ACLS Cardiac Arrest Practice Test (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- **Practice answering questions under realistic conditions,**
- **Improve accuracy and speed,**
- **Review explanations to strengthen weak areas, and**
- **Approach the exam with greater confidence.**

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here’s how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don’t just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There’s no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. **In the setting of an inferior wall myocardial infarction extending to the right ventricle (V4R), what resuscitation measure is appropriate to address preload?**

   A. Administer fluid bolus

   B. Administer diuretics

   C. Withhold fluids

   D. Administer vasopressin

2. **Which statement about pulseless electrical activity is true?**

   A. It has no electrical activity on the ECG

   B. It has organized ECG rhythms with a palpable pulse

   C. It is when the heart's conduction system is functioning but the myocardium is not contracting enough to produce cardiac output

   D. It is synonymous with ventricular fibrillation

3. **Which of the following is a reversible T (to be considered) of cardiac arrest?**

   A. Hypoxia

   B. Tamponade

   C. Hypovolemia

   D. Hypothermia

4. **A common underlying cause when PEA presents as the initial rhythm includes which of the following?**

   A. Hypoxia or acidosis

   B. Hypervolemia

   C. Tension pneumothorax with high preload

   D. Increased afterload

5. **For resuscitation of a pregnant patient in cardiac arrest, how many team members are needed to perform high-quality CPR?**

   A. Two

   B. Three (at least)

   C. Five

   D. One

6. Which biomarker may be evaluated within 72 hours of ROSC as part of neuroprognostication?

A. Neuron-specific enolase (NSE)

B. Troponin I

C. C-reactive protein

D. D-dimer

7. What QRS duration characterizes pulseless ventricular tachycardia on ECG?

A. 0.12 seconds or more

B. 0.06 seconds

C. 0.20 seconds

D. 0.04 seconds

8. TTM should be considered for patients who remain comatose after ROSC.

A. It should be avoided in all post-ROSC patients.

B. It should only be considered if the patient has stable hemodynamics.

C. It should only be considered after 12 hours.

D. It should be considered for patients who remain comatose after ROSC.

9. Which is a goal of management during the post-cardiac arrest period?

A. Optimize Ventilation and Oxygenation

B. Prolonged Sedation Without Evaluation

C. Ignoring Underlying Causes

D. Withholding Cardiac Interventions

10. Which statement best describes Pulseless Electrical Activity (PEA) on ECG?

A. There is no discernible rhythm on the monitor.

B. The QRS complexes are similar in appearance and there may be a narrow or wide complex; the rate may be fast or slow, and the monitor shows an identifiable rhythm but no pulse.

C. The QRS complexes are wide with irregular rhythm and a fast rate.

D. P waves always precede the QRS complexes.

Answers

1. A
2. C
3. B
4. A
5. B
6. A
7. A
8. D
9. A
10. B

Explanations

1. In the setting of an inferior wall myocardial infarction extending to the right ventricle (V4R), what resuscitation measure is appropriate to address preload?

A. Administer fluid bolus

B. Administer diuretics

C. Withhold fluids

D. Administer vasopressin

The key idea is preload-dependent hemodynamics from a right ventricular infarction. When the right ventricle is damaged, its ability to fill and pump is reduced, so maintaining or increasing preload helps boost right-sided blood flow and overall cardiac output. Administering a fluid bolus raises venous return to the right heart, improving RV filling and stabilizing blood pressure and perfusion. Diuretics would lower circulating volume and worsen hypotension; withholding fluids deprives the RV of the preload it needs; vasopressors like vasopressin don't directly improve preload and can raise afterload, potentially harming RV performance. So a cautious IV fluid bolus is the appropriate measure to address preload in this scenario.

2. Which statement about pulseless electrical activity is true?

A. It has no electrical activity on the ECG

B. It has organized ECG rhythms with a palpable pulse

C. It is when the heart's conduction system is functioning but the myocardium is not contracting enough to produce cardiac output

D. It is synonymous with ventricular fibrillation

Pulseless electrical activity is when the heart's electrical system is generating activity seen on the ECG, but the heart muscle isn't contracting enough to produce a detectable pulse or adequate cardiac output. That means the conduction pathways are working, but the myocardium isn't delivering effective mechanical output. This is why the best statement is that the conduction system is functioning while the myocardium fails to generate sufficient output. In contrast, there would be no electrical activity on the ECG in asystole, an organized rhythm with a palpable pulse would indicate a perfusing rhythm, and ventricular fibrillation involves chaotic, irregular electrical activity with no effective contraction. In PEA, you treat as cardiac arrest with CPR and address reversible causes.

3. Which of the following is a reversible T (to be considered) of cardiac arrest?

A. Hypoxia

B. Tamponade

C. Hypovolemia

D. Hypothermia

The key idea here is the list of reversible causes that can be addressed during resuscitation, specifically the "T" category. Obstructive tamponade fits this because it creates cardiac arrest by compressing the heart and preventing proper filling, which results in very little forward flow despite CPR. Tamponade is treatable in the moment with pericardiocentesis or surgical drainage to relieve the pressure around the heart. If suspicion is high (for example, in a patient with signs suggesting fluid around the heart or after penetrating trauma, or when point-of-care ultrasound shows a pericardial effusion), decompressing the pericardium can restore ventricular filling and allow return of spontaneous circulation, making it a reversible and actionable cause during resuscitation. The other options are indeed reversible causes of arrest but they fall under different categories. Hypoxia and hypovolemia are typically managed with better oxygenation/ventilation and fluid or blood resuscitation, respectively, and hypothermia is treated with warming; they're not the "T" cause in this context, so tamponade is the best fit for a reversible T.

4. A common underlying cause when PEA presents as the initial rhythm includes which of the following?

A. Hypoxia or acidosis

B. Hypervolemia

C. Tension pneumothorax with high preload

D. Increased afterload

PEA means there's organized electrical activity but no effective blood flow. The most frequent reversible triggers for this pattern are problems with oxygen delivery and metabolic balance. Hypoxia or acidosis directly depress heart muscle function and its responsiveness to CPR and medications, so addressing oxygenation and ventilation and correcting the metabolic milieu often restores perfusion. Hypervolemia and increased afterload aren't as commonly the initial culprits in this scenario, and tension pneumothorax, while possible, is less common as the presenting underlying cause when focusing on the typical, readily reversible factors. So, the best choice reflects the most common reversible conditions driving PEA: insufficient oxygen or an acidotic state.

5. For resuscitation of a pregnant patient in cardiac arrest, how many team members are needed to perform high-quality CPR?

A. Two

B. Three (at least)

C. Five

D. One

In resuscitating a pregnant patient, you need a small team to keep CPR high-quality while handling pregnancy-specific needs. The key is to manage aortocaval compression by maintaining left uterine displacement, together with uninterrupted chest compressions and timely airway/defibrillation and medications. With three rescuers, one person can sustain continuous chest compressions, a second can apply left uterine displacement and support airway/ventilation and rhythm checks, while a third handles medications, defibrillation coordination, and monitoring. This team size allows these critical tasks to occur with minimal interruptions. If more responders are available, they can further support by managing additional tasks and preparing for possible cesarean delivery if ROSC isn't achieved promptly.

6. Which biomarker may be evaluated within 72 hours of ROSC as part of neuroprognostication?

A. Neuron-specific enolase (NSE)

B. Troponin I

C. C-reactive protein

D. D-dimer

After return of spontaneous circulation, predicting neurological outcome relies on markers of brain injury as well as clinical and imaging data. Neuron-specific enolase (NSE) is released into the blood when neurons are damaged from the hypoxic-ischemic injury that occurs during cardiac arrest. Measuring NSE within the first 72 hours after ROSC provides prognostic information because higher levels correlate with more severe brain injury and a poorer neurological outcome, especially when interpreted alongside exam findings, imaging, and electrophysiology. Other biomarkers listed reflect injury or processes outside the brain—Troponin I tracks heart muscle injury, C-reactive protein indicates inflammation, and D-dimer relates to coagulation and clot breakdown—so they are not used to gauge neuroprognosis after cardiac arrest.

7. What QRS duration characterizes pulseless ventricular tachycardia on ECG?

A. 0.12 seconds or more

B. 0.06 seconds

C. 0.20 seconds

D. 0.04 seconds

A wide QRS complex signals ventricular origin, which is what pulseless ventricular tachycardia shows on ECG. Normal QRS duration is about 0.10 seconds or less; when the QRS width reaches 0.12 seconds or longer, the complex is considered wide, indicating the ventricles are activated abnormally rather than through the normal conduction system. This wide, irregularly shaped or rapid complex is characteristic of VT, including the pulseless form, which is a shockable rhythm in ACLS. Shorter, narrow QRS durations reflect supraventricular activity with normal conduction and do not fit ventricular tachycardia.

8. TTM should be considered for patients who remain comatose after ROSC.

A. It should be avoided in all post-ROSC patients.

B. It should only be considered if the patient has stable hemodynamics.

C. It should only be considered after 12 hours.

D. It should be considered for patients who remain comatose after ROSC.

Targeted temperature management is used after resuscitation to protect the brain. If a patient remains comatose after return of spontaneous circulation, cooling should be considered because these patients are at high risk for hypoxic-ischemic brain injury. Lowering the body temperature reduces cerebral metabolic demand, helps limit reperfusion injury, and can improve neurological outcome. Start as soon as ROSC is achieved in those who stay comatose, aiming for a temperature in the 32–36°C range for about 24 hours with careful rewarming, while managing shivering and cardiovascular stability. It's not for all post-ROSC patients—only those who remain comatose after ROSC. It isn't required to wait a fixed 12 hours; earlier initiation in eligible patients is preferable.

9. Which is a goal of management during the post-cardiac arrest period?

A. Optimize Ventilation and Oxygenation

B. Prolonged Sedation Without Evaluation

C. Ignoring Underlying Causes

D. Withholding Cardiac Interventions

After a cardiac arrest, the brain and heart are vulnerable to further injury from inadequate oxygen or excessive carbon dioxide. The main goal in the post-arrest period is to optimize ventilation and oxygenation to ensure adequate oxygen delivery and maintain normal CO2 levels, supporting cerebral perfusion and reducing secondary brain injury. This means securing the airway if needed, using ventilatory settings that prevent hypoxemia and hypercapnia, and closely monitoring oxygen saturation and, when available, end-tidal CO2 to keep values in a safe range. This foundational step is complemented by addressing reversible causes, initiating targeted temperature management when indicated, and providing hemodynamic support. It's important to reassess sedation and neurological status rather than delaying evaluation, and to pursue cardiac interventions if there is a treatable cardiac cause.

10. Which statement best describes Pulseless Electrical Activity (PEA) on ECG?

A. There is no discernible rhythm on the monitor.

B. The QRS complexes are similar in appearance and there may be a narrow or wide complex; the rate may be fast or slow, and the monitor shows an identifiable rhythm but no pulse.

C. The QRS complexes are wide with irregular rhythm and a fast rate.

D. P waves always precede the QRS complexes.

Pulseless Electrical Activity is when the heart's electrical system shows activity on the monitor, producing an identifiable rhythm with QRS complexes that may be narrow or wide, but there is no palpable pulse or effective mechanical contraction. In practice, this means you see organized electrical signals on the ECG, yet the heart isn't delivering enough output to generate circulation. That's exactly what the option describes: an identifiable rhythm on the monitor with QRS complexes that can be similar in appearance and with a rate that can vary, but no pulse. The other scenarios don't fit PEA: no discernible rhythm on the monitor describes asystole, a wide irregular fast rhythm fits a shockable rhythm like pulseless VT/VF, and P waves preceding QRS implies normal conduction with a pulse rather than PEA. In managing PEA, focus is on high-quality CPR and identifying reversible causes while administering appropriate pharmacologic support.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://aclscardiacarrest.examzify.com

We wish you the very best on your exam journey. You've got this!