

# HeartCode ACLS Online Class 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

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- 1. How often should you check the patient's pulse during CPR?**
  - A. Every minute**
  - B. Every 2 minutes**
  - C. After each round of defibrillation**
  - D. Every 5 minutes**
  
- 2. Which position is most appropriate for a patient in respiratory failure?**
  - A. Supine position**
  - B. Sitting upright**
  - C. Prone position**
  - D. Semi-Fowler's position, if tolerated**
  
- 3. Which medications are contraindicated for patients with hypersensitivity reactions?**
  - A. Aspirin and nitroglycerin**
  - B. Epinephrine (if truly allergic) and beta-blockers**
  - C. Amiodarone and atropine**
  - D. Calcium channel blockers and statins**
  
- 4. Coronary perfusion pressure (CPP) is determined by which of the following?**
  - A. Atrial systolic pressure minus venous pressure**
  - B. Aortic pressure minus right atrial diastolic pressure**
  - C. Aortic diastolic pressure minus right atrial diastolic pressure**
  - D. Ventricular systolic pressure minus aortic pressure**
  
- 5. How do interruptions in chest compressions impact patient survival after cardiac arrest?**
  - A. Increase overall survival rates**
  - B. Decrease coronary perfusion pressure**
  - C. Enhance oxygen delivery**
  - D. Improve brain oxygenation**

- 6. What is the highest level of stroke center certification?**
- A. Primary Stroke Center**
  - B. Comprehensive Stroke Center**
  - C. Advanced Stroke Center**
  - D. Standard Stroke Center**
- 7. What does "ventilation-perfusion mismatch" mean?**
- A. Normal gas exchange process**
  - B. An imbalance where ventilation does not match perfusion efficiently**
  - C. A condition where increased oxygen is inhaled**
  - D. Perfect matching of airflow and blood flow in the lungs**
- 8. What is a common indication for intubation in ACLS?**
- A. Severe respiratory failure**
  - B. Uncontrolled hypertension**
  - C. Non-cardiac chest pain**
  - D. Dehydration**
- 9. In a cardiac arrest scenario, what is the primary goal of Basic Life Support (BLS)?**
- A. To clear the airway of obstruction**
  - B. To restore spontaneous circulation**
  - C. To provide definitive care at the hospital**
  - D. To manage potential toxins in the system**
- 10. What does the A in the ABCs of ACLS stand for?**
- A. Airway**
  - B. Adrenaline**
  - C. Assessment**
  - D. Access**

## Answers

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

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## **Explanations**

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**1. How often should you check the patient's pulse during CPR?**

- A. Every minute
- B. Every 2 minutes**
- C. After each round of defibrillation
- D. Every 5 minutes

Checking the patient's pulse during CPR is essential for assessing the effectiveness of the resuscitation efforts. The correct interval for assessing the pulse is typically every 2 minutes. This timing aligns with the recommendations for CPR, which include performing cycles of chest compressions for 2 minutes before reassessing the patient's condition. After 2 minutes of high-quality compressions, the healthcare provider should evaluate the pulse to determine if there are signs of a return of spontaneous circulation (ROSC). This approach allows for a sufficient duration of uninterrupted CPR, which is critical to maximizing blood flow to vital organs. Frequent checks beyond this interval can disrupt the CPR process and reduce the overall effectiveness, as high-quality chest compressions are vital during cardiac arrest.

**2. Which position is most appropriate for a patient in respiratory failure?**

- A. Supine position
- B. Sitting upright
- C. Prone position
- D. Semi-Fowler's position, if tolerated**

The semi-Fowler's position is most appropriate for a patient in respiratory failure as it helps facilitate easier breathing. This position involves the patient being reclined at a 30 to 45-degree angle, allowing gravity to assist lung expansion and improving ventilation. When patients are in respiratory distress, this position can help reduce the work of breathing, increase the efficiency of respiratory muscles, and enhance oxygenation. Additionally, sitting upright is beneficial for respiratory function, but the semi-Fowler's position is often better tolerated by patients who may also have other comorbidities, making it a more versatile and comfortable option for many. The supine position can hinder diaphragmatic movement and lung expansion, while the prone position, though useful in certain scenarios (like with ARDS), is not typically the first-line consideration in all cases of respiratory failure, particularly in emergency pre-hospital settings. Thus, semi-Fowler's is often recommended as a supportive measure in managing patients with compromised respiratory function.

### 3. Which medications are contraindicated for patients with hypersensitivity reactions?

- A. Aspirin and nitroglycerin
- B. Epinephrine (if truly allergic) and beta-blockers**
- C. Amiodarone and atropine
- D. Calcium channel blockers and statins

The correct choice highlights that both epinephrine and beta-blockers can be problematic in patients with hypersensitivity reactions, particularly in specific circumstances. Epinephrine is essential in the treatment of anaphylaxis, which is a severe allergic reaction, but if a patient has a true allergy to epinephrine, its use could induce further hypersensitivity, making it contraindicated in that situation. Beta-blockers can also complicate the management of anaphylaxis because they may inhibit the action of epinephrine, which is crucial for counteracting severe allergic reactions. Therefore, in the context of hypersensitivity reactions, avoiding these medications in patients who are allergic or have sensitivities is critical to prevent exacerbation of their condition or poorly managing anaphylaxis. The other choices do not present the same level of contraindication in cases of hypersensitivity. Aspirin and nitroglycerin may be used depending on the clinical scenario involving allergic reactions; amiodarone and atropine might be administered in various cardiovascular situations; and calcium channel blockers and statins generally do not have a direct contraindication related to hypersensitivity reactions. Therefore, the focus on epinephrine and beta-blockers as contraindicated specifically in the context of true allergies makes this the most accurate

### 4. Coronary perfusion pressure (CPP) is determined by which of the following?

- A. Atrial systolic pressure minus venous pressure
- B. Aortic pressure minus right atrial diastolic pressure
- C. Aortic diastolic pressure minus right atrial diastolic pressure**
- D. Ventricular systolic pressure minus aortic pressure

Coronary perfusion pressure (CPP) is crucial in understanding how effectively the heart muscles receive blood. It is defined as the difference between aortic diastolic pressure and right atrial diastolic pressure. The reason for this specific calculation is that it focuses on the pressure gradient available to perfuse the coronary arteries during diastole, which is primarily when blood flow occurs to the myocardial tissue. During the diastolic phase, the coronary arteries fill with blood. A higher aortic diastolic pressure means there is a stronger drive to push blood into the coronary circulation, thus enhancing coronary perfusion. Conversely, right atrial diastolic pressure represents the pressure in the heart as it receives blood and can impede flow if it is too high. Therefore, taking the difference between these two pressures accurately reflects the actual pressure available for perfusion of the coronary arteries, making it the correct way to determine CPP. Other options do not provide the accurate relationship needed to calculate CPP. For instance, Atrial systolic pressure minus venous pressure involves different circulatory components and does not focus on the gradient necessary for coronary flow. Similarly, using aortic pressure minus right atrial diastolic pressure does not isolate the diastolic phase entirely

**5. How do interruptions in chest compressions impact patient survival after cardiac arrest?**

- A. Increase overall survival rates**
- B. Decrease coronary perfusion pressure**
- C. Enhance oxygen delivery**
- D. Improve brain oxygenation**

Interruptions in chest compressions have a significant impact on the efficacy of resuscitation efforts, particularly by decreasing coronary perfusion pressure. During cardiac arrest, effective chest compressions create pressure that allows blood to flow to the heart and ultimately to the vital organs. When compressions are interrupted, this pressure drops, leading to reduced blood flow and oxygen delivery to the heart muscle itself as well as the brain and other organs. This decrease in coronary perfusion pressure is critical because it directly affects the heart's ability to generate a pulse when restoring circulation and impacts overall survival rates from cardiac arrest. Maintaining continuous, high-quality chest compressions is essential to sustaining perfusion and increasing the likelihood of survival following a cardiac event. While other answers may touch on aspects of treatment and outcomes, they do not address the core issue of how interruptions directly compromise the pressures necessary for effective resuscitation. Thus, understanding the importance of maintaining uninterrupted chest compressions is crucial for optimizing patient outcomes in cardiac arrest scenarios.

**6. What is the highest level of stroke center certification?**

- A. Primary Stroke Center**
- B. Comprehensive Stroke Center**
- C. Advanced Stroke Center**
- D. Standard Stroke Center**

The Comprehensive Stroke Center designation represents the highest level of stroke center certification. This certification indicates that a facility possesses the capability to provide comprehensive care for stroke patients, including advanced diagnostics, treatment options, and post-stroke rehabilitation. Comprehensive Stroke Centers are equipped with specialized personnel and resources to handle the most complex cases, such as those requiring advanced interventions like endovascular procedures. Facilities with this certification not only focus on acute care for stroke patients but also emphasize research and education in stroke care, ensuring the highest standards of practice and immediate access to cutting-edge treatment options. This level of certification ensures that patients receive timely and effective treatment for a variety of stroke types, enhancing overall patient outcomes. Other types of stroke center certifications, such as Primary Stroke Centers, focus on the initial assessment and treatment of strokes but do not encompass the wide range of complex services offered by Comprehensive Stroke Centers.

## 7. What does "ventilation-perfusion mismatch" mean?

- A. Normal gas exchange process
- B. An imbalance where ventilation does not match perfusion efficiently**
- C. A condition where increased oxygen is inhaled
- D. Perfect matching of airflow and blood flow in the lungs

Ventilation-perfusion mismatch refers to a condition where the air that reaches the alveoli (ventilation) does not adequately match the blood flow (perfusion) in the surrounding capillaries. This imbalance can lead to inefficient gas exchange in the lungs, resulting in inadequate oxygenation of the blood and the buildup of carbon dioxide in certain areas. In a healthy respiratory system, ventilation and perfusion are closely matched to ensure optimal gas exchange. However, in conditions such as pulmonary embolism, chronic obstructive pulmonary disease (COPD), or pneumonia, this balance can be disrupted. When airflow is available but not matched with blood flow—or vice versa—certain regions of the lung are ventilated without being adequately perfused, leading to decreased oxygenation and possibly hypoxemia. Understanding this concept is crucial for identifying and managing respiratory and cardiovascular conditions effectively.

## 8. What is a common indication for intubation in ACLS?

- A. Severe respiratory failure**
- B. Uncontrolled hypertension
- C. Non-cardiac chest pain
- D. Dehydration

Severe respiratory failure is a critical indication for intubation in the context of Advanced Cardiovascular Life Support (ACLS). When a patient is unable to maintain adequate ventilation or oxygenation due to respiratory failure, intubation allows for the establishment of an airway and mechanical ventilation support. This intervention ensures that the patient can receive sufficient oxygen and have carbon dioxide effectively removed from the body, helping to prevent further complications that can arise from hypoxia or hypercapnia. In contrast, uncontrolled hypertension, non-cardiac chest pain, and dehydration do not typically warrant immediate intubation. Uncontrolled hypertension primarily requires medical management to lower blood pressure, while non-cardiac chest pain can often be addressed with other treatments depending on the underlying cause. Dehydration, on the other hand, is usually treated with fluid administration and does not directly relate to airway management. Thus, severe respiratory failure clearly stands out as the primary and urgent indication for intubation in ACLS scenarios.

**9. In a cardiac arrest scenario, what is the primary goal of Basic Life Support (BLS)?**

- A. To clear the airway of obstruction**
- B. To restore spontaneous circulation**
- C. To provide definitive care at the hospital**
- D. To manage potential toxins in the system**

The primary goal of Basic Life Support (BLS) in a cardiac arrest scenario is to restore spontaneous circulation. This is achieved through the essential components of BLS, which include high-quality chest compressions and, when indicated, rescue breaths. The objective is to circulate oxygenated blood to vital organs, particularly the brain and heart, which are highly sensitive to the lack of oxygen. In doing so, BLS aims to stabilize the patient's condition until more advanced care can be provided. Restoring blood flow is crucial as it prevents irreversible organ damage and increases the chances of survival. While clearing the airway of obstruction is important, especially if it's a contributing factor to the arrest, it is secondary to the overall goal of ensuring circulation. The provision of definitive care, such as advanced cardiac life support (ACLS), can only occur after the initial restoration of circulation. Managing potential toxins may be relevant in specific scenarios, but it is not the primary focus during the immediate response to cardiac arrest.

**10. What does the A in the ABCs of ACLS stand for?**

- A. Airway**
- B. Adrenaline**
- C. Assessment**
- D. Access**

In the context of ACLS (Advanced Cardiovascular Life Support), the "A" in the ABCs represents "Airway." This is a critical component of effective resuscitation and management of cardiac arrest or other emergencies. Ensuring that the airway is clear and open allows for proper ventilation and oxygenation, which are essential for any victim experiencing respiratory or cardiac distress. In emergency situations, if the airway is obstructed, it can quickly lead to hypoxia and further complications, so it is vital to assess and secure the airway as the first step. This foundational principle aligns with the overall sequence of care in ACLS, emphasizing the importance of maintaining an open airway before moving on to the next steps in treatment.

## 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://heartcodeacslclass.examzify.com>**

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

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