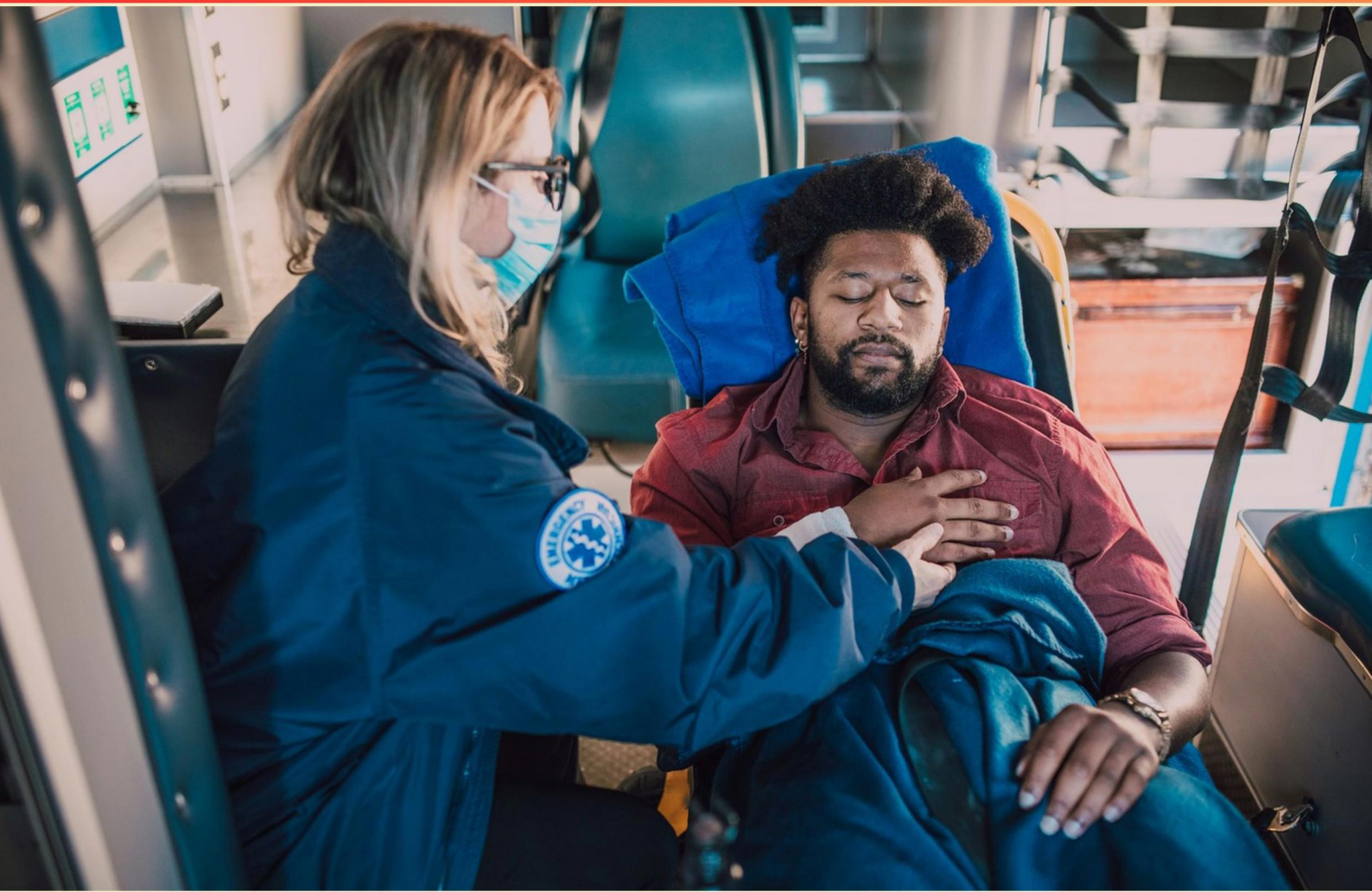


ADVANCED CARDIOVASCULAR LIFE SUPPORT (ACLS) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://acls.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. Following successful resuscitation, what is a primary concern regarding a patient's vitals?**
 - A. Respiratory rate
 - B. Blood pressure stability
 - C. Heart rate fluctuations
 - D. Temperature regulation

- 2. During a code scenario, what is the recommended ventilation rate for an adult who is receiving CPR?**
 - A. 6 breaths per minute
 - B. 8 breaths per minute
 - C. 10 breaths per minute
 - D. 12 breaths per minute

- 3. A patient remains in ventricular fibrillation despite 1 shock and 2 minutes of continuous CPR. What is the next intervention?**
 - A. Administer a second shock
 - B. Continue CPR for another 5 minutes
 - C. Check for a pulse
 - D. Administer antiarrhythmic medication

- 4. When placing pads for defibrillation, where should one pad be positioned on the victim's chest?**
 - A. Upper-right chest
 - B. Directly over the sternum
 - C. Left side of the neck
 - D. Lower-left abdomen

- 5. What is the first action that should be taken if witnessed collapse occurs?**
 - A. Check for breathing
 - B. Begin CPR immediately
 - C. Call for help and activate the emergency response system
 - D. Look for signs of life

- 6. Which medication is contraindicated in the setting of bradycardia with an unstable patient?**
- A. Atropine
 - B. Beta-blockers
 - C. Adrenaline
 - D. Amiodarone
- 7. During an ACLS code, how is capnography useful?**
- A. It provides real-time feedback on chest compressions
 - B. It helps confirm intubation and monitor ventilation
 - C. It detects the heart rhythm directly
 - D. It assists in drug administration
- 8. After 2 minutes of CPR, the ECG shows PEA and the patient has no pulse. What is the next priority step?**
- A. Administer 1mg of epinephrine
 - B. Resume chest compressions
 - C. Intubate the patient
 - D. Monitor the ECG for 2 minutes
- 9. During ACLS, what is the recommended depth for adult chest compressions?**
- A. At least 1 inch
 - B. At least 2 inches
 - C. At least 3 inches
 - D. At least 4 inches
- 10. A 49-year-old man presents with retrosternal chest pain radiating to the left arm and shows signs of diaphoresis. What should be the next action after administering 160 mg of aspirin and establishing a peripheral IV?**
- A. Administer 2 to 4 mg of morphine by slow IV bolus
 - B. Administer nitroglycerin
 - C. Prepare for emergency cardiology consultation
 - D. Start immediate CPR

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Following successful resuscitation, what is a primary concern regarding a patient's vitals?

- A. Respiratory rate
- B. Blood pressure stability**
- C. Heart rate fluctuations
- D. Temperature regulation

The primary concern regarding a patient's vitals following successful resuscitation is blood pressure stability. After a cardiac arrest and subsequent resuscitation, maintaining adequate blood pressure is critical for ensuring sufficient perfusion to vital organs. This helps prevent ischemia and supports the overall recovery process. Instability in blood pressure can indicate inadequate cardiac output or the potential for further cardiovascular complications. Therefore, monitoring and managing blood pressure is crucial during this phase to assess the effectiveness of the resuscitative efforts and to provide appropriate interventions, such as fluid resuscitation or medications if necessary. While other vital signs, such as respiratory rate, heart rate fluctuations, and temperature regulation, are important to monitor, blood pressure stability directly correlates with the patient's hemodynamic status and their ability to recover effectively after resuscitation.

2. During a code scenario, what is the recommended ventilation rate for an adult who is receiving CPR?

- A. 6 breaths per minute
- B. 8 breaths per minute
- C. 10 breaths per minute**
- D. 12 breaths per minute

The recommended ventilation rate for an adult who is receiving CPR is 10 breaths per minute. This rate is established within the ACLS guidelines to ensure that adequate oxygenation is provided to the patient during a cardiac arrest situation. Ventilating at this rate allows for effective oxygen delivery while also making sure that chest compressions are not excessively interrupted. Maintaining a ventilation rate of 10 breaths per minute means that each breath is given approximately every 6 seconds, allowing for the necessary time to compress the chest effectively between breaths. This balance supports optimal blood flow while also ensuring that the lungs are being adequately ventilated. If the ventilation rate were lower, it would compromise oxygen delivery, and if it were higher, it could lead to inadequate time for chest compressions and other complications such as increased intrathoracic pressure, which can impede blood return to the heart. In summary, the guideline for a ventilation rate of 10 breaths per minute is crucial for achieving an effective CPR rhythm and improving the chances of survival for the patient undergoing resuscitation.

3. A patient remains in ventricular fibrillation despite 1 shock and 2 minutes of continuous CPR. What is the next intervention?

- A. Administer a second shock**
- B. Continue CPR for another 5 minutes
- C. Check for a pulse
- D. Administer antiarrhythmic medication

In the scenario where a patient remains in ventricular fibrillation after one shock and two minutes of continuous CPR, the best next intervention is to administer a second shock. This approach is consistent with current advanced cardiovascular life support (ACLS) guidelines, which emphasize that after the initial shock, immediate high-quality CPR is essential, followed by reassessment and shock delivery as necessary. Delivering a second shock quickly is crucial because ventricular fibrillation is a shockable rhythm, and the chances of restoring a normal heart rhythm diminish over time. Administering another shock allows the defibrillator to attempt to reset the electrical activity of the heart again and may restore an effective rhythm. It is vital to maintain the sequence of rhythm assessment, shock where applicable, and CPR—a sequence designed to maximize the chances of survival. Continuing CPR for another five minutes before reassessing or shocking can lead to unnecessary delays in re-establishing a normal rhythm. Checking for a pulse at this stage would not be beneficial since the patient is in ventricular fibrillation, and antiarrhythmic medication is typically administered after more attempts at defibrillation if the rhythm does not convert.

4. When placing pads for defibrillation, where should one pad be positioned on the victim's chest?

- A. Upper-right chest**
- B. Directly over the sternum
- C. Left side of the neck
- D. Lower-left abdomen

The correct positioning of the pads for defibrillation is crucial for effective delivery of an electric shock to restore normal heart rhythm. Placing one pad on the upper-right chest ensures that the electrical current flows through the heart muscle effectively. Specifically, this pad should be positioned to the right of the sternum, typically in the region of the second intercostal space, where it can best capture the electrical activity of the heart. The other options do not provide the optimal placement for defibrillation. Placing a pad directly over the sternum may not facilitate the necessary electrical pathway across the heart. Positioning a pad on the left side of the neck or the lower-left abdomen would also disrupt the intended pathway for the current, reducing the chances of successful defibrillation. For proper defibrillation, adhering to the standard pad placement protocol significantly increases the likelihood of restoring a viable cardiac rhythm.

5. What is the first action that should be taken if witnessed collapse occurs?

- A. Check for breathing
- B. Begin CPR immediately
- C. Call for help and activate the emergency response system**
- D. Look for signs of life

In the event of a witnessed collapse, the most appropriate first action is to call for help and activate the emergency response system. This step is crucial because it ensures that additional resources are immediately on the way to assist, increasing the likelihood of a positive outcome for the patient. Calling for help alerts emergency personnel, ensuring that advanced care is on its way while immediate actions, such as CPR, can be initiated. This two-pronged approach maximizes the chances of survival for the individual experiencing a cardiac emergency. While assessing for breathing, starting CPR, or looking for signs of life are important components of the resuscitation process, they should be taken only after you have ensured that help is on the way. Engaging emergency services as soon as possible is a priority in any critical cardiac situation.

6. Which medication is contraindicated in the setting of bradycardia with an unstable patient?

- A. Atropine
- B. Beta-blockers**
- C. Adrenaline
- D. Amiodarone

In the context of bradycardia with an unstable patient, beta-blockers are contraindicated. This is primarily because beta-blockers work to decrease heart rate and reduce myocardial oxygen demand by blocking the effects of adrenaline on the beta-adrenergic receptors in the heart. In a patient who is already presenting with bradycardia and instability, administering beta-blockers would further exacerbate the bradycardia and could lead to severe complications, including worsening hypotension and potential cardiovascular collapse. In contrast, atropine is often used as a first-line treatment for symptomatic bradycardia because it counteracts the vagal influence that slows the heart rate, thereby increasing it. Adrenaline (epinephrine) is also indicated in cases of severe bradycardia as it can stimulate the heart and improve cardiac output. Amiodarone, while primarily an antiarrhythmic, might be used in certain contexts but is generally not the first line for unstable bradycardia. Understanding the pharmacologic actions of these drugs is crucial in the management of bradycardia, particularly in patients who are unstable.

7. During an ACLS code, how is capnography useful?

- A. It provides real-time feedback on chest compressions
- B. It helps confirm intubation and monitor ventilation**
- C. It detects the heart rhythm directly
- D. It assists in drug administration

Capnography is particularly valuable during an ACLS code as it helps confirm proper intubation and monitor ventilation. By measuring the concentration of carbon dioxide in exhaled air, capnography provides immediate feedback on the effectiveness of ventilation in the patient. A consistent capnogram indicates that the tube is in the trachea (assuming no obstruction or physiological changes), while a sudden drop or absence of CO₂ can suggest dislodgment or misplaced intubation. Additionally, capnography allows for monitoring patient ventilation status throughout resuscitation efforts, which is crucial for determining the adequacy of ventilation and guiding ongoing management. While capnography also offers insights into the quality of chest compressions indirectly by observing changes in CO₂ levels, its primary role in the context of intubation and ventilation monitoring makes it an essential tool in ACLS protocols. Other options, while useful in their contexts, do not directly align with the core functions of capnography during a resuscitation effort.

8. After 2 minutes of CPR, the ECG shows PEA and the patient has no pulse. What is the next priority step?

- A. Administer 1mg of epinephrine**
- B. Resume chest compressions
- C. Intubate the patient
- D. Monitor the ECG for 2 minutes

In the scenario where the ECG shows pulseless electrical activity (PEA) after 2 minutes of CPR and the patient has no pulse, the most critical next step is to administer 1mg of epinephrine. Epinephrine is a powerful vasoconstrictor that enhances coronary and cerebral perfusion during cardiopulmonary resuscitation (CPR). It is a key medication used in the management of cardiac arrest and is aimed at increasing the chances of restoring effective circulation. PEA indicates that there is electrical activity within the heart, but it is not resulting in an adequate mechanical contraction, hence the absence of a pulse. By administering epinephrine, you potentially improve the blood flow to the heart and vital organs, increasing the likelihood of the heart starting to pump effectively again. This administration is typically recommended as soon as possible in advanced cardiac life support (ACLS) protocols. The other options, while they may play a role at different stages of resuscitation, are not priorities at this exact moment. For instance, resuming chest compressions is crucial but needs to happen in conjunction with medications like epinephrine. Intubation, while important for securing the airway, does not take immediate precedence in the context of a

9. During ACLS, what is the recommended depth for adult chest compressions?

- A. At least 1 inch
- B. At least 2 inches**
- C. At least 3 inches
- D. At least 4 inches

The recommended depth for adult chest compressions during ACLS is at least 2 inches. This depth is critical for generating adequate pressure to create enough blood flow to vital organs during a cardiac arrest situation. The emphasis on at least 2 inches ensures that compressions are effective in facilitating circulation, which is pivotal for the survival of the patient. Compressing to this depth helps optimize the intrathoracic pressure and improves coronary perfusion pressure during compressions. It aligns with the guidelines set by organizations such as the American Heart Association, which have reviewed evidence demonstrating that 2 inches is sufficient for achieving the goal of effective compressions while minimizing the risk of injury. Understanding this guideline is essential, as chest compressions that are too shallow may not provide sufficient blood flow to the heart and brain, significantly reducing the chances of a successful resuscitation.

10. A 49-year-old man presents with retrosternal chest pain radiating to the left arm and shows signs of diaphoresis. What should be the next action after administering 160 mg of aspirin and establishing a peripheral IV?

A. Administer 2 to 4 mg of morphine by slow IV bolus

B. Administer nitroglycerin

C. Prepare for emergency cardiology consultation

D. Start immediate CPR

The next crucial action after administering aspirin and establishing a peripheral IV in a patient presenting with chest pain and diaphoresis is to administer morphine. Morphine serves several important roles in the management of acute coronary syndrome. Firstly, it acts as an effective analgesic, helping to alleviate severe pain associated with conditions like myocardial infarction. This pain relief can reduce the sympathetic nervous system response, which may otherwise worsen the patient's condition. Additionally, morphine has vasodilatory effects, which can help reduce myocardial oxygen demand by decreasing preload and afterload. This can be particularly beneficial in cases of acute myocardial ischemia, where the heart's oxygen supply is compromised. In contrast, while nitroglycerin is also used in this scenario, it may not be the first choice due to potential hypotension, especially in patients who have not been thoroughly assessed for right ventricular involvement, which could complicate their condition. Emergency cardiology consultation may be warranted later; however, it does not directly address the immediate symptom relief needed. Starting immediate CPR would only be reserved for patients who exhibit signs of cardiac arrest, which is not indicated in this scenario, as the patient is still conscious and presenting with symptoms rather than showing signs of profound distress or unresponsiveness.

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://acls.examzify.com>

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

SAMPLE