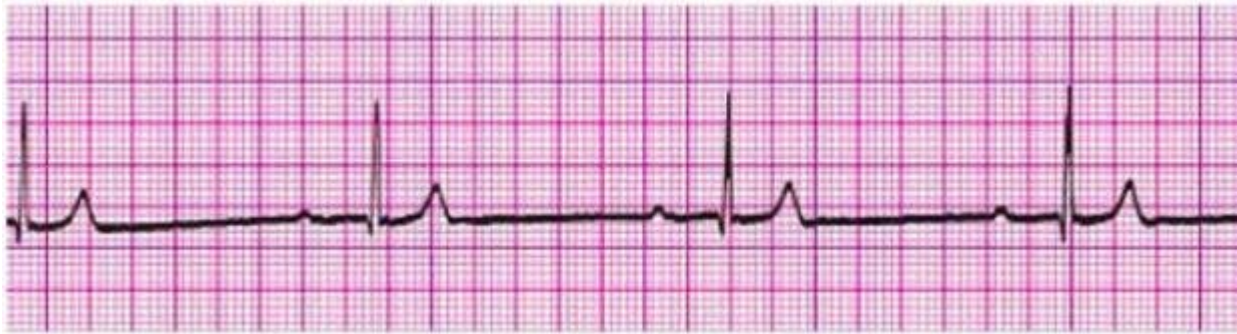
A patient presents with the above rhythm complaining of an irregular heartbeat. She has no other complaints. Past medical history is significant for a myocardial infarction 7 years ago. Blood pressure is 110/70 mmHg. At this time you would



- A. Continue monitoring and seek expert consultation
- B. Administer nitroglycerin 0.4 mg sublingual or spray
- C. Perform emergency synchronized cardioversion
- D. Administer lidocaine 1 mg/kg IV
- E. Perform elective synchronized cardioversion with premedication

**Answer: A**

Question #345



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 bag-mask. An IV has been initiated. You would now

- A. Initiate transcutaneous pacing
- B. Give epinephrine 1.0 mg IV
- C. Order immediate endotracheal intubation
- D. Give atropine 0.5 mg IV
- E. Give atropine 1 mg IV

**Answer: B**

Question #346



A 45-year-old woman with a history of palpitations develops lightheadedness and palpitations. She has received adenosine 6 mg IV for the rhythm shown above without conversion of the rhythm. She is now extremely apprehensive. Blood pressure is 108/70 mmHg. The next appropriate intervention is

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

**Answer: C**

Question #347



You arrive on-scene and find a 56-year-old diabetic woman complaining of chest discomfort. She is pale and diaphoretic, complaining of lightheadedness. Her blood pressure is 80/60 mmHg. The cardiac monitor documents the rhythm above. She is receiving oxygen at 4 L/min by nasal cannula, and an IV has been established. Transcutaneous pacing has been requested but is not yet available.

Your next order is -

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

**Answer: C**

Question #348

You are evaluating a patient with 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 mmHg. You observe the above rhythm on the monitor and your next action is

- A. Give atropine 0.5 mg IV
- B. Initiate transcutaneous pacing (TCP)
- C. Continue monitoring patient, prepare for TCP
- D. Administer nitroglycerin 0.4 mg SL
- E. Start epinephrine 2 to 10 ug/min and titrate

**Answer: C**

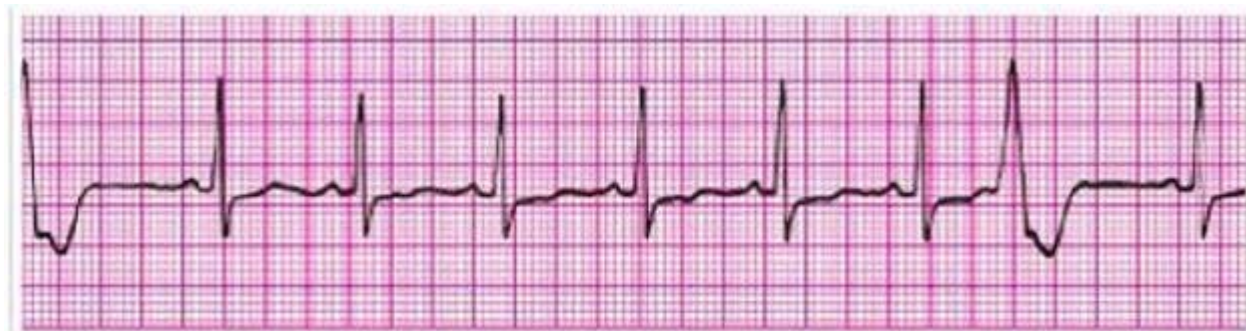
Question #349

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 mmHg. She is apprehensive but has no complaints other than palpitations. At this time you would

- A. Give magnesium sulfate 1 to 2 g over 20 minutes
- B. Seek expert consultation
- C. Give amiodarone 300 mg IV, start infusion
- D. Give lidocaine 1 to 1.5 mg IV, start lidocaine infusion

**Answer: B**

Question #350



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 an intravenous line is patent. Blood pressure is 160/96 mmHg. There are no allergies or contraindications to any medication. You would first order

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

**Answer: C**

Question #351



This patient was admitted to the general medical ward with a history of alcoholism. A code is in progress and he has recurrent episodes of this rhythm. You review his chart. Notes about the 12-lead ECG say that his baseline QT-interval is top normal to slightly prolonged. He has received 2 doses of epinephrine 1 mg and 1 dose of amiodarone 300 mg IV so far. For his next medication you would now order

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

**Answer: D**

Question #352



This patient suddenly collapsed and is poorly responsive. The patient has a weak carotid pulse. A cardiac monitor, oxygen, and an intravenous line have been initiated. The code cart with all drugs and pF transcutaneous pacer is immediately available. Next you would

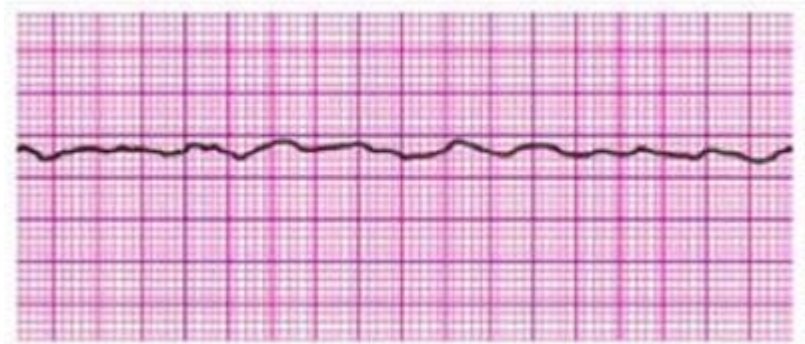
- A. Initiate dopamine at 10 to 20 ug/kg per minute and titrate heart rate
- B. Give atropine 1 mg IV up to a total dose of 3 mg



- C. Initiate epinephrine at 2 to 10 ug per minute and titrate heart rate
- D. Initiate dopamine at 2 to 10 ug/kg per minute and titrate heart rate
- E. Begin transcutaneous pacing

**Answer: E**

Question #353



Following initiation of CPR and one shock for VF, this 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. Administer 3 sequential (stacked) shocks at 200 Joules (biphasic defibrillator)
- E. Prepare to give epinephrine 1 mg IV

**Answer: E**

Question #354



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 had resolution of moderate (5/10) chest pain with three doses of sublingual nitroglycerin. Blood pressure is 104/70 mmHg. Which intervention below is most important, reducing in-hospital and 30-day mortality?

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

**Answer: C**



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