ACLS ProMed Practice Test (Sample)

Study Guide

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. **Which two rhythms define the two pathways in the ACLS cardiac arrest algorithm?**

   A. VF/pVT and PEA/Asystole

   B. AF/pVT

   C. Sinus tachycardia and bradycardia

   D. VT and SVT

2. **What is the correct dopamine infusion dosage range for bradycardia?**

   A. 0.1-0.5 mcg/kg/min

   B. 1-3 mcg/kg/min

   C. 2-20 mcg/kg/min

   D. 50-100 mcg/kg/min

3. **Which statement about quantitative waveform capnography is true in ACLS context?**

   A. Class II recommendation for ET tube

   B. Unsuitable for supraglottic airways

   C. Used in conjunction with physical examination to determine proper placement of an advanced airway

   D. All of the above

4. **Which drug is not used in the treatment of acute stroke?**

   A. Alteplase

   B. Aspirin

   C. Heparin

   D. Naloxone

5. **In the pulseless arrest algorithm, which has priority: advanced airway or IV/IO access?**

   A. Advanced airway has priority over IV access

   B. IV/IO access is given priority

   C. They are addressed simultaneously

   D. Neither is prioritized

6. During ACLS cardiac arrest management, when is epinephrine administered?

A. Not used in ACLS

B. After each CPR cycle

C. After every shock attempt

D. Only after 10 minutes in PEA

7. Which syndrome is not a recognized degree in the progression of coronary artery occlusion?

A. Unstable Angina

B. STEMI

C. NSTEMI

D. Stable Angina (SA)

8. Which statement best describes management of tachyarrhythmia with hemodynamic instability?

A. Adenosine is the preferred initial therapy

B. Immediate synchronized cardioversion

C. Vagal maneuvers alone are sufficient

D. Observe and monitor only

9. In the management of acute stroke, which agent is not part of standard therapy?

A. Aspirin

B. Alteplase

C. Heparin

D. Naloxone

10. Which drug is used in pulseless electrical activity (PEA) during ACLS?

A. Amiodarone

B. Atropine

C. Epinephrine

D. Lidocaine

Answers

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

Explanations

1. Which two rhythms define the two pathways in the ACLS cardiac arrest algorithm?

A. VF/pVT and PEA/Asystole

B. AF/pVT

C. Sinus tachycardia and bradycardia

D. VT and SVT

ACLS divides cardiac arrest management into two pathways based on whether the rhythm is responsive to defibrillation. The shockable pathway includes ventricular fibrillation and pulseless ventricular tachycardia, which are treated with immediate defibrillation followed by CPR and medications as needed. The non-shockable pathway includes pulseless electrical activity and asystole, where defibrillation isn't used and the focus is on high-quality CPR, airway/ventilation, and addressing reversible causes. This distinction is why the correct pairing is VF/pVT for the shockable pathway and PEA/asystole for the non-shockable pathway. Other options mix rhythms that aren't the standard arrest split.

2. What is the correct dopamine infusion dosage range for bradycardia?

A. 0.1-0.5 mcg/kg/min

B. 1-3 mcg/kg/min

C. 2-20 mcg/kg/min

D. 50-100 mcg/kg/min

In symptomatic bradycardia, dopamine is used to boost heart rate and perfusion by acting on receptors in a dose-dependent way. At lower doses you get dopaminergic effects with little cardiac impact; as the dose increases you get beta-1 stimulation that raises heart rate and contractility; at even higher doses alpha effects cause vasoconstriction to raise blood pressure. For bradycardia, the typical infusion range is 2 to 20 mcg/kg/min, starting around 2 mcg/kg/min and titrating up to 20 to achieve adequate heart rate and perfusion. The smaller ranges are usually insufficient to improve perfusion in bradycardia, while the very high range carries a risk of excessive vasoconstriction.

3. Which statement about quantitative waveform capnography is true in ACLS context?

A. Class II recommendation for ET tube

B. Unsuitable for supraglottic airways

C. Used in conjunction with physical examination to determine proper placement of an advanced airway

D. All of the above

Quantitative waveform capnography provides real-time CO2 readings and a continuous waveform that confirms ventilation through an airway. In ACLS practice, it is used together with physical examination findings (like chest rise and auscultation) to verify proper placement of an advanced airway. The CO2 waveform indicates tracheal placement when present, and changes or absence can signal misplacement or tube dislodgement, making it a key confirmatory tool rather than a sole check. It can also be used to monitor ventilation with supraglottic airway devices, so saying it's unsuitable for those devices isn't accurate. Additionally, guidelines treat capnography for airway confirmation as a standard, not a lower-level Class II recommendation, so that statement isn't correct.

4. Which drug is not used in the treatment of acute stroke?

A. Alteplase

B. Aspirin

C. Heparin

D. Naloxone

Acute stroke treatment focuses on restoring blood flow and limiting brain injury. Alteplase is used to dissolve clots in eligible ischemic strokes, helping to reopen blocked vessels. Aspirin helps prevent further clot formation and reduces the risk of early recurrence once the patient is stabilized. Heparin isn't routinely used in acute stroke because of the bleeding risk, except in very specific cases. Naloxone, on the other hand, is an opioid antagonist used to reverse opioid overdose and has no role in treating the stroke itself. So it doesn't belong in the acute stroke treatment plan.

5. In the pulseless arrest algorithm, which has priority: advanced airway or IV/IO access?

A. Advanced airway has priority over IV access

B. IV/IO access is given priority

C. They are addressed simultaneously

D. Neither is prioritized

In pulseless arrest, getting IV or IO access to deliver medications is prioritized because medications such as epinephrine need to be given promptly to improve perfusion during CPR. Having reliable access lets you administer drugs without delaying chest compressions or defibrillation. An advanced airway is important for ongoing ventilation, but it should not slow down securing vascular access or administering meds; it can be placed in parallel once access is secured or by a dedicated team member, while CPR continues. If IV/IO access is hard to obtain, IO access is pursued quickly and medication delivery proceeds without waiting for a definitive airway.

6. During ACLS cardiac arrest management, when is epinephrine administered?

A. Not used in ACLS

B. After each CPR cycle

C. After every shock attempt

D. Only after 10 minutes in PEA

Epinephrine is given during ongoing chest compressions at regular intervals, typically every 3–5 minutes, as soon as IV/IO access is established. The aim is to boost coronary and cerebral perfusion by increasing aortic diastolic pressure, which improves the chance of return of spontaneous circulation. This timing fits with the CPR cycles used in ACLS, so administration occurs after a couple of minutes of compressions and is repeated with each subsequent cycle. It applies to all arrest rhythms, including PEA, and is not reserved only after shocks or after a fixed time point like 10 minutes. The standard dose is 1 mg IV/IO, repeated every 3–5 minutes during CPR.

7. Which syndrome is not a recognized degree in the progression of coronary artery occlusion?

A. Unstable Angina

B. STEMI

C. NSTEMI

D. Stable Angina (SA)

The concept tested is how the acute coronary syndrome spectrum progresses. Unstable angina, NSTEMI, and STEMI all reflect acute plaque disruption with thrombosis and varying degrees of myocardial injury. Stable angina, on the other hand, is chest pain from a fixed, nonocclusive obstruction and does not involve acute plaque rupture or heart muscle injury. It represents a chronic, stable condition rather than a progression to acute infarction. So the option describing stable angina is not part of the recognized progression of coronary artery occlusion in the acute setting.

8. Which statement best describes management of tachyarrhythmia with hemodynamic instability?

A. Adenosine is the preferred initial therapy

B. Immediate synchronized cardioversion

C. Vagal maneuvers alone are sufficient

D. Observe and monitor only

When a tachyarrhythmia causes signs of poor perfusion or shock, the priority is to restore blood flow quickly. In this unstable situation, an immediate synchronized electrical shock is the best choice because it rapidly resets the heart rhythm while preserving a pulse. The synchronization prevents delivering a shock during the vulnerable part of the cycle, which helps avoid worsened arrhythmia. Adenosine and vagal maneuvers are useful mainly for stable, narrow-complex tachycardias, and they can delay definitive treatment in someone who is unstable. Observation alone does nothing to correct the dangerous hemodynamic instability. If there were no pulse, you would use unsynchronized defibrillation instead of synchronized cardioversion.

9. In the management of acute stroke, which agent is not part of standard therapy?

A. Aspirin

B. Alteplase

C. Heparin

D. Naloxone

In acute stroke care, the focus is on restoring blood flow and preventing new damage while managing complications. Naloxone has no role in treating the stroke itself; it's used to reverse opioid overdose, not to improve cerebral perfusion or neurologic outcome after stroke. Aspirin is standard after ruling out hemorrhage because it reduces early recurrent stroke by inhibiting platelets. Alteplase (tPA) is used in eligible patients to dissolve the clot and restore perfusion within a defined time window. Heparin is not part of routine initial stroke therapy due to risks of bleeding and lack of consistent benefit, though it may be considered in specific situations for other reasons (like preventing venous thromboembolism) rather than treating the stroke directly. So, the agent not part of standard acute stroke therapy is naloxone.

10. Which drug is used in pulseless electrical activity (PEA) during ACLS?

A. Amiodarone

B. Atropine

C. Epinephrine

D. Lidocaine

During pulseless electrical activity, the priority is to restore perfusion through high-quality CPR and medications that improve coronary and cerebral blood flow. Epinephrine is the drug of choice because its alpha-adrenergic vasoconstriction raises aortic diastolic pressure and coronary perfusion pressure during CPR, improving the chances of returning an effective pulse. It's given every 3–5 minutes during the arrest. Other drugs fit better with different rhythms: amiodarone and lidocaine are antiarrhythmics used for shockable rhythms like ventricular fibrillation or pulseless VT, while atropine is not routinely recommended for PEA in current ACLS guidelines. So, epinephrine best fits the scenario.

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://aclspromed.examzify.com

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