

Pre-Test and Post-test Questions

1. You have received a code blue announcement in the hospital where you work. When you enter the patient's room with the code blue team, you see that two people have started resuscitation. What do you do first?

- A. Consciousness control (verbal/painful if no response)
- B. Distributing the task load
- C. Carotid pulse check (since you are a healthcare professional)
- D. Patient handover

2. In which of the following, the "Chain of Life" order is given correctly?

- A. Early CPR – Early Defibrillation – Early Diagnosis and Call for Help – Early Advanced Life Support
- B. Early Defibrillation – Early CPR – Early Advanced Life Support – Early Diagnosis and Call for Help
- C. Early Diagnosis and Call for Help – Early CPR – Early Defibrillation – Early Advanced Life Support
- D. Early Diagnosis and Call for Help – Early CPR – Early Advanced Life Support – Early Defibrillation

3. What is your correct cardiac compression strategy for an adult patient?

- I. Middle of the sternum is the correct pressure point.
 - II. Pressure deep enough to collapse the sternum 5-6 cm is applied during compression.
 - III. The frequency is adjusted to be 100-120 compressions per minute.
 - IV. Pressure can be applied on the ribs during compression
- A. I- II- IV B. I-II-III C. II-III-IV D. I-III-IV

4. What is the correct compression/ventilation ratio with the bag valve mask?

- A. 15/2 B. 30/2 C. 15/1 D. 30/1

5. Which of the following is not correct to do when applying chest compressions?

- A. Allow the rib cage to return to its original shape after each compression.
- B. Ventilation pressure is increased during compression.
- C. Apply the compressions continuously except for mandatory interruptions.
- D. It is recommended that the compressor be changed at 2-minute intervals.

6. How often should the person in charge of CPR change?

- A. Every 3 cycles
- B. Every 5 cycles
- C. Every 10 cycles
- D. Every 15 cycles

7. Which of the following are shockable rhythms?

- I. Asystole
 - II. Pulseless Electrical Activity
 - III. Pulseless Ventricular Tachycardia
 - IV. ventricular Fibrillation
- A. I – II – III B. II - III – IV C. II D.III – IV

8. Which of the following are non-shockable rhythms?

- I. Asystole
 - II. Pulseless Electrical Activity
 - III. Pulseless Ventricular Tachycardia
 - IV. ventricular Fibrillation
- A. II – III B. I - II C. I D.II - III – IV

9. If you have detected a shockable rhythm, how many joules should your initial energy level with a biphasic defibrillator be?

- A. 50 - 75 J B. 100 - 120 J C. 150 - 200 J D. 360 J

10. At which areas do you place the defibrillator paddles?

- A. 2-3. Intercostal space in the midclavicular line on the right / 4-5. Intercostal space at the level of the middle axillary line on the left.
- B. 5. Intercostal space at the level of the middle axillary line on the right/ 3. Intercostal space in the midclavicular line on the left.
- C. Below the breast level on the right and left.
- D. 2-3. Intercostal space in the midclavicular line on the right and left.

11. Which of the following is wrong when applying defibrillation?

- A. After defibrillation, CPR is continued without checking the pulse and rhythm.
- B. Pulse and rhythm check should be done immediately after defibrillation.
- C. During defibrillation, CPR can be interrupted for a maximum of 5 seconds.
- D. After defibrillation, immediately resume CPR and check for pulse and rhythm after 2 minutes.

12. When you see a Pulseless VT/VF rhythm on the monitor at the initial evaluation, which of the following approaches do you use?

- A. Since there is a non-shockable rhythm, CPR is continued, and 1 mg of adrenaline is injected.
- B. CPR is performed until shock is charged, defibrillation is performed with appropriate energy as soon as possible, and then CPR immediately resumed.
- C. 1 mg adrenaline and 300 mg amiodarone is injected immediately and CPR is continued.
- D. The patient is given a shock followed by 1 mg of adrenaline and CPR is continued.

13. To minimize interruptions according to the last algorithm, What is the longest break you can take from CPR during defibrillation?

- A. 5 sec B. 10 sec C. 15 sec D. 20 sec

14. When and which dosage of adrenaline and amiodarone is given in shockable rhythms according to 2021 ERC Guidelines?

- A. 2 mg adrenaline and 200 mg amiodarone after 2nd shock, 2 mg adrenaline and 200 mg amiodarone after 4th shock during chest compressions
B. 1 mg adrenaline and 300 mg amiodarone after 3rd shock, 1 mg adrenaline and 150 mg amiodarone after 5th shock during chest compressions
C. 1 mg adrenaline and 150 mg amiodarone after 5th shock during chest compressions
D. 1 mg adrenaline and 300 mg amiodarone after 1st shock, 1 mg adrenaline and 150 mg amiodarone after 3rd shock during chest compressions

15. Which of the following is the right approach when you detect asystole / pulseless electrical activity rhythm in your patient?

- A. Intravenous access should be established while CPR is in progress, and 1 mg adrenaline should be administered as soon as possible (3-5 minutes), adrenaline should be repeated at 3-5 minute intervals.
B. While CPR is in progress, intravenous access should be established, 1 mg of atropine should be administered immediately and repeated at 3-5 minute intervals.
C. Immediate defibrillation with the appropriate dose of energy and CPR should be resumed.
D. CPR should be continued, and appropriate dosage of cardioversion should be administered immediately.

16. You applied endotracheal intubation to the patient and switched to advanced airway support.

What is the appropriate compression/ventilation ratio?

- A. 30/2 synchronized
B. 15/10 asynchronous
C. 15/2 synchronized
D. 100-120/10 asynchronous

17. Which of the following do you use to check whether the endotracheal tube is in the correct place?

- I. Breath sounds are auscultated bilaterally with a stethoscope.
II. Chest movements observed by inspection.
III. Gastric insufflation sounds are auscultated.
IV. CO₂ in expiratory air monitored by capnography.
A. III-IV B. I-II-III-IV C. I-II-IV D. I-III-IV

18. At which intervals during CPR should you check the pulse/rhythm to evaluate your patient?

- A. Pulse/rhythm check after each shock
- B. 1 minute intervals
- C. After each cycle (30 compressions /2 ventilations)
- D. 5 cycles or 2 minutes intervals

19. Which of the following shows the first and second choice in drug administration during advanced life support respectively?

- A. Intravenous - Intratracheal
- B. Intravenous - Intraosseous
- C. Intravenous - Intramuscular
- D. Subcutaneous – Intramuscular

20. Which of the following about CPR is false?

- A. If you have cardiac arrest at the same time during CPR, “reversible causes” should be found and addressed simultaneously. (4H-4T)
- B. Shockable rhythms are VF/Pulseless VT
- C. Pulseless electrical activity is a non-shockable rhythm.
- D. Pulse/rhythm check should be done immediately after the shock.