

JBL CARDIOLOGY PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://jblcardiology.examzify.com>



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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 might be a symptom of myocarditis?**
 - A. Temporarily blurred vision
 - B. Pain in the lower back
 - C. Chest pain or discomfort
 - D. Skin rash
- 2. Which artery primarily supplies blood to the inferior aspect of the left ventricle?**
 - A. Circumflex artery.
 - B. Right coronary artery.
 - C. Left main coronary artery.
 - D. Left anterior descending artery.
- 3. What is a common symptom of an acute coronary syndrome?**
 - A. Sharp abdominal pain
 - B. Severe leg swelling
 - C. Persistent cough
 - D. Chest pain or discomfort
- 4. Following return of spontaneous circulation, the patient remains apneic. The EMT should:**
 - A. Ventilate at 12 breaths/min and maintain an oxygen saturation of 95% to 99%
 - B. Ventilate at 12 to 15 breaths/min and maintain an oxygen saturation of 100%
 - C. Elevate the patient's lower extremities and ventilate at a rate of 20 breaths/min
 - D. Remove the AED pads and ventilate the patient at a rate of 24 breaths/min
- 5. Which symptom is most likely to accompany chest pain in a patient experiencing acute coronary syndrome?**
 - A. Ashen skin color, diaphoresis, and anxiety
 - B. Severe projectile vomiting and flushed skin
 - C. Irregular breathing and low blood pressure
 - D. Profound cyanosis, dry skin, and a headache

- 6. How often should you switch compressors during two-rescuer CPR?**
- A. Every 5 cycles of CPR
 - B. Every 2 minutes
 - C. Only when the current compressor is fatigued
 - D. Every 10-20 cycles
- 7. What is a key component of heart valve replacement surgery?**
- A. Repairing an existing valve
 - B. Removing a damaged valve
 - C. Improving heart rhythm
 - D. Cleaning of coronary arteries
- 8. What immediate action should be taken for a patient whose implantable defibrillator has fired?**
- A. Deactivating the defibrillator with a magnet
 - B. Transport with continuous monitoring
 - C. Administering nitroglycerin
 - D. Using an AED immediately
- 9. How is chest pain described by a patient experiencing an acute myocardial infarction?**
- A. Sharp or tearing
 - B. Dull, crushing, pressure, heaviness
 - C. Stabbing with intermittent relief
 - D. Localized and sharp pain
- 10. What kind of pain is associated with a myocardial infarction?**
- A. A sharp stabbing sensation
 - B. A dull throbbing sensation
 - C. A crushing or heavy sensation
 - D. A tight squeezing sensation

Answers

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

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Explanations

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1. What might be a symptom of myocarditis?

- A. Temporarily blurred vision
- B. Pain in the lower back
- C. Chest pain or discomfort**
- D. Skin rash

Chest pain or discomfort is a common symptom of myocarditis because this condition involves inflammation of the heart muscle, which can disrupt normal heart function and lead to several cardiac symptoms. When the heart muscle becomes inflamed, it can cause a sensation of pressure, tightness, or pain in the chest, similar to what might be experienced during a heart attack or other cardiac condition. This symptom arises as the heart struggles to pump effectively, which can result in discomfort that may radiate to other areas, including the arms, neck, or jaw. The other symptoms provided in the choices are less characteristic of myocarditis. Temporarily blurred vision may relate more to neurological issues or other systemic conditions, while pain in the lower back is typically not associated with heart conditions and can stem from musculoskeletal problems or other organ systems. A skin rash might suggest an autoimmune condition or infection but is not a classic symptom of myocarditis. Thus, the presence of chest pain or discomfort aligns closely with the pathophysiology of myocarditis, making it the most relevant symptom associated with this condition.

2. Which artery primarily supplies blood to the inferior aspect of the left ventricle?

- A. Circumflex artery.
- B. Right coronary artery.**
- C. Left main coronary artery.
- D. Left anterior descending artery.

The right coronary artery is primarily responsible for supplying blood to the inferior aspect of the left ventricle. This artery arises from the right side of the aortic base and gives off the posterior descending artery (PDA) in most individuals. The PDA runs in the interventricular sulcus and supplies blood to the inferior wall of the left ventricle, which is crucial for the proper functioning of this region. In contrast, while the circumflex artery branches off the left coronary artery and nourishes the lateral and posterior walls of the left ventricle, it does not dominate the inferior supply. The left main coronary artery divides into the circumflex and left anterior descending arteries, both of which primarily supply the anterior and lateral walls rather than the inferior aspect. The left anterior descending artery predominantly supplies the anterior wall and the interventricular septum. Thus, the right coronary artery's critical role in supplying blood to the inferior left ventricle highlights its importance in maintaining cardiac function, especially in the context of coronary artery disease or myocardial infarctions affecting this region.

3. What is a common symptom of an acute coronary syndrome?

- A. Sharp abdominal pain
- B. Severe leg swelling
- C. Persistent cough
- D. Chest pain or discomfort**

Chest pain or discomfort is a hallmark symptom of acute coronary syndrome (ACS), which encompasses a range of conditions related to the heart, including unstable angina and myocardial infarction (heart attack). This type of pain is often described as a feeling of pressure, squeezing, fullness, or pain in the center or left side of the chest. It may also radiate to the shoulders, neck, arms, back, teeth, or jaw. The correlation of this symptom with ACS is critical, as it can indicate that the heart is not receiving enough oxygen-rich blood, requiring immediate medical evaluation and intervention. Other symptoms of ACS can include shortness of breath, nausea, sweating, and lightheadedness. However, chest pain or discomfort remains the most recognized and reported symptom in this clinical scenario, making it essential for those experiencing such sensations to seek urgent care.

4. Following return of spontaneous circulation, the patient remains apneic. The EMT should:

- A. Ventilate at 12 breaths/min and maintain an oxygen saturation of 95% to 99%**
- B. Ventilate at 12 to 15 breaths/min and maintain an oxygen saturation of 100%
- C. Elevate the patient's lower extremities and ventilate at a rate of 20 breaths/min
- D. Remove the AED pads and ventilate the patient at a rate of 24 breaths/min

In a patient who has returned to spontaneous circulation but remains apneic, it is critical to provide adequate ventilation to support their oxygenation and prevent hypoxia. Ventilating at 12 breaths per minute is within the acceptable range for adult patients, which generally recommends a rate of 10 to 12 breaths per minute in a controlled ventilatory setting. This rate allows for effective gas exchange and helps maintain optimal levels of oxygen saturation. Maintaining an oxygen saturation of 95% to 99% is also crucial in this scenario, as it ensures that the tissues and organs receive enough oxygen for metabolic processes, especially following an event such as cardiac arrest. Adequate oxygen levels can help mitigate potential brain injury and promote recovery. Other options may not correctly align with the appropriate clinical guidelines for ventilation following resuscitation. For instance, ventilating at too high a rate could lead to inadequate ventilation or hyperventilation. Similarly, aiming for an oxygen saturation of 100% can sometimes be excessive unless warranted by specific circumstances, as maintaining slightly lower saturation levels is generally sufficient and safer for preventing oxygen toxicity. Therefore, the correct choice prioritizes both effective ventilation and optimal oxygen saturation levels.

5. Which symptom is most likely to accompany chest pain in a patient experiencing acute coronary syndrome?

- A. Ashen skin color, diaphoresis, and anxiety**
- B. Severe projectile vomiting and flushed skin
- C. Irregular breathing and low blood pressure
- D. Profound cyanosis, dry skin, and a headache

In cases of acute coronary syndrome, patients often present with a collection of classic symptoms that signal a serious cardiac event. The symptoms of ashen skin color, diaphoresis (sweating), and anxiety are significant indicators of distress that typically accompany chest pain. Ashen skin color can suggest poor perfusion, indicating that the body is not receiving enough oxygen, a situation common in cardiac events. Diaphoresis is a physiological response to pain or stress and is frequently observed in individuals experiencing acute coronary events. The feeling of anxiety is also very common, as patients may feel fearful or panicked due to the severity of their symptoms and a lack of understanding of what is happening to them. Contrastingly, while other listed symptoms such as irregular breathing or low blood pressure may also be present in severe cases, they do not commonly form a trio with chest pain in the same clear manner as the symptoms described. The severe projectile vomiting and flushed skin or profound cyanosis, dry skin, and a headache do not typically align with the classic presentation of acute coronary syndrome, making them less relevant to the immediate complications of heart-related issues. Thus, the combination of ashen skin color, diaphoresis, and anxiety most accurately represents the common clinical picture

6. How often should you switch compressors during two-rescuer CPR?

- A. Every 5 cycles of CPR
- B. Every 2 minutes**
- C. Only when the current compressor is fatigued
- D. Every 10-20 cycles

The recommended practice is to switch compressors every 2 minutes during two-rescuer CPR to ensure that high-quality chest compressions are maintained throughout the resuscitation effort. This time frame is aligned with the guidelines set forth by organizations such as the American Heart Association, which emphasize the importance of changing compressors regularly to avoid fatigue. Fatigue can lead to a decrease in the effectiveness of compressions, including factors like compression depth and rate, which are critical for improving the chances of successful resuscitation. By adhering to the 2-minute rule, the rescuers can ensure that both individuals remain effective in their roles, allowing one person to recover briefly while maintaining continuous CPR. This strategy maximizes the effectiveness of the intervention, improves the likelihood of restoring spontaneous circulation, and ultimately enhances patient outcomes in cardiac arrest situations.

7. What is a key component of heart valve replacement surgery?

- A. Repairing an existing valve
- B. Removing a damaged valve**
- C. Improving heart rhythm
- D. Cleaning of coronary arteries

A key component of heart valve replacement surgery involves the removal of a damaged valve. In this procedure, the surgeon typically excises the dysfunctional valve, which may have been affected by conditions such as calcification, stenosis, or regurgitation. Once the damaged valve is removed, a new valve—either mechanical or bioprosthetic—is implanted in its place to restore proper blood flow and function within the heart. This replacement is crucial for improving overall cardiac efficiency and patient outcomes, especially in those who experience significant symptoms or complications due to valve dysfunction. In contrast, repairing an existing valve does not apply in the context of replacement surgery, as this option focuses on maintaining the current valve structure rather than substituting it. Improving heart rhythm is more relevant to procedures addressing arrhythmias rather than valve replacement. Similarly, cleaning of coronary arteries relates to managing coronary artery disease and does not involve valvular issues directly. Therefore, the focus on removing and replacing the damaged valve is vital in this surgical intervention.

8. What immediate action should be taken for a patient whose implantable defibrillator has fired?

- A. Deactivating the defibrillator with a magnet
- B. Transport with continuous monitoring**
- C. Administering nitroglycerin
- D. Using an AED immediately

When a patient's implantable defibrillator has fired, it's crucial to ensure their safety and continuous monitoring of their cardiac status. Transporting the patient with continuous monitoring allows healthcare professionals to observe any changes in the patient's condition, including potential arrhythmias that may require further intervention. Continuous monitoring is essential, especially since the firing of a defibrillator indicates that the device detected a life-threatening arrhythmia and delivered a shock to restore a normal heart rhythm. While other actions may be considered in different contexts, continuous monitoring is fundamental to assess the patient's immediate response to the defibrillator's intervention and to decide on any necessary follow-up treatments or actions based on real-time data. This proactive approach ensures that any complications that could arise are addressed promptly.

9. How is chest pain described by a patient experiencing an acute myocardial infarction?

- A. Sharp or tearing
- B. Dull, crushing, pressure, heaviness**
- C. Stabbing with intermittent relief
- D. Localized and sharp pain

In cases of acute myocardial infarction (AMI), patients typically describe chest pain in a manner that reflects the severity and nature of the heart's ischemia. The description of the pain as dull, crushing, pressure, or heaviness aligns with classic symptoms associated with an AMI. This type of pain often radiates to other areas, such as the arms, neck, back, or jaw, enhancing the sensation of pressure rather than a localized sharp or stabbing pain. The reason patients use terms like "crushing" or "pressure" is that the pain often feels more diffuse and affects the chest area broadly, rather than being sharp or tearing, which are descriptors not commonly associated with heart-related pain. The heaviness mentioned can be likened to the sensation of an oppressive weight on the chest, which is a significant indicator of a heart issue. Recognizing these characteristics of chest pain can aid medical professionals in diagnosing an acute myocardial infarction promptly and accurately.

10. What kind of pain is associated with a myocardial infarction?

- A. A sharp stabbing sensation
- B. A dull throbbing sensation
- C. A crushing or heavy sensation**
- D. A tight squeezing sensation

Myocardial infarction, commonly known as a heart attack, is typically associated with a sensation that is described as crushing or heavy. Patients often report feeling as though there is a weight or pressure on their chest, which can radiate to other areas such as the arms, jaw, or back. This type of pain is linked to the ischemic nature of the heart muscle's suffering due to a lack of oxygen, which leads to a sensation that is both intense and pervasive. The crushing or heavy sensation is often more than just discomfort; it can induce feelings of anxiety and panic. This sensation differentiates it from other types of pain, such as sharp stabbing or dull throbbing sensations, which are not characteristic of myocardial infarction. While some individuals may experience variations in how they perceive the pain, the most common and recognized symptoms are those that present as pressure or a heavy weight on the chest. Awareness of these symptoms is crucial for prompt recognition and treatment of a myocardial infarction.

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:

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

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