

ACLS RESUSCITATION QUALITY IMPROVEMENT (RQI) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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

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- 1. What is a complication of administering IV atropine in doses less than 0.5 mg?**
 - A. Increased heart rate
 - B. Severe allergy
 - C. Further slowing of heart rate
 - D. Increased blood pressure
- 2. Which technique is best for verifying correct tube placement in advanced airway management?**
 - A. Visual Inspection
 - B. Capnography
 - C. Chest X-ray
 - D. Pulse Oximetry
- 3. What is the appropriate ratio of chest compressions to ventilations for adult CPR?**
 - A. 15:1
 - B. 30:2
 - C. 25:2
 - D. 20:1
- 4. Patients with respiratory failure commonly experience a rise in what level in arterial blood?**
 - A. Oxygen
 - B. Carbon dioxide
 - C. Hemoglobin
 - D. Cholesterol
- 5. What is a potential complication of inserting an oropharyngeal airway that is too small?**
 - A. Pushing the base of the tongue back
 - B. Obstructing the airway
 - C. Causing laryngospasm
 - D. Inducing vomiting

- 6. For patients in cardiac arrest, when should rescue breaths be administered?**
- A. Every 10 seconds
 - B. Every 2 minutes
 - C. Once every 30 seconds
 - D. Every 6 seconds
- 7. What is a key component of enhancing the CPR quality?**
- A. Minimizing interruptions in chest compressions
 - B. Using higher compression rates
 - C. Delaying defibrillation to ensure proper CPR duration
 - D. Focusing on ventilations more than compressions
- 8. If a patient demonstrates a heart rate of 40/min and is responsive yet complains of fatigue, what action should be taken?**
- A. Seek expert consultation
 - B. Administer IV fluids
 - C. Prepare for transvenous pacing
 - D. Increase the atropine dosage
- 9. What is the recommended time frame for fibrinolytic therapy in ST-segment elevation myocardial infarction?**
- A. Within 6 hours
 - B. Within 12 hours
 - C. Within 24 hours
 - D. Within 48 hours
- 10. What is the recommended compression-to-ventilation ratio for adult CPR?**
- A. 15:2
 - B. 30:2
 - C. 20:2
 - D. 10:1

Answers

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

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Explanations

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1. What is a complication of administering IV atropine in doses less than 0.5 mg?

- A. Increased heart rate
- B. Severe allergy
- C. Further slowing of heart rate**
- D. Increased blood pressure

Administering IV atropine in doses less than 0.5 mg can lead to further slowing of the heart rate because lower doses may not effectively block the vagal effects on the heart. Atropine is an anticholinergic medication primarily used to increase the heart rate by inhibiting the action of the vagus nerve. However, when given in subtherapeutic doses, the vagal tone can overpower the effects of atropine, leading to bradycardia rather than the desired increase in heart rate. Therefore, doses below 0.5 mg may not provide sufficient blockade of parasympathetic activity, potentially resulting in a decrease in heart rate. This understanding underscores the importance of administering an appropriate dose to achieve the desired pharmacological effect and avoid complications during resuscitation efforts.

2. Which technique is best for verifying correct tube placement in advanced airway management?

- A. Visual Inspection
- B. Capnography**
- C. Chest X-ray
- D. Pulse Oximetry

Capnography is regarded as the best technique for verifying correct tube placement in advanced airway management because it directly measures the concentration of carbon dioxide in exhaled air. When an endotracheal tube is correctly placed in the trachea, capnography will show a consistent waveform and a measurable level of CO₂ during exhalation, indicating that the tube is in the correct position. This real-time monitoring provides immediate feedback about airway placement, which is critical in emergency situations. Visual inspection, while it may be a part of the verification process, does not provide definitive confirmation of tube placement. It can indicate whether the tube is in the airway, but it cannot assess ventilation efficiency or confirm proper placement beyond a visual assessment. A chest X-ray can confirm tube placement but is not practical in a time-sensitive resuscitation scenario; it can take too long to obtain and interpret, delaying critical interventions. Likewise, pulse oximetry measures the oxygen saturation level in the blood. While it's useful for monitoring the patient's overall oxygenation status, it does not provide direct information about whether the endotracheal tube is placed in the trachea or esophagus. Thus, capnography stands out as the most effective and immediate

3. What is the appropriate ratio of chest compressions to ventilations for adult CPR?

- A. 15:1
- B. 30:2**
- C. 25:2
- D. 20:1

The appropriate ratio of chest compressions to ventilations for adult CPR is 30:2. This ratio indicates that for every 30 chest compressions performed, 2 rescue breaths should be given. This approach is based on current guidelines which emphasize the importance of high-quality chest compressions with minimal interruptions. The 30:2 ratio allows for maximum blood circulation generated by compressions while still providing necessary ventilation to the patient. This is especially critical since in cases of cardiac arrest, the primary need is to ensure that oxygen-rich blood reaches vital organs as quickly as possible. Adequate compressions help maintain perfusion to critical areas like the brain and heart, while the rescue breaths provide essential oxygen to the lungs, supporting overall resuscitation efforts. Other ratios mentioned would not align with these guidelines, resulting in either inadequate compressions or insufficient ventilation support during a critical situation. Thus, the 30:2 ratio is established as the standard practice in adult resuscitation to enhance the likelihood of survival and recovery.

4. Patients with respiratory failure commonly experience a rise in what level in arterial blood?

- A. Oxygen
- B. Carbon dioxide**
- C. Hemoglobin
- D. Cholesterol

In cases of respiratory failure, patients typically have a compromised ability to either take in oxygen or eliminate carbon dioxide effectively. This leads to a retention of carbon dioxide in the bloodstream, causing its levels to rise. Elevated carbon dioxide levels, known as hypercapnia, occur when the respiratory system cannot remove carbon dioxide efficiently, which can result in respiratory acidosis and various physiological effects. In contrast, the other options are not relevant to the conditions typically associated with respiratory failure. For instance, oxygen levels would often be low in respiratory failure rather than high. Hemoglobin levels can vary but are not directly affected in the same way by respiratory failure. Cholesterol levels are unrelated to the immediate effects of respiratory failure. Thus, the rise in carbon dioxide is a hallmark of respiratory failure, highlighting the importance of monitoring arterial blood gases in affected patients.

5. What is a potential complication of inserting an oropharyngeal airway that is too small?

- A. Pushing the base of the tongue back**
- B. Obstructing the airway
- C. Causing laryngospasm
- D. Inducing vomiting

Inserting an oropharyngeal airway that is too small can indeed lead to pushing the base of the tongue back. When the airway is not adequately sized to accommodate the anatomy of the patient, it may not provide the necessary support to keep the tongue in a forward position. As a result, the base of the tongue can fall back and potentially obstruct the airway, leading to inadequate ventilation. This complication underscores the importance of selecting the right size airway to ensure effective and safe airway management. The other options address potential airway complications, but they stem from different issues related to the use of oropharyngeal airways. For example, an airway that is too small may not directly obstruct but can fail to prevent the tongue from occluding the airway, which is a significant concern during resuscitation efforts.

6. For patients in cardiac arrest, when should rescue breaths be administered?

- A. Every 10 seconds
- B. Every 2 minutes
- C. Once every 30 seconds
- D. Every 6 seconds**

For patients in cardiac arrest, rescue breaths are administered every 6 seconds during cardiopulmonary resuscitation (CPR) when performing advanced airway management. This frequency is crucial because it allows for adequate ventilation without excessive interruption to chest compressions, which are vital for maintaining circulation and perfusion to vital organs during cardiac arrest. When using an advanced airway, the focus is on ensuring that oxygen is delivered effectively to the lungs. Administering rescue breaths every 6 seconds corresponds to a rate of 10 breaths per minute, which aligns with the guidelines for providing ventilation in a patient with an advanced airway in place. This approach balances the need for oxygenation while minimizing disruptions to ongoing compressions, effectively contributing to the overall success of resuscitation efforts. The other suggested rates do not align with current CPR guidelines for patients receiving rescue breaths in the context of advanced airway management, which is why they are not preferred methods.

7. What is a key component of enhancing the CPR quality?

- A. Minimizing interruptions in chest compressions**
- B. Using higher compression rates
- C. Delaying defibrillation to ensure proper CPR duration
- D. Focusing on ventilations more than compressions

Minimizing interruptions in chest compressions is crucial for enhancing CPR quality because consistent and uninterrupted chest compressions provide more effective circulatory support during cardiac arrest. Each pause reduces the perfusion pressure and the amount of oxygenated blood delivered to vital organs. Ideally, chest compressions should be continuous, aiming for a compression rate of 100 to 120 compressions per minute with minimal interruptions for things like rhythm checks or ventilations. The goal is to maintain blood flow to the heart and brain, maximizing the chances of successful resuscitation. In contrast, while using higher compression rates may seem beneficial, excessive speeds can lead to decreased effectiveness in compressions if it results in poor depth or technique. Delaying defibrillation to ensure proper CPR duration is counterproductive as it can deprive the heart of necessary interventions when indicated, while focusing on ventilations more than compressions is a fundamentally flawed approach, as high-quality chest compressions are the priority in adult cardiac arrest scenarios.

8. If a patient demonstrates a heart rate of 40/min and is responsive yet complains of fatigue, what action should be taken?

- A. Seek expert consultation**
- B. Administer IV fluids
- C. Prepare for transvenous pacing
- D. Increase the atropine dosage

The most appropriate action in this scenario involves seeking expert consultation. When a patient presents with a bradycardic heart rate of 40 beats per minute and expresses fatigue, it indicates a possible underlying issue that requires evaluation by a specialist. While the patient is responsive, the bradycardia along with symptoms like fatigue can potentially lead to more serious complications if not addressed properly. Consulting an expert can ensure that the patient receives the necessary assessment and management tailored to their needs, which might involve further intervention such as medication adjustments or pacing if necessary. This approach prioritizes patient safety and care by bringing in advanced expertise to evaluate and potentially manage the bradycardia effectively. In contrast, administering IV fluids, preparing for transvenous pacing, and increasing the atropine dosage might not adequately address the root cause of the bradycardia and the patient's symptoms without first understanding the underlying condition. These actions could be appropriate under different circumstances, but they should follow thorough evaluation and consultation to ensure the best patient outcomes.

9. What is the recommended time frame for fibrinolytic therapy in ST-segment elevation myocardial infarction?

- A. Within 6 hours
- B. Within 12 hours**
- C. Within 24 hours
- D. Within 48 hours

Fibrinolytic therapy is critical in the treatment of ST-segment elevation myocardial infarction (STEMI) as it helps to dissolve the blood clot obstructing the coronary artery and restore blood flow to the heart muscle. The recommended time frame for administering fibrinolytics is ideally within 12 hours of the onset of chest pain or symptom onset. This time frame is established based on clinical evidence demonstrating improved outcomes, such as reduced mortality and preservation of heart function, when therapy is given early. Administering fibrinolytic therapy beyond this window—specifically within 24 hours—can still be beneficial but is increasingly less effective as time progresses. Therefore, while early intervention is crucial, the recommendation specifically focuses on the 12-hour mark to optimize benefits while minimizing risks associated with late administration. This understanding emphasizes the critical nature of rapid assessment and intervention in cases of STEMI, highlighting why healthcare providers prioritize timely fibrinolytic treatment within this designated time frame.

10. What is the recommended compression-to-ventilation ratio for adult CPR?

- A. 15:2
- B. 30:2**
- C. 20:2
- D. 10:1

The recommended compression-to-ventilation ratio for adult CPR is 30:2. This means that for every 30 chest compressions administered, 2 rescue breaths should be given. The emphasis on this specific ratio is rooted in research suggesting that a higher number of compressions to ventilations may improve the chances of survival in cardiac arrest scenarios. During CPR, the primary goal is to maintain blood circulation to vital organs, particularly the brain and heart, which is achieved through effective chest compressions. The 30:2 ratio is designed to maximize the number of compressions, which secondly helps to ensure adequate oxygenation when ventilations are provided. This approach facilitates a balance between maintaining circulation and providing oxygen, minimizing interruptions in compressions to prioritize the most critical aspect of resuscitation: maintaining blood flow. In contrast, other ratios mentioned are outdated or not recommended for adult victims. The compression-to-ventilation ratio of 15:2 is outdated as it was previously used in a two-rescuer adult CPR setting but is not preferred in current guidelines. A ratio of 20:2 also does not align with the updated recommendations and thus can lead to less effective CPR. The 10:1 ratio would not provide sufficient compressions to ensure

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!

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