

HeartCode ACLS Online Class Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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!

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Questions

- 1. What is the role of a defibrillator in ACLS?**
 - A. To compress the chest for blood circulation**
 - B. To deliver an electrical shock to the heart to restore normal rhythm**
 - C. To administer medications during a cardiac event**
 - D. To monitor blood pressure and heart rate**
- 2. What device assists in capnography during ACLS?**
 - A. Nasal cannula**
 - B. End-tidal CO2 monitor**
 - C. Pulse oximeter**
 - D. Defibrillator pads**
- 3. In which demographic group is it more likely to present acute coronary syndrome without chest pain?**
 - A. Young adults**
 - B. Males**
 - C. Females and older adults**
 - D. Children**
- 4. What is one typical reversible cause of cardiac arrest associated with electrolyte imbalance?**
 - A. Aspiration**
 - B. Hyperkalemia**
 - C. Pneumothorax**
 - D. Hypertension**
- 5. Which of the following confirms return of spontaneous circulation (ROSC)?**
 - A. Presence of a pulse**
 - B. Improved level of consciousness**
 - C. Stable blood pressure**
 - D. Decreased respiratory effort**

- 6. In relation to ACLS, what is the primary purpose of airway management?**
- A. To assist in administering medications**
 - B. To ensure oxygenation of the patient**
 - C. To evaluate pulse and circulation**
 - D. To prevent choking from food**
- 7. What is the recommended aspirin dosage for patients with ischemic chest discomfort?**
- A. 81 to 162 mg**
 - B. 162 to 325 mg**
 - C. 325 to 500 mg**
 - D. 500 to 750 mg**
- 8. Which two arrhythmias are classified as non-shockable?**
- A. Ventricular tachycardia and ventricular fibrillation**
 - B. Asystole and pulseless electrical activity (PEA)**
 - C. Atrial fibrillation and bradycardia**
 - D. Supraventricular tachycardia and heart block**
- 9. How quickly should a fibrinolytic checklist be completed?**
- A. 5 minutes**
 - B. 10 minutes**
 - C. 15 minutes**
 - D. 20 minutes**
- 10. What is the primary risk associated with administering IV thrombolytics?**
- A. Infection**
 - B. Allergic reaction**
 - C. Intracranial hemorrhage**
 - D. Blood clots**

Answers

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

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Explanations

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1. What is the role of a defibrillator in ACLS?

- A. To compress the chest for blood circulation
- B. To deliver an electrical shock to the heart to restore normal rhythm**
- C. To administer medications during a cardiac event
- D. To monitor blood pressure and heart rate

The role of a defibrillator in Advanced Cardiovascular Life Support (ACLS) is to deliver an electrical shock to the heart to restore a normal rhythm. When a patient experiences certain life-threatening arrhythmias, such as ventricular fibrillation or pulseless ventricular tachycardia, the heart's electrical activity becomes disorganized, leading to ineffective pumping of blood. The defibrillator works by delivering a controlled electrical shock that can interrupt this chaotic activity and allow the heart's natural pacemaker to reestablish a normal rhythm. This process is critical because effective cardiac rhythm and circulation are vital for maintaining oxygen delivery to vital organs. Without timely defibrillation, the chances of successful resuscitation decrease significantly. Thus, the defibrillator is an essential tool in managing cardiac arrest and other serious arrhythmias during ACLS protocols, emphasizing its importance in restoring normal cardiac function.

2. What device assists in capnography during ACLS?

- A. Nasal cannula
- B. End-tidal CO2 monitor**
- C. Pulse oximeter
- D. Defibrillator pads

The end-tidal CO2 monitor is crucial in assessing and monitoring a patient's ventilation status during ACLS. This device measures the concentration of carbon dioxide (CO2) in the exhaled air, providing real-time feedback on the effectiveness of CPR and verifying the placement of an advanced airway like an endotracheal tube. A rise in end-tidal CO2 levels indicates effective chest compressions and is associated with improved chances of return of spontaneous circulation (ROSC). Additionally, it helps in identifying issues such as hypoventilation, patients' return of spontaneous breathing, or potential complications in ventilated patients. While other devices mentioned may play roles in patient monitoring, they do not specifically assist in capnography. For instance, a nasal cannula delivers supplemental oxygen but does not provide CO2 readings. A pulse oximeter measures oxygen saturation in the blood but does not give information about carbon dioxide levels or ventilation effectiveness. Defibrillator pads are used for delivering electrical shocks to restore a normal heart rhythm but are unrelated to the measurement of CO2. Therefore, the end-tidal CO2 monitor stands out as the dedicated tool for capnography in ACLS scenarios.

3. In which demographic group is it more likely to present acute coronary syndrome without chest pain?

A. Young adults

B. Males

C. Females and older adults

D. Children

Acute coronary syndrome (ACS) can manifest with atypical symptoms, and research indicates that certain demographic groups are more likely to experience these variations. In particular, females and older adults often present with symptoms that do not include the classic chest pain typically associated with ACS. Women, especially, may exhibit symptoms such as shortness of breath, fatigue, nausea, and back or jaw pain rather than the more traditional chest discomfort. This is partly due to differences in coronary artery disease presentation and the fact that women may experience heart issues differently than men. Older adults also tend to present with atypical signs when experiencing ACS due to age-related changes in the heart and nervous system. They may have more vague or less intense symptoms, which can make diagnosis more challenging. In summary, the likelihood of presenting with acute coronary syndrome without chest pain is indeed higher in females and older adults, making this demographic group particularly relevant in understanding atypical presentations of heart conditions.

4. What is one typical reversible cause of cardiac arrest associated with electrolyte imbalance?

A. Aspiration

B. Hyperkalemia

C. Pneumothorax

D. Hypertension

Hyperkalemia is a typical reversible cause of cardiac arrest that is directly linked to electrolyte imbalance. In the context of cardiac function, potassium plays a crucial role in the electrical activity of the heart. Elevated levels of potassium can disrupt the normal electrical conduction system, leading to potentially life-threatening arrhythmias such as ventricular fibrillation or asystole. Early recognition and treatment of hyperkalemia are vital, as addressing this electrolyte imbalance can restore normal cardiac rhythm and improve outcomes for the patient experiencing cardiac arrest. While other options listed may be associated with cardiac issues or similar emergencies, they do not specifically pertain to electrolyte imbalances in the way hyperkalemia does. For instance, aspiration and pneumothorax relate to airway and lung complications, and hypertension is a chronic condition that affects the cardiovascular system but does not represent an immediate reversible cause in the context of electrolyte-related cardiac arrest.

5. Which of the following confirms return of spontaneous circulation (ROSC)?

- A. Presence of a pulse**
- B. Improved level of consciousness**
- C. Stable blood pressure**
- D. Decreased respiratory effort**

The presence of a pulse is the definitive indicator of return of spontaneous circulation (ROSC). When a patient exhibits a palpable pulse after experiencing a cardiac arrest, it signifies that the heart has resumed effective pumping actions, allowing for blood flow to the body's organs. This restoration of circulation is crucial, as it marks a significant turning point in patient management during resuscitation efforts. While improvements in level of consciousness, stable blood pressure, and decreased respiratory effort may indicate positive developments in a patient's condition, they are secondary signs. For instance, an improved level of consciousness might occur after ROSC, indicating that the brain is receiving sufficient blood flow, but it alone cannot confirm ROSC. Similarly, stable blood pressure is an important factor in assessing overall cardiovascular stability, but it may not occur immediately or may not be present initially once ROSC is achieved. Decreased respiratory effort might suggest that the patient is either recovering or entering respiratory failure, but again, it does not provide direct confirmation of heart function restoration. Thus, the palpable presence of a pulse remains the most direct evidence of ROSC during the resuscitation process.

6. In relation to ACLS, what is the primary purpose of airway management?

- A. To assist in administering medications**
- B. To ensure oxygenation of the patient**
- C. To evaluate pulse and circulation**
- D. To prevent choking from food**

The primary purpose of airway management in the context of Advanced Cardiovascular Life Support (ACLS) is to ensure the effective oxygenation of the patient. This is critical because during a cardiac event, the patient may become unable to breathe adequately or at all, leading to hypoxia, which can cause irreversible brain damage or death within minutes. By managing the airway, healthcare providers can secure the pathway for air to enter the lungs, allowing for sufficient oxygenation of the blood and thereby supporting vital organ function. Effective airway management techniques, such as bag-mask ventilation, endotracheal intubation, or other advanced airway techniques, are utilized to maintain airway patency and to ensure that oxygen can reach the alveoli for gas exchange. This is paramount for the survival and recovery of the patient experiencing a cardiac emergency or other critical conditions. While options related to administering medications, evaluating pulse and circulation, and preventing choking are important aspects of overall patient care, they are not the primary focus of airway management specifically in the ACLS protocol. The central aim remains steadfastly on optimizing oxygen delivery to prevent complications arising from hypoxia.

7. What is the recommended aspirin dosage for patients with ischemic chest discomfort?

- A. 81 to 162 mg
- B. 162 to 325 mg**
- C. 325 to 500 mg
- D. 500 to 750 mg

For patients experiencing ischemic chest discomfort, the recommended aspirin dosage is crucial for preventing further clot formation and managing the risk of myocardial infarction. The appropriate dosage is 162 to 325 mg, which is effective for rapidly inhibiting platelet aggregation and maximizing the benefit of aspirin therapy in an acute setting. This dosage range is specifically selected to ensure adequate antithrombotic effect while balancing safety. When administered promptly during episodes of chest pain or suspected myocardial ischemia, it can significantly improve outcomes by reducing the risk of heart damage. Lower doses, such as those in the 81 to 162 mg range, may not provide the immediate effects needed in acute situations, while higher doses can increase the risk of gastrointestinal bleeding and other side effects without providing additional benefit for acute management.

8. Which two arrhythmias are classified as non-shockable?

- A. Ventricular tachycardia and ventricular fibrillation
- B. Asystole and pulseless electrical activity (PEA)**
- C. Atrial fibrillation and bradycardia
- D. Supraventricular tachycardia and heart block

The classification of arrhythmias into shockable and non-shockable rhythms is crucial in advanced cardiac life support (ACLS) for guiding appropriate intervention. In this context, asystole and pulseless electrical activity (PEA) are identified as non-shockable rhythms. Asystole refers to the absence of any electrical activity in the heart, resulting in a flatline on the electrocardiogram (ECG). Since there is no organized electrical activity, delivering a shock would not restart the heart; hence, it is categorized as non-shockable. Pulseless electrical activity (PEA) is another situation where the ECG may show organized electrical activity, but it does not lead to effective heart contractions or pulse generation. In this case, the heart may display electrical rhythms that resemble normal but are in the context of a clinical situation where the patient is unresponsive and has no pulse. Shock is ineffective for PEA as well because electrical impulses, while present, do not translate into meaningful mechanical contractions or perfusion. Recognizing these two rhythms as non-shockable helps ensure that providers focus on high-quality CPR and addressing reversible causes before considering pharmacological interventions. The other mentioned arrhythmias involve varying types of treatments,

9. How quickly should a fibrinolytic checklist be completed?

- A. 5 minutes
- B. 10 minutes**
- C. 15 minutes
- D. 20 minutes

The completion of a fibrinolytic checklist should ideally occur within a 10-minute timeframe. This is critical in the management of acute myocardial infarction, particularly with ST-elevation myocardial infarction (STEMI), where timely intervention can significantly affect outcomes. Administering fibrinolytics within this window increases the likelihood of salvaging heart muscle and improving survival rates. By adhering to this timeframe, healthcare providers can ensure that they assess the patient's eligibility for fibrinolytic therapy accurately and swiftly, taking into consideration factors such as contraindications and the potential for bleeding. This prompt action is crucial because delays can lead to a deterioration of the patient's condition and reduce the effectiveness of the treatment.

10. What is the primary risk associated with administering IV thrombolytics?

- A. Infection
- B. Allergic reaction
- C. Intracranial hemorrhage**
- D. Blood clots

The primary risk associated with administering intravenous (IV) thrombolytics is intracranial hemorrhage. Thrombolytics are designed to dissolve blood clots that obstruct blood vessels, particularly in the case of conditions like acute ischemic stroke or myocardial infarction. However, the powerful clot-dissolving action of these medications can inadvertently increase the risk of bleeding in sensitive areas, especially the brain. Intracranial hemorrhage is particularly concerning because it can lead to significant morbidity and mortality. The risk of this complication necessitates careful patient selection and adherence to strict protocols regarding the administration of thrombolytics. Clinicians must weigh the potential benefits of restoring blood flow against the heightened risk of bleeding. While administration of thrombolytics may also present risks of infection, allergic reactions, or contributing to the formation of blood clots, these complications are not as predominant as the risk of intracranial hemorrhage. Therefore, understanding this risk is crucial for healthcare professionals when making decisions about treatment strategies in emergency situations.

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://heartcodeacslolclass.examzify.com>

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