

- 1. The majority of cardiac arrests at the VA are inpatients with:**
 - A. Heart attacks resulting in ventricular arrhythmias
 - B. Deterioration of underlying illnesses such as sepsis, pneumonia, bleeding, etc.

- 2. True / false: Prevention of cardiac arrests is crucial because survival and neurologic recovery occurs in less than 20% of patients who suffer cardiac arrest**
 - A. True
 - B. False

- 3. For locations other than VAPA, call _____ for a suspected cardiac arrest**
 - A. 9-911 for Menlo Park
 - B. In Livermore, call 9-911 first, then 65500
 - C. 9-911 for the Monterey Clinic
 - D. 9-911 for the San Jose Clinic
 - E. All of the above are true

- 4. For Palo Alto inpatients and visitors (Bldg 100 and 101), the appropriate number to call for a cardiac arrest is:**
 - A. 911
 - B. O – state there is a code
 - C. 65500 – state that there is a code
 - D. Call ER at 65470

- 5. When a patient's code status is unknown and he is found down**
 - A. Resuscitative efforts should not begin until the code status is clarified
 - B. The responder should assure that the code proceeds normally, and should designate others to explore the code status
 - C. The AHA suggests shocking, but not intubating

- 6. The first responder to an unwitnessed arrest should:**
 - 1 Do a quick ABC check
 - 2 If pulseless, go to the nearest ward or ED to get a defibrillator / crash cart
 - 3 Stay with patient, perform CPR if pulseless, and obtain additional help
 - A. 1 and 3
 - B. 1 and 2

- 7. If in doubt of what to do when caring for a patient with a cardiac arrest**
 - A. Do chest compressions
 - B. Ventilate the patient by mouth-to-mouth rescue breathing or by bag mask system
 - C. Call either the main operator or the outpatient advice nurse

- 8. Which one of the following is true regarding compression / ventilation**
- A. Arrested patients should be hyperventilated due to significant acidosis
 - B. 30 fast and deep compressions should be alternated with two breaths
 - C. Breaths should be large (800-1000 mL)
- 9. For an unwitnessed arrest, if a defibrillator or an AED is available:**
- A. Leave the patient alone to go get it
 - B. Have a second responder get it
 - C. Make sure that biomedical engineering has checked the device in the last year
- 10. AHA guidelines for ventilation/ compression ratios differ according to whether the patient's cardiopulmonary arrest was:**
- A. Witnessed or not
 - B. Monitored or not
 - C. Believed to be respiratory or not
 - D. In a hospital or not
 - E. Regardless of situation, are 30 fast and deep compressions alternating with two breaths
- 11. It is appropriate to interrupt CPR during the first few minutes:**
- A. For pulse check
 - B. For rhythm analysis
 - C. To attach quick look pads and 3 lead ECG electrodes
 - D. For intubation
 - E. None of the above. Good initial CPR takes priority over all of the above; in fact, some of the above can occur while compressions are being administered.

- 1 B
- 2 A
- 3 E
- 4 C
- 5 B
- 6 A
- 7 A
- 8 B
- 9 B
- 10 E
- 11 E