ACLS Resuscitation Quality Improvement (RQI) 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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. When a patient presents with poor perfusion due to bradycardia, what is the next recommended step?

A. Administer adenosine 6 mg IV

B. Administer atropine 1 mg IV

C. Perform synchronized cardioversion

D. Initiate CPR immediately

2. In which of the following patients can nasopharyngeal airways be used?

A. Only conscious

B. Only unconscious

C. Conscious or semiconscious

D. Semiconscious or unconscious

3. What is the recommended treatment for chest discomfort that can be repeated?

A. Administer aspirin every 4 hours

B. Engage in vigorous exercise

C. Nitroglycerine sublingual every 3-5 minutes

D. Provide intravenous fluids

4. What is the door-to-needle time goal for 85% or more of acute ischemic stroke patients treated with IV thrombolytics?

A. 30 minutes

B. 45 minutes

C. 60 minutes

D. 90 minutes

5. What is the first step in a systematic approach to patient assessment?

A. Initial impression

B. History taking

C. Physical examination

D. Patient evaluation

6. During rescue breathing for an adult, what is the appropriate volume of air to deliver?

A. Small puff of air

B. Moderate-sized breath

C. Large volume breath

D. Any volume that feels comfortable

7. What is the primary goal of post-cardiac arrest care?

A. To increase patient sedation

B. To optimize hemodynamics and improve neurological outcomes

C. To monitor patient vitals exclusively

D. To provide only emotional support to family

8. Which condition is associated with difficulty breathing and bilateral wheezing?

A. Heart failure

B. Emphysema

C. Pneumonia

D. Asthma

9. Which of the following describes a properly sized oropharyngeal airway?

A. Should fit snugly without pressure

B. Should rest on the uvula

C. Length should correspond to the distance between the mouth and jaw

D. Should create a tight seal around the pharynx

10. What therapy is a recommended alternative to vasopressor infusion for managing unstable bradycardia unresponsive to atropine?

A. Electrical cardioversion

B. Intravenous fluid administration

C. Transcutaneous pacing

D. Oxygen therapy

Answers

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

Explanations

1. When a patient presents with poor perfusion due to bradycardia, what is the next recommended step?

A. Administer adenosine 6 mg IV

B. Administer atropine 1 mg IV

C. Perform synchronized cardioversion

D. Initiate CPR immediately

In the case of a patient presenting with poor perfusion due to bradycardia, administering atropine 1 mg IV is the recommended next step. Atropine works by blocking the effects of the vagus nerve on the heart, leading to an increase in heart rate, which can help restore adequate cardiac output and improve perfusion. This intervention is particularly indicated when bradycardia is symptomatic and contributing to poor perfusion, as it directly addresses the underlying issue by enhancing the heart's ability to pump effectively. Other options, while relevant in different contexts, do not serve the immediate need for treating symptomatic bradycardia with poor perfusion. For instance, adenosine is typically used for certain types of tachyarrhythmias rather than bradycardia. Synchronized cardioversion is appropriate for treating tachycardia with unstable hemodynamics but is not indicated for bradycardia. CPR is critical in cases of cardiac arrest but is not the immediate response for someone who is bradycardic without being in arrest. Thus, atropine is specifically tailored to support the patient in this scenario by addressing the bradycardia that is causing the perfusion issue.

2. In which of the following patients can nasopharyngeal airways be used?

A. Only conscious

B. Only unconscious

C. Conscious or semiconscious

D. Semiconscious or unconscious

Nasopharyngeal airways are designed to help maintain airway patency in patients who may not be able to maintain it themselves due to altered levels of consciousness. They are particularly useful in patients who are semiconscious or unconscious, as they allow for ventilation without relying on spontaneous breathing efforts. The nasopharyngeal airway's structure facilitates insertion through the nasal passage and helps bypass any obstructions in the oral cavity or pharynx. The use of this type of airway in semiconscious or unconscious patients is crucial because these individuals may have an impaired gag reflex or altered muscle tone, making it difficult for them to maintain an open airway. In contrast, using a nasopharyngeal airway in fully conscious patients can trigger discomfort or the gag reflex, which may lead to complications. Therefore, the correct answer emphasizes its applicability to patients who are semiconscious or unconscious, making it a vital tool in the management of airway obstruction in those with compromised levels of consciousness.

3. What is the recommended treatment for chest discomfort that can be repeated?

A. Administer aspirin every 4 hours

B. Engage in vigorous exercise

C. Nitroglycerine sublingual every 3-5 minutes

D. Provide intravenous fluids

The recommended treatment for chest discomfort that can be repeated is to administer nitroglycerin sublingually every 3-5 minutes, as this approach helps alleviate angina, which is often a symptom of coronary artery disease. Nitroglycerin works as a vasodilator, easing the blood flow to the heart muscle by expanding blood vessels, thereby reducing the heart's workload and oxygen demand. If chest discomfort persists, patients can take additional doses, making this a managed and repeatable treatment option when symptoms are not resolved. Other treatments listed, such as aspirin administration, while important in the context of an acute coronary syndrome, are not typically repeated on a frequent basis like nitroglycerin. Aspirin is usually given as a single loading dose for its antiplatelet effect and is not prescribed to be taken every few hours in this context. Vigorous exercise is generally contraindicated in a scenario where a patient is experiencing chest discomfort, as it could exacerbate the condition. Providing intravenous fluids does not address chest discomfort directly and is mainly utilized to maintain hemodynamic stability in specific medical conditions rather than serving as a treatment for chest pain or discomfort. Thus, the use of nitroglycerin every 3-5 minutes stands out

4. What is the door-to-needle time goal for 85% or more of acute ischemic stroke patients treated with IV thrombolytics?

A. 30 minutes

B. 45 minutes

C. 60 minutes

D. 90 minutes

The goal for door-to-needle time for acute ischemic stroke patients treated with intravenous (IV) thrombolytics is set at 60 minutes or less for 85% or more of patients. This target is critical because timely administration of thrombolytics can significantly improve outcomes for stroke patients. Rapid initiation of treatment increases the chances of minimizing brain damage, thus enhancing recovery and function for those affected by an ischemic stroke. This emphasis on the 60-minute timeline stems from evidence-based guidelines that aim to optimize the management of stroke patients and promote best practices in acute care settings. Ensuring that a high percentage of patients receive treatment within this timeframe is essential for effective stroke treatment protocols and reflects the goals of continuous quality improvement in healthcare settings.

5. What is the first step in a systematic approach to patient assessment?

A. Initial impression

B. History taking

C. Physical examination

D. Patient evaluation

The first step in a systematic approach to patient assessment is making an initial impression. This step involves quickly evaluating the overall condition of the patient as soon as you arrive on the scene. It includes assessing the patient's level of consciousness, checking for responsiveness, and determining the presence of any immediate life threats. The initial impression helps to prioritize interventions and guides further assessment decisions. By identifying key indicators such as distress, abnormal movements, or lack of response, healthcare providers can establish a clear picture of the most critical aspects of a patient's condition. This foundational step sets the tone for subsequent actions, including history taking and physical examinations, which are essential but come after noting the initial impression. Therefore, establishing this baseline early on is crucial in effectively managing the patient's care.

6. During rescue breathing for an adult, what is the appropriate volume of air to deliver?

A. Small puff of air

B. Moderate-sized breath

C. Large volume breath

D. Any volume that feels comfortable

The appropriate volume of air to deliver during rescue breathing for an adult is a moderate-sized breath. This is crucial because giving a breath that is too small may not provide sufficient oxygen to the lungs, while delivering a breath that is too large can cause gastric inflation and increase the risk of aspiration. In adult patients, the goal is to deliver about 500 to 600 milliliters of air with each breath, which is in the range of a moderate-sized breath. This amount ensures that oxygen reaches the alveoli efficiently without causing overdistension of the lungs. Rescue breathing should be performed at a rate of about 10 to 12 breaths per minute, allowing adequate time for the exhalation of each breath. Proper technique and volume are essential for effective resuscitation and to improve the patient's chances of survival during a cardiac arrest scenario.

7. What is the primary goal of post-cardiac arrest care?

A. To increase patient sedation

B. To optimize hemodynamics and improve neurological outcomes

C. To monitor patient vitals exclusively

D. To provide only emotional support to family

The primary goal of post-cardiac arrest care is to optimize hemodynamics and improve neurological outcomes. After a patient has experienced a cardiac arrest, the immediate focus shifts to restoring circulation and ensuring adequate blood flow to vital organs, particularly the brain. This involves stabilizing the patient's hemodynamic status, which includes managing blood pressure and cardiac output, as well as addressing any underlying causes of the arrest. Improving neurological outcomes is crucial, as many patients who survive cardiac arrest may have varying degrees of neurological impairment due to the lack of oxygenated blood flow during the arrest. Therefore, interventions aimed at optimizing perfusion and mitigating potential neurological damage are essential components of post-cardiac arrest care. While sedation, monitoring vitals, and providing emotional support are important aspects of overall patient care and family support, they are not the primary goals of post-cardiac arrest treatment. Effective resuscitation and subsequent care focus primarily on restoring and maintaining optimal bodily functions to enhance recovery and outcomes.

8. Which condition is associated with difficulty breathing and bilateral wheezing?

A. Heart failure

B. Emphysema

C. Pneumonia

D. Asthma

The condition associated with difficulty breathing and bilateral wheezing is asthma. Asthma is a chronic inflammatory airway disease that causes the airways to become narrow and swell, leading to difficulty in breathing and the characteristic wheezing sound during exhalation. This wheezing occurs as a result of the increased resistance in the airways and is often more pronounced during episodes of exacerbation. The symptoms of asthma can be triggered by various factors such as allergens, exercise, respiratory infections, and environmental pollutants. Furthermore, asthma affects both sides of the lungs, which accounts for the bilateral nature of the wheezing sound. Treatment typically involves bronchodilators and anti-inflammatory medications to relieve symptoms and prevent attacks. Heart failure can cause difficulty in breathing due to fluid accumulation in the lungs but is not primarily associated with wheezing. Emphysema can lead to wheezing but is characterized more by a decrease in airflow and is typically linked to long-term smoking. Pneumonia is an infection of the lungs that might cause difficulty breathing and potentially wheezing, but it is more commonly associated with cough, fever, and consolidation on examination rather than characteristic wheezing.

9. Which of the following describes a properly sized oropharyngeal airway?

A. Should fit snugly without pressure

B. Should rest on the uvula

C. Length should correspond to the distance between the mouth and jaw

D. Should create a tight seal around the pharynx

A properly sized oropharyngeal airway is one that fits snugly without causing pressure. This means that the airway should be secure enough to maintain its position and prevent airway obstruction while also not being too tight, which could lead to discomfort or trauma to the tissues of the oropharynx. The snug fit helps to ensure that the airway remains patent while allowing for adequate ventilation. In addition to this correct answer, it's important to note how sizing relates to other considerations. While some might think that resting on the uvula or matching the distance between the mouth and jaw are the criteria, the primary goal is to maintain air passage without damaging the anatomy or causing irritation. A tight seal is not necessary; instead, the airway should effectively keep the tongue away from the back of the throat, allowing air to flow freely, which aligns with the proper sizing of the device.

10. What therapy is a recommended alternative to vasopressor infusion for managing unstable bradycardia unresponsive to atropine?

A. Electrical cardioversion

B. Intravenous fluid administration

C. Transcutaneous pacing

D. Oxygen therapy

Transcutaneous pacing is a recommended alternative to vasopressor infusion for managing unstable bradycardia that does not respond to atropine. This method involves the use of external pacing pads that deliver electrical impulses to stimulate the heart to beat at a desired rate. In cases of symptomatic bradycardia, especially when there are signs of instability, pacing can quickly restore an adequate heart rate and improve cardiac output. For patients experiencing bradycardia that is significant enough to cause hemodynamic instability and who do not respond to atropine, transcutaneous pacing is effective because it directly addresses the heart's electrical activity. It is particularly useful in emergency settings where rapid intervention is necessary. Other interventions like electrical cardioversion, intravenous fluid administration, or oxygen therapy may have their roles in different contexts of cardiac emergencies, but they do not provide the immediate and specific solution that transcutaneous pacing does for bradycardia. Electrical cardioversion is typically used for tachyarrhythmias rather than bradycardias. Intravenous fluids might be considered if hypovolemia is suspected but do not directly address the problem of bradycardia. Oxygen therapy is important for maintaining tissue oxygenation but does not influence heart rate or rhythm directly, making trans

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://aclsrqi.examzify.com

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