

RESUSCITATION COUNCIL UK (RCUK) ADVANCED LIFE SUPPORT (ALS) PRACTICE EXAM (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. After how many shocks is amiodarone given during ALS?**
 - A. Every shock
 - B. Every 3 shocks
 - C. Every 5 shocks
 - D. Every other shock
- 2. Why is effective communication important during resuscitative efforts?**
 - A. It allows for faster compressions
 - B. It ensures coordination among team members
 - C. It reduces the need for medications
 - D. It simplifies the rescue process for bystanders
- 3. Which method is used for assessing tension pneumothorax?**
 - A. Electrocardiogram
 - B. Chest X-ray
 - C. Tracheal deviation and USS
 - D. Auscultation
- 4. How does a healthcare provider assess the effectiveness of chest compressions?**
 - A. By checking blood pressure
 - B. By ensuring adequate depth, frequency, and full chest recoil
 - C. By listening for heart sounds
 - D. By monitoring respiratory rate
- 5. In cases of respiratory distress due to asthma, what is a key sign to monitor?**
 - A. Decreased coughing
 - B. Increased dependence on reliever medications
 - C. Reduced heart rate
 - D. Improved oxygen saturation

- 6. What percentage of in-hospital cardiac arrests are considered predictable?**
- A. 50%
 - B. 70%
 - C. 80%
 - D. 90%
- 7. Which of the following is a common complication of CPR?**
- A. Cardiac arrest
 - B. Rib fractures
 - C. Respiratory distress
 - D. Stroke
- 8. What does the acronym "ABCDE" stand for in resuscitation?**
- A. Airway, Breathing, Circulation, Duty, and Exposure
 - B. Airway, Breathing, Circulation, Disability, and Exposure
 - C. Awareness, Breathing, Circulation, Disability, and Evaluation
 - D. Airway, Breathing, Check, Disability, and Evaluation
- 9. What might be the heart rate when atrial flutter with a 2:1 block is present?**
- A. 150 bpm
 - B. 300 bpm
 - C. 75 bpm
 - D. 100 bpm
- 10. Which of the following is a primary cause of circulatory compromise?**
- A. Acute blood loss
 - B. Hypothermia
 - C. Myocarditis
 - D. Septic shock

Answers

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

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Explanations

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1. After how many shocks is amiodarone given during ALS?

- A. Every shock
- B. Every 3 shocks**
- C. Every 5 shocks
- D. Every other shock

Amiodarone is administered after the third shock during advanced life support for patients experiencing shockable rhythms, such as ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT). This is aligned with the guidelines set out in resuscitation protocols. The rationale is to optimize the chances of restoring a perfusing cardiac rhythm by increasing the likelihood of successful defibrillation. After delivering three successive shocks, the patient's response is evaluated, and if there is no return of spontaneous circulation or significant rhythm change, amiodarone is given to help stabilize the heart's electrical activity and promote a more organized rhythm. The administration of amiodarone at this specific time helps to manage any ongoing arrhythmias and increase the probability of survival with favorable neurological outcomes. Following the proper timing for drug administration is crucial in a resuscitation scenario, where every intervention must be carefully timed to maximize effectiveness and adhere to established guidelines.

2. Why is effective communication important during resuscitative efforts?

- A. It allows for faster compressions
- B. It ensures coordination among team members**
- C. It reduces the need for medications
- D. It simplifies the rescue process for bystanders

Effective communication is crucial during resuscitative efforts primarily because it ensures coordination among team members. In a high-pressure situation such as a cardiac arrest, clear and concise communication allows for the seamless execution of tasks that each member is responsible for, which is vital for the success of resuscitation. When team members communicate effectively, they can assign roles, share updates on the patient's condition, and alert others to critical actions that need to be taken—such as when to switch roles in CPR or when to deliver a shock using an automated external defibrillator (AED). This coordination minimizes the risk of confusion or overlap, which can waste precious time and hinder the overall response. Additionally, effective communication helps establish a shared understanding of the treatment plan, ensuring that everyone is on the same page regarding procedures and timing. This teamwork is essential in high-stress environments, where the ability to make quick decisions can significantly impact patient outcomes.

3. Which method is used for assessing tension pneumothorax?

- A. Electrocardiogram
- B. Chest X-ray
- C. Tracheal deviation and USS**
- D. Auscultation

The method for assessing tension pneumothorax involves evaluating physical signs such as tracheal deviation, often coupled with the use of ultrasound (USS) for confirmation. Tracheal deviation occurs when air accumulation in the pleural space pushes the mediastinum and structures like the trachea away from the affected side. This physical examination finding is critical for identifying tension pneumothorax quickly, especially in emergency situations where time is of the essence. Ultrasound can augment the assessment by providing visual confirmation of air in the pleural space and helping to rule out other conditions. In practice, the combination of these methods allows for rapid identification and necessitates prompt intervention, as tension pneumothorax is a life-threatening condition that requires immediate decompression. Other methods like electrocardiograms and chest X-rays are not as immediate in assessing a tension pneumothorax. While chest X-rays can provide useful information, they may not always be available during the critical moments of resuscitation, and the clinical features should guide the immediate management. Auscultation can offer insights into breath sounds but is generally not sufficient on its own for diagnosing tension pneumothorax compared to tracheal deviation and ultrasound findings.

4. How does a healthcare provider assess the effectiveness of chest compressions?

- A. By checking blood pressure
- B. By ensuring adequate depth, frequency, and full chest recoil**
- C. By listening for heart sounds
- D. By monitoring respiratory rate

The effectiveness of chest compressions during cardiopulmonary resuscitation (CPR) is primarily assessed by ensuring that the compressions are of adequate depth, frequency, and allowing full chest recoil. Proper depth refers to compressing the chest to at least 5 cm (2 inches) in adults, while the frequency should be around 100 to 120 compressions per minute. Ensuring full chest recoil between compressions is crucial, as it allows for adequate filling of the heart, which is important for effective circulation. This combination helps to maximize blood flow to vital organs during cardiac arrest, increasing the chances of survival. While checking blood pressure, listening for heart sounds, or monitoring respiratory rate may provide some information about a patient's overall condition, they are not reliable indicators of the effectiveness of chest compressions during CPR. Blood pressure can be difficult to assess accurately in a patient undergoing CPR, and heart sounds may be muffled or absent. Additionally, respiratory rate is not directly related to the effectiveness of compressions, especially in an unresponsive patient in cardiac arrest. Thus, the assessment of chest compressions focuses on the specific aspects that contribute directly to effective circulation during resuscitation efforts.

5. In cases of respiratory distress due to asthma, what is a key sign to monitor?

- A. Decreased coughing
- B. Increased dependence on reliever medications**
- C. Reduced heart rate
- D. Improved oxygen saturation

In the context of respiratory distress due to asthma, increased dependence on reliever medications is a key sign to monitor because it indicates worsening asthma control. Patients who are experiencing significant respiratory distress may find that they need to use their bronchodilator or reliever medication more frequently, as their airways are becoming more obstructed and less responsive to treatment. This increased need for medication reflects a declining ability to breathe effectively and suggests that the condition may not be well-managed, warranting further intervention. Monitoring the frequency of reliever medication use helps clinicians assess the severity of the asthma episode and the patient's response to therapy. If a patient who generally uses their reliever only occasionally starts to use it multiple times a day or even hourly, it signals a potential asthma exacerbation, necessitating prompt and appropriate action to address the worsening condition. Other options do not directly reflect the urgency or severity of the situation. For instance, decreased coughing might seem like a positive sign, but in the context of asthma, it could indicate that the patient is unable to cough effectively due to obstruction, so this does not reliably indicate improvement. A reduced heart rate would generally not be associated with an asthma exacerbation, as patients tend to experience tachycardia due to hypoxia or increased

6. What percentage of in-hospital cardiac arrests are considered predictable?

- A. 50%
- B. 70%
- C. 80%**
- D. 90%

In-hospital cardiac arrests are often associated with various clinical signs that can indicate a deterioration in a patient's condition prior to the arrest. Studies and guidelines, including those from the Resuscitation Council UK, suggest that a significant majority—around 80%—of these cardiac arrests may be predictable based on identifiable risk factors and clinical observations. This understanding underscores the importance of monitoring patients closely and intervening early when concerning changes are noted. Techniques such as the use of early warning scores and continuous assessment can help healthcare professionals recognize these risks. By doing so, timely interventions can be initiated to potentially prevent the cardiac arrest from occurring.

7. Which of the following is a common complication of CPR?

- A. Cardiac arrest
- B. Rib fractures**
- C. Respiratory distress
- D. Stroke

Rib fractures are indeed a common complication that can occur as a result of CPR. When high-quality chest compressions are performed, significant force is typically applied to the chest in order to create enough pressure to circulate blood. This can lead to the breaking of ribs, especially in older adults or those with pre-existing bone conditions. Recognizing rib fractures as a potential complication highlights the necessity of balancing the effectiveness of CPR with the potential for injury. Understanding this can prepare healthcare providers to anticipate such injuries and manage them appropriately should they arise, all while ensuring that restoring circulation remains the primary goal during resuscitation efforts. In contrast to this, the other options, while serious conditions, are not directly attributed to CPR as common complications. For instance, cardiac arrest is the condition CPR aims to reverse, respiratory distress can occur for various reasons unrelated to CPR, and stroke can occur due to numerous medical factors that are not directly linked to the act of attempting resuscitation. By focusing on rib fractures, one recognizes a direct consequence of the physical process involved in performing CPR effectively.

8. What does the acronym "ABCDE" stand for in resuscitation?

- A. Airway, Breathing, Circulation, Duty, and Exposure
- B. Airway, Breathing, Circulation, Disability, and Exposure**
- C. Awareness, Breathing, Circulation, Disability, and Evaluation
- D. Airway, Breathing, Check, Disability, and Evaluation

The acronym "ABCDE" in resuscitation stands for Airway, Breathing, Circulation, Disability, and Exposure. This systematic approach is crucial in managing a patient in an emergency situation, particularly during advanced life support. The first step, "Airway," involves ensuring that the airway is clear and not obstructed, which is essential for effective ventilation and oxygenation. Next, "Breathing" assesses whether the patient is breathing adequately or if interventions such as supplemental oxygen or mechanical ventilation are required. Following this, "Circulation" requires the evaluation of the patient's circulation status, including checking pulse and blood pressure, to identify any signs of shock or cardiac arrest. "Disability" refers to a quick assessment of neurological status, often including the AVPU scale (Alert, Voice, Pain, Unresponsive), which helps determine a patient's level of consciousness. Finally, "Exposure" entails exposing the patient to identify any hidden injuries while being cautious to maintain their dignity and body temperature. Understanding this sequence is vital, as it guides healthcare providers through a comprehensive assessment and management of an acutely ill or injured patient. The importance of each component cannot be understated, as they build upon one another to inform critical interventions.

9. What might be the heart rate when atrial flutter with a 2:1 block is present?

- A. 150 bpm**
- B. 300 bpm
- C. 75 bpm
- D. 100 bpm

In the case of atrial flutter with a 2:1 block, the atrial rate is typically around 300 beats per minute, given that atrial flutter usually results in a rapid atrial rhythm. However, when a 2:1 block is present, only every second atrial impulse is conducted to the ventricles, effectively halving the ventricular rate. Thus, if the atrial rate is approximately 300 bpm, the ventricular response rate in the presence of a 2:1 block would be approximately 150 bpm (300 bpm divided by 2). This makes a heart rate of 150 bpm the correct response when evaluating the effects of a 2:1 block in patients exhibiting atrial flutter. Understanding the conduction pattern helps clarify why a 150 bpm rate accurately reflects the physiological response in this situation.

10. Which of the following is a primary cause of circulatory compromise?

- A. Acute blood loss
- B. Hypothermia
- C. Myocarditis**
- D. Septic shock

The primary cause of circulatory compromise in this context involves conditions that directly impact the heart's ability to pump blood effectively or disrupt the normal flow of circulation. Myocarditis, which is inflammation of the heart muscle, is a critical condition as it can lead to decreased cardiac output. When the heart is unable to contract efficiently, the perfusion of vital organs is compromised, leading to systemic circulatory failure. In contrast, while acute blood loss, hypothermia, and septic shock can also lead to circulatory compromise, they typically do so through different mechanisms. Acute blood loss reduces the overall volume of circulating blood, resulting in decreased blood pressure and perfusion. Hypothermia affects the body's metabolic processes and can lead to bradycardia and decreased cardiac output, but it is more of a systemic response rather than a direct heart pathology. Septic shock is characterized by systemic infection leading to vasodilation and altered vascular permeability; although it can severely compromise circulation, it is primarily a result of the infection rather than a primary cardiac condition. Understanding the nuances and mechanisms of these conditions is essential for practitioners to effectively assess and manage circulatory compromise in patients.

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://rcukals.examzify.com>

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

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