



Helping To Create Heart Safe Communities

SOS•CPR ♥ Training and AED Programs

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INTERMEDIATE CARDIAC PHARMACOLOGY QUIZ

- 1) The desired effect for the drug Adenosine is to:
 - a) Reduce ventricular ectopy
 - b) Accelerate the conduction across the AV node
 - c) Slow the conduction across the AV node
 - d) Reduce myocardio remodeling

- 2) The correct first dose of Adenosine is:
 - a) 1mg/kg
 - b) 6mg
 - c) 1mg
 - d) 6mg/kg

- 3) The correct second dose of Adenosine is:
 - a) 12mg
 - b) 12mg/kg
 - c) 1mg
 - d) A repeat dose should never be administered

- 4) Adenosine should be administered:
 - a) At an IV site as close to the heart as possible
 - b) Only through a central line
 - c) Over 10 minutes
 - d) In V-tach/V-fib arrest

- 5) Lidocaine is not the first line drug for ventricular arrhythmias. It should be used only if the following drug is not available:
 - a) Adenosine
 - b) Vasopressin
 - c) Atropine
 - d) Amiodarone

- 6) If Lidocaine is to be used the correct dose is:
- a) 1mg
 - b) 1-1.5mg/kg
 - c) 100mg
 - d) 300mg
- 7) The correct first dose of Amiodarone in V-tach/V-fib arrest is:
- a) 300mg
 - b) 1mg/kg
 - c) 1mg
 - d) 6mg
- 8) Which of the following drugs is a β -blocker
- a) Captopril
 - b) Cardizem
 - c) Drugs classified as
 - d) Metoprolol
- 9) Drugs classified as β -blocker frequently end in:
- a) "lol"
 - b) "pril"
 - c) "ase"
 - d) There is no common ending
- 10) Epinephrine is a:
- a) Calcium channel blocker
 - b) A potent vaso-dilatator
 - c) A naturally occurring catecholamine
 - d) A β -blocker
- 11) The correct dose for Epinephrine in cardiac arrest is:
- a) 300mg
 - b) 1mg
 - c) 1mg/kg
 - d) 6mg
- 12) The maximum dose for Epinephrine in cardiac arrest is:
- a) 1mg/kg
 - b) 10mg
 - c) There is no maximum
 - d) Epinephrine is no longer the first line drug in cardiac arrest

- 13) Dopamine can be an effective drug in cases of:
- Cardiac arrest from toxic overdose
 - Cardiogenic shock
 - Hypotension caused by hypovolemic shock
 - Hypertension reduction prior to rt-PA administration in stroke patients
- 14) The first line drug for symptomatic Bradycardia is:
- Dopamine, 1mg/kg/min
 - Epinephrine 1mg, repeated every 3 to 5 minutes
 - Adenosine, 6mg
 - Atropine, 0.5mg
- 15) If the drug administered correctly in question 14 is ineffective the next drug to consider is:
- Dopamine, 2 to 10 μ /kg/min
 - Epinephrine 1mg, repeated every 3 to 5 minutes
 - Adenosine, 6mg
 - Dopamine, 1mg/kg/min
- 16) You are caring for a 64 year old female with a chief complaint of heart palpitations. Her heart rate is 230, narrow complex, Blood pressure is 84/62, respiratory rate is unlabored at 22 breaths per minute, breath sounds are clear and equal in all fields, SPO₂ is 97% on room air and the temperature is 37⁰ C. While awaiting the arrival of the cardiac monitor/defibrillator you administer the correct dose of the correct drug for her condition. When this drug takes effect her heart rate slows to an irregular 34 beats per minute with QRS complexes < 8mm. There are no discernable P waves on the ECG tracing. What is the correct next action to take in her treatment?
- Administer a β -blocker or Calcium channel blocker
 - Administer 6mg Adenocard
 - Administer 300 mg Amiodarone
 - Administer 1 mEq/kg Sodium Bicarbonate
- 17) Vasopressin may be substituted for Epinephrine:
- Each and every dose
 - In lieu of the first or second dose only
 - Is never a substitute for Epinephrine
 - If you have administered the maximum quantity of Epinephrine
- 18) The correct dose of Vasopressin is:
- 1mg
 - 1mg/kg
 - 1 IU (international units)
 - 40 IU

19) Vasopressin is contraindicated or cautioned in:

- a) Asystole/PEA
- b) Patients with frequent PVC's
- c) Patients with vasodilatory shock
- d) After administration of Amiodarone

20) Morphine Sulfate is:

- a) The first drug administered to patients with angina
- b) May be cautiously administered to patients with angina unrelieved by three doses nitroglycerine
- c) May safely be administered to hypotensive ACS patients
- d) Is an highly effective vasodilator in treatment of severe hypertension

21) Which of the following drugs is **not** a Phosphodiesterase inhibitor?

- a) Viagra
- b) Cialis
- c) Losec
- d) Levitra

22) You are caring for a 55 year old, obese female with an history of NIDDM, poorly controlled hypertension and early stages of renal disease. She is a 66 pack/year smoker. Her chief complaint today is "heart burn that radiates to her left jaw. The "heart burn" is un changed by repositioning or the use of antacids. She is pale, cool and moist. Her Pulse is 88 and regular, BP = 188/110, RR = 18 and slightly labored. Lungs are clear with an SpO₂ = 93%. Peripheral edema measured at 1+. The temperature is 37.2⁰ C. BG = 84 You begin treating her for suspected ACS, order a 12 lead, administer O₂ via Nasal cannula at 4 l/min, 325 mg ASA. and .4 mg nitroglycerine spray. On reassessment her vital signs were unchanged except a BP of 128/94. What is your next intervention?

- a) Repeat nitroglycerine spray
- b) Bolus of normal saline
- c) 2 mg 20) Morphine Sulfate
- d) 25 gm D50

23) You are caring for a 33 year old male who complains of difficulty walking. As he approaches the triage desk he has right ankle drop and a noticeable associated limp. His speech is slurred, but his face appears symmetrical. He has difficulty signing your insurance forms. Your working diagnosis is acute stroke. You alert the stroke team and place the patient in a high acuity room. His VS are Pulse = 86 and irregular, BP = 188/110, RR 14, nonlabored with clear and equal breath sounds. SpO₂ = 97% on room air, temp. = 37.0⁰ C. Your first treatment should be:

- a) O₂, titrate to 100%
- b) 325 mg ASA to reduce clotting
- c) 10 mg Labetalol top treat HTN.
- d) 12 lead ECG to access irregular heart beat

- 24) Your patient is an 82 year old male who until today has been in excellent health, He takes no daily medications and has no relevant medical history. He came in complaining of severe crushing substernal chest pain. His 12 lead reveals S-T elevation leads v1, v2, v3, & v4 of 2 – 3 mm. His heart rate is 44. BP = 142/82, RR 14 and nonlabored with clear and equal lung sounds. SpO₂ = 97% on room air, temp. = 37.0o C. Your first treatment should be:
- a) O₂ titrate to >94% but < 100%
 - b) 0.4 mg nitroglycerine spray
 - c) 2 mg Morphine Sulfate
 - d) 325 mg ASA
- 25) A 78 year old woman is brought to you for care. Her son reports that she has had several episodes of syncope today and that her Atenolol which should have 7 pills remaining is empty. She has been depressed since the death of her husband. Her heart rate is sinus bradycardia at 38 beats/ minute. Her BP is 68/42, RR 18. Your first intervention should be:
- a) Draw labs for an Atenolol level
 - b) 0.5 – 1 mg Atropine every 3-5 minutes
 - c) 10 units Insulin
 - d) 25 gm. D 50