

Red Cross Advanced Life Support (ALS) Practice Exam (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

- 1. Which initial action should be performed within the first 10 minutes of a patient's arrival?**
 - A. Conduct a surgical consultation**
 - B. Order a complete blood count**
 - C. Perform a neurologic screening assessment**
 - D. Initiate fibrinolytic therapy**
- 2. A patient is brought into the emergency department without a pulse and the cardiac monitor shows a specific rhythm. Which condition does this indicate?**
 - A. Ventricular fibrillation**
 - B. Atrial fibrillation**
 - C. Ventricular tachycardia**
 - D. Asystole**
- 3. What is an essential step in the management of suspected ACS?**
 - A. Immediate intubation**
 - B. Administering antibiotics**
 - C. Obtaining a 12-lead ECG**
 - D. Applying a defibrillator**
- 4. What can be a potential complication of wrong defibrillator settings?**
 - A. Increased success rates of resuscitation**
 - B. Injury to the patient**
 - C. Decreased chance of returning spontaneous circulation**
 - D. Shortening the time to initiate CPR**
- 5. What is the subsequent dose of amiodarone for a patient in cardiac arrest?**
 - A. 150 mg**
 - B. 300 mg**
 - C. 75 mg**
 - D. 600 mg**

- 6. What is the appropriate action for the resuscitation team if defibrillation is required?**
- A. Administer multiple shocks in rapid succession**
 - B. Wait for signs of patient recovery**
 - C. Use correct energy dose as per guidelines**
 - D. Defibrillate only if the patient is conscious**
- 7. Which of the following is an important component of monitoring a post-fibrinolytic therapy patient?**
- A. Assessing vital signs every hour**
 - B. Busyness of the unit**
 - C. Family involvement in care**
 - D. Scheduling an MRI immediately**
- 8. What is the preferred epidural technique in emergency settings during resuscitation of a pregnant patient?**
- A. Continuous infusion**
 - B. Single bolus**
 - C. Patient-controlled analgesia**
 - D. None required**
- 9. What is a common symptom of ACS chest pain with regards to its duration?**
- A. Pain lasting less than 1 minute**
 - B. Pain that is intermittent and resolves quickly**
 - C. Pain lasting longer than 3 to 5 minutes**
 - D. Constant pain lasting for hours**
- 10. What is the body's primary muscle of inspiration during respiration?**
- A. Intercostal muscles**
 - B. Diaphragm**
 - C. Abdominal muscles**
 - D. Neck muscles**

Answers

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

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Explanations

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1. Which initial action should be performed within the first 10 minutes of a patient's arrival?

- A. Conduct a surgical consultation**
- B. Order a complete blood count**
- C. Perform a neurologic screening assessment**
- D. Initiate fibrinolytic therapy**

The initial action that should be performed within the first 10 minutes of a patient's arrival is a neurologic screening assessment. This is crucial as it allows the healthcare provider to quickly assess the patient's neurological status, identify any immediate concerns, and establish a baseline for further evaluations. Early identification of neurological deficits, especially in cases such as stroke or head injuries, is essential for timely intervention and management. A neurologic screening assessment typically involves checking the patient's level of consciousness, pupil reaction, limb movement, and speech. The results can guide urgent treatment decisions and care pathways, including whether to initiate protocols like fibrinolytic therapy for stroke, which is time-sensitive. Other actions such as conducting a surgical consultation, ordering a complete blood count, or initiating fibrinolytic therapy may be important but generally follow after the initial assessment and stabilization of the patient's condition. Prioritizing immediate assessments ensures that appropriate and timely interventions can be implemented based on the patient's specific needs.

2. A patient is brought into the emergency department without a pulse and the cardiac monitor shows a specific rhythm. Which condition does this indicate?

- A. Ventricular fibrillation**
- B. Atrial fibrillation**
- C. Ventricular tachycardia**
- D. Asystole**

The correct choice indicates that the patient is experiencing ventricular tachycardia (VT), which is characterized by a fast heart rhythm originating from the ventricles. In the context of a patient without a pulse, this rhythm can lead to a state where the heart does not pump effectively, resulting in a lack of perfusion and subsequent cardiac arrest. Ventricular tachycardia can produce a pulse in some cases, commonly when it is stable, but when it becomes unstable or the heart rate is excessively high, it can lead to pulselessness. In the emergency setting, identifying VT is crucial because it requires immediate intervention, which may include administering synchronized cardioversion or, in cases where the patient is pulseless, performing defibrillation. The other conditions listed hold different implications: ventricular fibrillation, which is a chaotic and ineffective rhythm that also results in no pulse, would require immediate defibrillation but presents differently on the monitor. Atrial fibrillation is an irregularly irregular rhythm that typically does not result in a pulseless state unless there are other complicating factors. Asystole, which indicates a complete absence of electrical activity in the heart, would also show no discernible rhythm on the cardiac monitor, leading to

3. What is an essential step in the management of suspected ACS?

- A. Immediate intubation**
- B. Administering antibiotics**
- C. Obtaining a 12-lead ECG**
- D. Applying a defibrillator**

In the management of suspected acute coronary syndrome (ACS), obtaining a 12-lead ECG is a fundamental step. This diagnostic tool is crucial because it provides vital information about the heart's electrical activity and can help identify the presence, type, and extent of ischemia or infarction. The 12-lead ECG allows healthcare providers to detect ST-segment elevations or depressions, which are significant indicators of ACS. Early recognition through this method can ensure prompt treatment, which may include reperfusion therapy. It is essential to establish the nature of the cardiac event quickly, as the treatment approach can vary depending on the findings from the ECG. This step takes priority to guide further care, such as medication administration or advanced interventions.

4. What can be a potential complication of wrong defibrillator settings?

- A. Increased success rates of resuscitation**
- B. Injury to the patient**
- C. Decreased chance of returning spontaneous circulation**
- D. Shortening the time to initiate CPR**

Choosing incorrect defibrillator settings can lead to significant risks for the patient, the most critical being injury. For instance, delivering a shock at an inappropriate energy level or using the wrong mode of defibrillation can result in burns, trauma to the heart and surrounding tissues, or even cardiac complications such as arrhythmias. These adverse effects can compromise the overall safety of the resuscitation efforts and can exacerbate the patient's condition instead of improving it. Inappropriate settings may not provide the necessary therapeutic benefit that successful defibrillation aims to achieve. Additionally, the response from the heart can vary dramatically based on the settings utilized. Ensuring that the defibrillator is set correctly is essential for optimizing the chances of restoring normal heart rhythm without causing harm. This highlights the importance of adhering to protocol and properly handling medical equipment during critical situations.

5. What is the subsequent dose of amiodarone for a patient in cardiac arrest?

- A. 150 mg**
- B. 300 mg**
- C. 75 mg**
- D. 600 mg**

In cases of cardiac arrest where amiodarone is indicated, the subsequent dose after the initial administration is 150 mg. This is especially relevant in situations where the patient remains in a persistent shockable rhythm, such as ventricular fibrillation or pulseless ventricular tachycardia. The rationale behind this dosing is to reinforce the antiarrhythmic effects required to stabilize the patient's heart rhythm and improve the chances of successful resuscitation. The initial dose of amiodarone during cardiac arrest is typically 300 mg, and it is administered as a first-line treatment for these life-threatening arrhythmias. If the desired outcome is not achieved, medical guidelines recommend repeating the dose, but at a reduced amount of 150 mg for subsequent attempts. This approach is designed to provide an effective yet safe level of medication, minimizing potential side effects while maximizing therapeutic benefit. Rescuers and healthcare providers must follow established guidelines for dosing in emergency situations to ensure effective treatment and adherence to best practices in Advanced Life Support.

6. What is the appropriate action for the resuscitation team if defibrillation is required?

- A. Administer multiple shocks in rapid succession**
- B. Wait for signs of patient recovery**
- C. Use correct energy dose as per guidelines**
- D. Defibrillate only if the patient is conscious**

In the context of resuscitation, the use of an automated external defibrillator (AED) or a manual defibrillator follows established guidelines to maximize the chances of restoring a normal heart rhythm. The correct approach is to use the appropriate energy dose as per guidelines. This is crucial because the specified doses are based on extensive research and clinical studies to ensure the safest and most effective delivery of electrical energy during defibrillation. Using the correct energy dose is vital for the successful conversion of life-threatening arrhythmias, such as ventricular fibrillation or pulseless ventricular tachycardia. Administering shocks that are either too low or too high can lead to ineffective outcomes or even harm the patient. The guidelines provide a structured methodology for rescue scenarios, thereby enhancing the safety and efficacy of the intervention. Adhering to the recommended energy doses allows the resuscitation team to provide a precise and calculated approach to defibrillation, significantly increasing the likelihood of restoring the patient's normal heart rhythm and improving survival rates.

7. Which of the following is an important component of monitoring a post-fibrinolytic therapy patient?

- A. Assessing vital signs every hour**
- B. Busyness of the unit**
- C. Family involvement in care**
- D. Scheduling an MRI immediately**

Monitoring a post-fibrinolytic therapy patient requires careful attention to vital signs as they provide critical information about the patient's hemodynamic status. After administering fibrinolytic therapy, patients are at increased risk for bleeding complications, altered cardiac function, or changes in blood pressure. Thus, assessing vital signs every hour allows healthcare providers to promptly identify any significant changes that may indicate complications. This routine check helps ensure that any necessary interventions can be performed quickly, thereby improving patient safety and outcomes. While the busyness of the unit, family involvement in care, and scheduling an MRI might be relevant factors in the overall context of patient care, they do not directly address the immediate clinical needs of a patient who has recently received fibrinolytic therapy. Prioritizing vital sign assessments ensures that the most critical physiological parameters are closely monitored during this potentially unstable period.

8. What is the preferred epidural technique in emergency settings during resuscitation of a pregnant patient?

- A. Continuous infusion**
- B. Single bolus**
- C. Patient-controlled analgesia**
- D. None required**

The preferred epidural technique in emergency settings during the resuscitation of a pregnant patient is continuous infusion. This method allows for consistent and controlled administration of analgesia, which is crucial for managing pain and providing comfort during an emergency situation such as labor or a complicated delivery. Continuous infusion provides a steady level of medication, which can lead to better pain control without the peaks and troughs associated with bolus dosing. This is particularly important in emergency settings where maintaining stable hemodynamics and ensuring that the patient remains responsive and comfortable is vital. In contrast, a single bolus may provide immediate pain relief but does not offer the prolonged pain control needed during an evolving clinical situation. Patient-controlled analgesia, while a useful method in some contexts, may not be preferred in emergencies where the patient's condition or response could change rapidly. Finally, the option of "none required" does not address the need for effective pain management in such scenarios. Thus, continuous infusion is ideal for ongoing and stable analgesic effect, making it the preferred technique in the described setting.

9. What is a common symptom of ACS chest pain with regards to its duration?

- A. Pain lasting less than 1 minute**
- B. Pain that is intermittent and resolves quickly**
- C. Pain lasting longer than 3 to 5 minutes**
- D. Constant pain lasting for hours**

A common symptom of Acute Coronary Syndrome (ACS) chest pain is that it typically lasts longer than 3 to 5 minutes. This duration is indicative of the potential severity of the condition, as ACS is often associated with a disruption in blood flow to the heart, leading to ischemic pain. When chest pain associated with ACS occurs, it is commonly described as a persistent discomfort or pressure that occurs at rest or with minimal exertion and does not resolve quickly. The characteristic nature of this pain contrasts with shorter episodes or intermittent pains, which may not suggest the same level of danger. Pain that lasts less than 1 minute or resolves quickly usually indicates less severe causes, such as musculoskeletal problems or anxiety, rather than a serious cardiovascular event. Additionally, constant pain lasting for hours might indicate other conditions or unspecified criteria, but it does not match the classic presentation of ACS, which favors episodes lasting longer with potential for resolution that does not come as swiftly as benign pains. Thus, the defined duration serves as a critical diagnostic criterion in the context of ACS evaluation.

10. What is the body's primary muscle of inspiration during respiration?

- A. Intercostal muscles**
- B. Diaphragm**
- C. Abdominal muscles**
- D. Neck muscles**

The diaphragm serves as the primary muscle of inspiration in the process of respiration. When you inhale, the diaphragm contracts and moves downward, increasing the volume of the thoracic cavity. This action creates a negative pressure within the lungs, allowing air to flow in through the airways. The diaphragm's movement is essential for effective breathing, as it is responsible for the majority of airflow during quiet, rest breathing. While the intercostal muscles assist in respiration by lifting the rib cage and expanding the chest cavity, they are not the primary muscle responsible for initiating the inhalation process. The abdominal muscles, on the other hand, primarily play a role in expiration by pushing the diaphragm upward as they contract. Neck muscles can also assist during forced breathing but are not the main players in normal inspiration. Understanding the diaphragm's pivotal role can help clarify its importance in conditions affecting breathing and in various medical scenarios where respiratory function is compromised.

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://redcrossals.examzify.com>

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