

HEARTCODE ACLS ONLINE CLASS 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. When dealing with toxins as a potential cause of cardiac arrest, what is crucial to assess?**
 - A. The patient's family medical history
 - B. The patient's history and potential sources of toxicity
 - C. The time of last meal
 - D. The patient's exercise routine
- 2. What is an essential assessment before administering IV thrombolytics?**
 - A. Blood glucose level
 - B. Complete blood count
 - C. Neurological exam
 - D. Heart rate measurement
- 3. How is ventricular fibrillation typically recognized on an ECG?**
 - A. By a distinct P wave followed by a QRS complex
 - B. By organized electrical activity
 - C. By lack of organized electrical activity and no pulse
 - D. By wide QRS complexes
- 4. What characterizes anterior STEMI?**
 - A. ST segment depression
 - B. ST segment elevation
 - C. Normal ECG findings
 - D. Heart rate increase
- 5. 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. 60 minutes
 - C. 90 minutes
 - D. 120 minutes

- 6. What should you do if the patient has a pulse but is unresponsive?**
- A. Continue CPR until help arrives
 - B. Manage the airway and provide oxygenation as needed
 - C. Administer IV fluids immediately
 - D. Monitor the patient without intervention
- 7. What is the ideal chest compression fraction (CCF) during CPR?**
- A. Less than 60%
 - B. At least 70%
 - C. At least 80%
 - D. More than 90%
- 8. What is the time goal for initiation of fibrinolytic therapy without contraindications after hospital arrival?**
- A. 30 minutes
 - B. 45 minutes
 - C. 60 minutes
 - D. 90 minutes
- 9. What is the recommended time frame for symptom onset or early fibrinolytic therapy for patients with ST segment elevation myocardial infarction?**
- A. Within 6 hours
 - B. Within 12 hours
 - C. Within 24 hours
 - D. Within 30 minutes
- 10. Which tidal volume range is recommended to maintain oxygenation and adequate elimination of carbon dioxide?**
- A. 4-6 L/min
 - B. 6-8 L/min
 - C. 8-10 L/min
 - D. 10-12 L/min

Answers

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

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Explanations

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1. When dealing with toxins as a potential cause of cardiac arrest, what is crucial to assess?

- A. The patient's family medical history
- B. The patient's history and potential sources of toxicity**
- C. The time of last meal
- D. The patient's exercise routine

Assessing the patient's history and potential sources of toxicity is crucial when dealing with toxins as a potential cause of cardiac arrest. Understanding the patient's exposure to hazardous substances, whether through ingestion, inhalation, or skin contact, is essential in determining the appropriate clinical response and treatment. Toxicological information can guide emergency interventions, including the administration of specific antidotes or supportive care. This assessment includes gathering details about any medications, drugs, or environmental substances the patient may have encountered. It is vital for healthcare providers to quickly identify these factors to implement the best care strategies in a life-threatening situation such as cardiac arrest. The timing and type of exposure can significantly impact the patient's condition and response to treatment.

2. What is an essential assessment before administering IV thrombolytics?

- A. Blood glucose level
- B. Complete blood count
- C. Neurological exam**
- D. Heart rate measurement

An essential assessment before administering IV thrombolytics is a neurological exam. This assessment is crucial because thrombolytics are used primarily in cases of acute ischemic stroke, and the effectiveness of these medications largely depends on the patient's neurological status at the time of administration. A comprehensive neurological exam allows healthcare providers to evaluate the patient's baseline neurological function and determine the severity of the stroke symptoms, which is important for both diagnosing stroke and assessing the risk of potential complications. By identifying specific deficits in motor function, speech, or cognitive abilities, providers can also establish whether the patient meets the criteria for thrombolytic therapy. The results of the neurological exam will guide the decision-making process regarding treatment options and timing, as thrombolytics are most beneficial when administered within a critical window of time from the onset of symptoms. While assessments like blood glucose levels, complete blood counts, or heart rate measurements may be relevant in the overall evaluation of a patient's condition, they do not directly influence the immediate decision to start thrombolytic therapy as significantly as a thorough neurological examination does.

3. How is ventricular fibrillation typically recognized on an ECG?

- A. By a distinct P wave followed by a QRS complex
- B. By organized electrical activity
- C. By lack of organized electrical activity and no pulse**
- D. By wide QRS complexes

Ventricular fibrillation is typically recognized on an ECG by the lack of organized electrical activity and the absence of a detectable pulse. In this chaotic rhythm, there are no distinct waves, such as P waves or QRS complexes, which indicates that the heart's electrical signals are not following a normal conduction pathway. This results in erratic, disorganized electrical activity, which does not effectively pump blood or maintain cardiac output. The absence of a pulse accompanies this lack of organized rhythm, as the heart is unable to contract in a coordinated manner. Recognizing these key features is crucial for the prompt initiation of life-saving interventions, such as defibrillation, which is essential in the management of ventricular fibrillation.

4. What characterizes anterior STEMI?

- A. ST segment depression
- B. ST segment elevation**
- C. Normal ECG findings
- D. Heart rate increase

Anterior STEMI, or ST-Elevation Myocardial Infarction affecting the anterior wall of the heart, is primarily characterized by ST segment elevation on the electrocardiogram (ECG). This elevation occurs due to the acute injury of cardiac myocytes supplied by the left anterior descending artery, leading to the characteristic changes observed in an anterior STEMI. When there is ischemia in the anterior wall of the heart, the electrical activity based on the injury translates into elevated ST segments in specific leads (such as V1, V2, V3, and V4) on the ECG. Recognizing these changes is critical for the rapid diagnosis and management of a STEMI, as prompt intervention can significantly affect patient outcomes. Therefore, the identification of ST segment elevation is crucial for diagnosing anterior STEMI effectively and guiding appropriate treatment strategies.

5. 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. 60 minutes**
- C. 90 minutes
- D. 120 minutes

The goal for door to needle time for acute ischemic stroke patients treated with IV thrombolytics is indeed 60 minutes or less. This target is critical because timely administration of thrombolytics can significantly improve outcomes by allowing for the restoration of blood flow to the brain, potentially minimizing brain damage and improving functional recovery. Research has shown that the chance of a favorable outcome decreases as time passes after the onset of stroke symptoms. Therefore, achieving this 60-minute benchmark ensures that treatment is initiated rapidly, which is crucial given the time-sensitive nature of stroke care. Other times, such as 30 minutes, might be ideal in a perfect scenario but are not the established goal for the majority of patients. Timeframes such as 90 minutes or 120 minutes are considered too long and could lead to worse patient outcomes due to delays in treatment, emphasizing the urgency of achieving the set target of 60 minutes.

6. What should you do if the patient has a pulse but is unresponsive?

- A. Continue CPR until help arrives
- B. Manage the airway and provide oxygenation as needed**
- C. Administer IV fluids immediately
- D. Monitor the patient without intervention

When a patient has a pulse but is unresponsive, the primary concern is to ensure adequate airway management and proper oxygenation. The presence of a pulse indicates that the heart is still functioning to some extent, however, the patient's unresponsiveness could lead to airway complications, such as obstruction or respiratory distress. Managing the airway involves positioning the patient properly, possibly using maneuvers like the chin lift or jaw thrust to open the airway, and providing supplemental oxygen if necessary to ensure that the patient is receiving adequate oxygenation. This is crucial as the brain is highly sensitive to oxygen deprivation and quick intervention can help prevent further deterioration. Focusing solely on monitoring the patient, continuing CPR, or administering IV fluids may not address the immediate threat of airway compromise in an unresponsive individual. Therefore, managing the airway and providing oxygenation are vital steps in caring for a patient who is unresponsive but has a pulse, making it the correct approach in this situation.

7. What is the ideal chest compression fraction (CCF) during CPR?

- A. Less than 60%
- B. At least 70%
- C. At least 80%**
- D. More than 90%

The ideal chest compression fraction (CCF) during cardiopulmonary resuscitation (CPR) is at least 80%. This measure refers to the proportion of time spent delivering chest compressions during the resuscitation effort, as opposed to pauses for other interventions like ventilation or rhythm checks. Having a CCF of at least 80% is crucial because it maximizes the amount of time blood is circulated to vital organs, thereby increasing the chances of survival and good neurological outcomes for the patient experiencing cardiac arrest. Research has demonstrated that higher CCF values are associated with improved survival rates and neurological function post-arrest, highlighting the importance of continuous and effective chest compressions with minimal interruptions. In contrast, values lower than 80% suggest more frequent interruptions, which can compromise coronary and cerebral perfusion pressure, reducing the effectiveness of CPR. Thus, aiming for a CCF of 80% or higher is a key goal in advanced cardiac life support protocols to optimize the resuscitative efforts.

8. What is the time goal for initiation of fibrinolytic therapy without contraindications after hospital arrival?

- A. 30 minutes
- B. 45 minutes**
- C. 60 minutes
- D. 90 minutes

The correct answer is that the time goal for the initiation of fibrinolytic therapy without contraindications after hospital arrival is 30 minutes. The emphasis on a time-sensitive approach reflects the importance of early intervention in cases of acute myocardial infarction (AMI). Fibrinolytic therapy is most effective when administered promptly, as it helps to dissolve the blood clot that is obstructing the coronary artery, thereby restoring blood flow to the heart muscle and minimizing damage. This 30-minute benchmark is set to ensure that patients with ST-elevation myocardial infarction (STEMI) receive lifesaving treatment as soon as possible, ideally within the first hour of their arrival at the hospital. Quick action can significantly impact patient outcomes, reducing mortality rates and improving recovery chances. The other time options are too prolonged, indicating a lapse that could compromise the patient's condition. Hence, the focus is on achieving that critical window of 30 minutes to enhance the efficacy of fibrinolytic therapy.

9. What is the recommended time frame for symptom onset or early fibrinolytic therapy for patients with ST segment elevation myocardial infarction?

- A. Within 6 hours
- B. Within 12 hours**
- C. Within 24 hours
- D. Within 30 minutes

For patients experiencing ST segment elevation myocardial infarction (STEMI), early intervention is crucial for improving outcomes. Fibrinolytic therapy, which helps dissolve blood clots occluding coronary arteries, is most effective when administered as soon as possible after the onset of symptoms. The recommended time frame for administering early fibrinolytic therapy is within 12 hours of symptom onset. This window maximizes the chance of salvaging heart muscle and improving survival rates. Administering fibrinolytics within this timeframe leverages the greatest impact for restoring blood flow and reducing the extent of damage caused by the myocardial infarction. Delays beyond 12 hours can lead to diminishing returns regarding the benefits of fibrinolysis as the myocardium becomes increasingly at risk of necrosis. Thus, understanding the importance of timely intervention in STEMI scenarios is critical for healthcare professionals involved in emergency care.

10. Which tidal volume range is recommended to maintain oxygenation and adequate elimination of carbon dioxide?

- A. 4-6 L/min
- B. 6-8 L/min**
- C. 8-10 L/min
- D. 10-12 L/min

The recommended tidal volume range to maintain adequate oxygenation and elimination of carbon dioxide for patients in respiratory distress or those receiving mechanical ventilation is typically between 6 to 8 mL/kg of predicted body weight. This range helps to ensure that there is sufficient air exchange without risking overdistension of the lungs, which can lead to further complications such as barotrauma. Maintaining a tidal volume in this range supports effective ventilation, allowing for the removal of carbon dioxide while ensuring that oxygenation levels remain appropriate. Using tidal volumes that are either too low or too high can compromise gas exchange, potentially leading to hypoxia or hypercapnia. The 6 to 8 mL/kg range is considered a balance—adequate for gas exchange and minimizing the risk of lung injury.

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://heartcodeacslclass.examzify.com>

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

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