

1st

1. ECG: complete heart block
2. ECG: Afib
3. Palpitations in asthmatic patient and shown ECG of Afib, first line treatment? Diltiazim.
4. Time of switch in 2 person CPR: every 5 cycles.
5. Time to assess pulse before starting chest compressions: 10 sec.
6. Progressive prolongation of PR interval is seen in: mobitz type 1 heart block.
7. Management of Bradycardia with poor perfusion: prepare for transvenous pacing and give atropine and IV adrenaline while preparing.
8. First thing to look for on a bradychardia algorithm: perfusion (other choices: heart rate, rhythm, blood pressure..?)
9. Leads that represent anterior wall of myocardium: V3-V4.

10. Patient with chest pain and ST elevation on lead I, avL, V4-V6, affected wall of myocardium: lateral wall.

11. Chest pain, normal ECG and elevated troponin: NSTEMI.

12. Patient with palpitations and has pulse, ECG shown of Vtach, no loss of consciousness or chest pain, first step in management: amiodarone.

13. ECG shown of Vfib, first step in management: defibrillation.

14. Patient came with chest pain while he was working and relieved with rest, and then returns when he's back to work: angina.

15. Vertigo, dysarthria, weakness that resolves after 30 mins ? TIA of vertebrobasilar.

16. Left hand weakness, pronator drift, no sensory loss, location of lesion: right frontal lobe (other choices: left cerebellum,

right cerebellum, right parietal, left parietal).

17. Severe sudden headache, photosensitivity, vomiting, neck stiffness, bp 190/110, first line treatment: nicardipine (other choices: ceftriaxone, ketorolac, platelets, vitamin K).

18. First line treatment of bradycardia: atropine.

19. Patient with apnea and loss of consciousness, ECG shown of vfib, sequence of management: chest compression, defibrillation, invasive airway.

Emergency 2nd

Lejan Aldofaat

1) The ideal time period after ER presentation within which percutaneous coronary angioplasty (PCI) should be performed in a patient with STEMI is:

- A) 15 minutes
- B) 30 minutes
- C) 60 minutes
- D) 90 minutes

Answer: D? (The answer is supposed to be 90 minutes. I'm not sure if the doctor mentioned different numbers during the lecture).

2) The chest compression to rescue breath ratio in a pediatric patient during CPR is:

- A) 15:2
- B) 15:3
- C) 30:2
- D) 30:3

Answer: A

3) An unresponsive patient with ventricular fibrillation received a shock and the ECG

rhythm converted into third degree AV block. What is the next most appropriate step in management?

- A) High dose epinephrine
- B) Transcutaneous pacing
- C) Defibrillation
- D) Amiodarone

Answer: B?

Debate over A or B. (Note: The question did not specify whether the pulse had returned after conversion to AV block)

4) Choose the correct steps of basic life support (BLS):

- A) Assess the victim, activate EMS and bring AED, perform chest compressions, rescue breaths
- B) Assess the victim, perform chest compression, rescue breathe, defibrillation

Answer: A

5)The most appropriate management for pulseless electrical activity:

- A) Amiodarone
- B)Epinephrine
- C) Beta blocker
- D) Atropine

Answer: B

6)In two-rescuer CPR, when do the two rescuers switch turns in performing chest compressions?

- A) After 1 cycle of CPR
- B)After 2 cycles of CPR
- C) After 5 cycles of CPR
- D) After 10 cycles of CPR

Answer: C

7) When giving rescue breaths to an apneic patient with a pulse, when should you re-check the pulse?

- A) Every 10 seconds
- B) Every minute
- C) Every 2 minutes
- D) Every 5 minutes

Answer: C

8) A patient with a history of diabetes and hypertension presented with vertigo, double vision and difficulty speaking. The symptoms shortly resolved afterwards (within an hour or two?). The most likely diagnosis and the affected vessel are:

- A) Embolic stroke - Middle cerebral artery
- B) Thrombotic stroke - Middle cerebral artery
- C) TIA - vertebrobasilar artery
- D) TIA - middle cerebral artery

E) Thrombotic stroke - Anterior cerebral artery

Answer: C

9)An old female patient was at the grocery store when she experienced chest pain that radiated to her left arm. She also reported diaphoresis. At the emergency department, an ECG was performed. (An ECG was shown. Findings included ST elevation in leads II, III and aVF). The most likely location for the patient's MI is:

A) Anterolateral

B)Septal

C) Inferior

D) Posterior

Answer: C

10)The exact same question stem as in

question 9, but a different ECG was shown. (ECG findings included ST elevations in leads I, aVL, V3, V4, V5 and V6). The most likely location for the patient's MI is:

- A) Anterolateral
- B) Septal
- C) Inferior
- D) Posterior

Answer: A

11) Description of a patient with STEMI.

The definitive management is:

- A) Percutaneous angioplasty

Answer: A

12) A nurse was connecting a patient to a monitor to keep track of his vitals when the patient suddenly became unresponsive. His ECG was shown (ECG

showed ventricular fibrillation). The most appropriate next step in management is:

- A) Wait a few minutes to see if the patient wakes up on his own
- B) Synchronized DC shock (100 j)
- C) Defibrillation (200 j)
- D) Epinephrine
- E) Amiodarone

Answer: C

13) Description of a patient who presented to the ER with palpitations. The patient was stable and there was no chest pain/ signs of heart failure. His heart rate was 130. His ECG was shown (Findings: Atrial flutter). The best next step in management is:

- A) Adenosine
- B) Synchronized DC shock
- C) Beta blocker

Answer: C

14) A young patient (teenager) was brought to the ER after he collapsed while playing football. His ECG was shown. (It showed Torsades de Pointes). The rhythm shown is consistent with which arrhythmia:

- A) SVT
- B) Atrial fibrillation
- C) Wolff-Parkinson-White syndrome
- D) Torsades de Pointes

Answer: D

15) An 85-year-old female patient who was previously healthy presented with recurrent syncopal episodes, the last of which was an hour ago. An ECG was shown. What type of block does she have?

High-grade AV Block aka Advance AV Block



ECG Recognition:

- During sinus rhythm, when 2 or more P waves are not conducted the term given is advanced or high-grade AV block.
- The QRS may be wide or narrow.
- This is a clinically concerning variant of Mobitz II and often implies advanced conduction disease and may progress to complete heart block.

- A) First degree AV block
- B) Mobitz type 1
- C) Mobitz type 2
- D) Complete heart block

Answer: Debate over C and D.

Most probably C?

Image of a similar ECG will be attached in a separate comment.

16) A patient with diabetes, hypertension and hypercholesterolemia presented to the ER with chest pain that radiates to his left arm. His ECG showed T wave inversions in the lateral leads (There was no ECG

picture in this question. The question stated the findings in the question stem).

The best next step in management is:

A) Call cardiology and arrange for immediate PCI

B) Connect him to a cardiac monitor and administer aspirin and nitroglycerin

Answer: B

17) A question about the management of asystole:

Answer: Administer epinephrine

18) A question about management of a patient with STEMI. Choose the best next step among the following:

A) Transfer to a hospital with fibrinolysis capabilities only (no PCI), 15 minutes away

B) Transfer to a hospital with PCI capabilities only, 15 minutes away

Answer: B

19) A patient with Ehlers-Danlos syndrome presented with a headache, stiff neck, photosensitivity and nausea. The next most appropriate medication to administer is:

- A) Nicardipine
- B) Ceftriaxone
- C) Beta blocker

Answer: A

20) A patient with an SVT who was unstable. Next step in management: synchronized cardioversion.

Emergency 3rd mafe

Emergency 4th

Q1: All of the following are contraindications to thrombolysis therapy EXCEPT:

- A. The patient presented with weakness, but was noticed 5 hours ago by his spouse to be normal
- B. INR >1.7
- C. Platelets <150
- D. Active bleeding
- E. MCA territory of ischemic stroke is $>1/3$

Answer: C

Q2: After finding an unresponsive child, yelling for help, & confirming the child isn't breathing, what would be your next course of action?

- A. Leave the child & search for an AED
- B. Deliver rescue breaths as most cardiac

arrest occur due to breathing problems

C. Begin back blows & chest thrusts

D. Deliver 30 chest compressions

E. Start Heimlich maneuver

Answer: D

Q3:

While performing CPR on an infant, another rescuer appears on the scene, what do you do next?

A. Immediately transport the patient

B. Wait until exhausted, then switch

C. Have the second rescuer help with CPR, to minimize fatigue

D. Have the second rescuer begin ventilations; ratio 30:2

E. Ask the second rescuer to call for help

Answer: E or C?

Q4: After finding someone who is unresponsive, has a pulse but does not appear to be breathing, you find you are unable to give them CPR, what do you do next?

- A. Begin CPR
- B. Repeat the head tilt/chin lift maneuver & attempt the breath again
- C. Abdominal thrusts
- D. Heimlich maneuver
- E. Leave the child & search for an AED

Answer: B

Q5: Arriving first to the scene, you find an unresponsive person with no pulse that has thrown up. You feel CPR is not something you are comfortable giving them. What would be the next best thing for you to do?

- A. Wipe off the face or cover with a shirt
- B. Compression only CPR
- C. Go & get help
- D. Do not initiate resuscitation
- E. One last choice that made no sense

Answer: B

Q6: What's the diagnosis depending on this ECG strip?

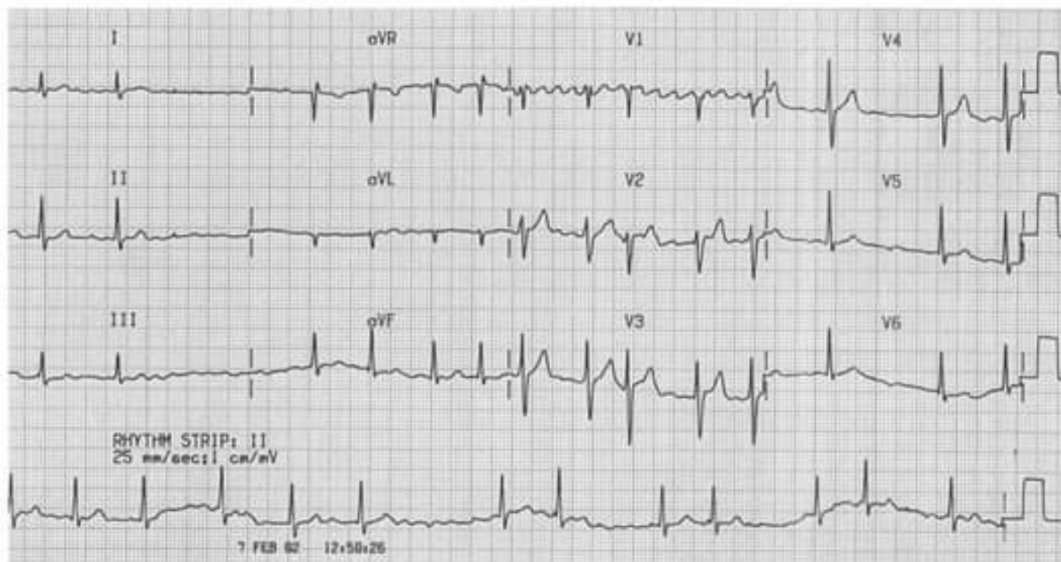


- A. Normal ECG
- B. First degree heart block
- C. Second degree heart block
- D. Atrial flutter
- E. Atrial fibrillation

Answer: A

(The P-R interval was slightly less than 0.2, so one might think it's a first degree block, but it was not)

Q7: A 73-year-old ICU patient who became unresponsive. An ECG was done, this is his ECG strip. His blood pressure was 70/40.



What's the best next step for management?

- A. Cardioversion with 50 Joules
- B. Adenosine 6mg
- C. Amiodarone 300mg
- D. Diltiazem 0.25mg

E. Lidocaine 100mg

Answer: A

Q8: Which of the following is true about this ECG strip?



- A. It shows pathological Q wave in the chest leads
- B. It shows ECG changes of a lateral MI
- C. It shows ECG changes of an anterior MI
- D. It shows ECG changes of an inferior MI
- E. I don't know, didn't even read this far 🙅🏻

Answer: D

Q9:A stroke patient presented with

intention tremor, dysdiadochokinesia, nystagmus, ataxia, & contralateral motor deficit. Which artery is affected in this patient?

- A. Anterior cerebral artery
- B. Middle cerebral artery
- C. Posterior cerebral artery
- D. Vertebrobasilar artery
- E. External carotid artery

Answer: D

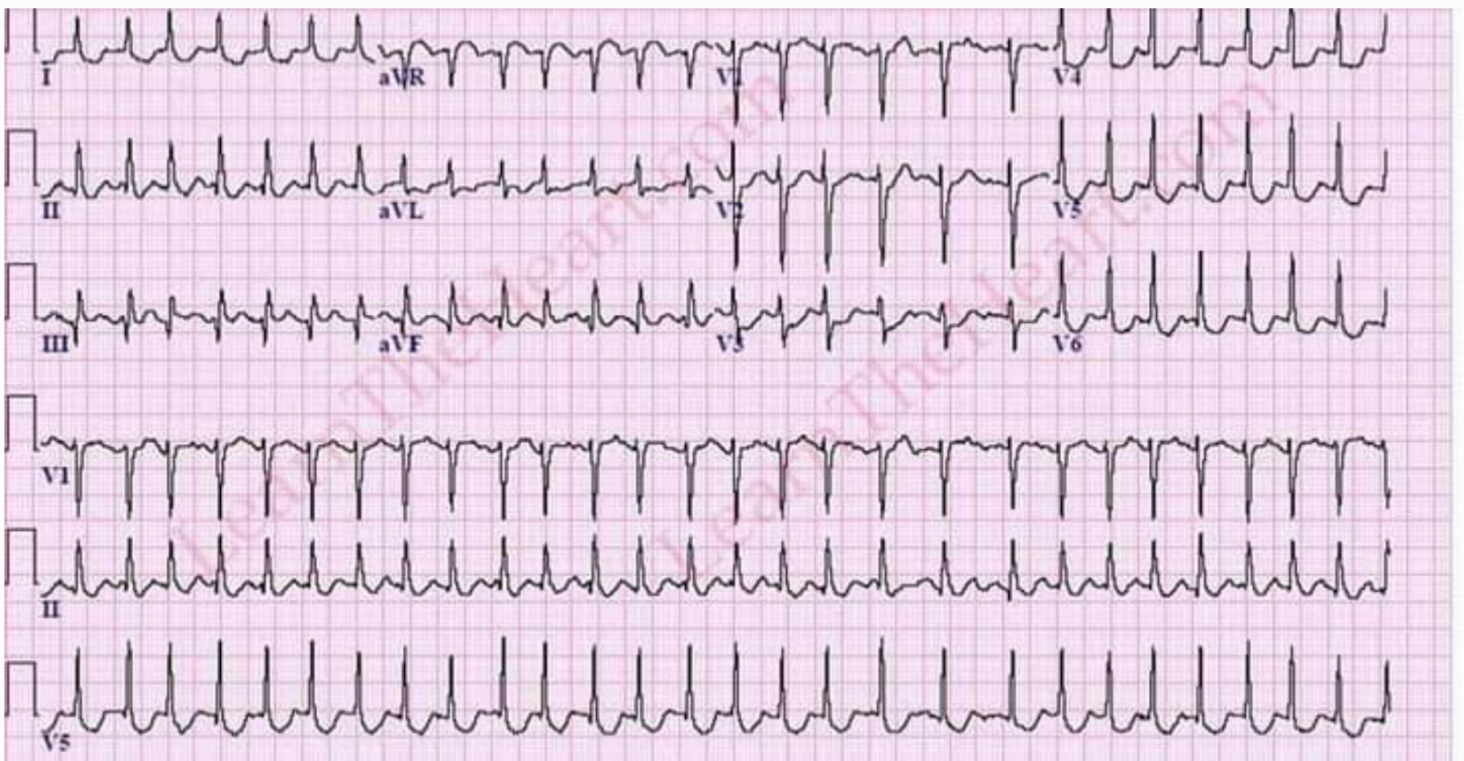
Q10: You're assessing a patient's Glasgow Coma Scale at the bedside. What is the patient's score based on these findings: When you arrive to the patient's bedside the patient's eyes are closed, but they open when you speak to the patient. The patient doesn't respond appropriately to questions asked & says words that don't make

sense. In addition, the patient can't obey a motor command. Therefore, when you apply a central stimulus the patient moves to locate & remove the stimulus.

- A. E3 V4 M5
- B. E2 V4 M2
- C. E3 V3 M5
- D. E3 V3 M4
- E. E3 V3 M3

Answer: C

Q11: A 55-year-old asthmatic patient who presented with the feeling that her heart is racing. An ECG was done & this is her ECG strip. She's stable. What's the best next step for management?



- A. Diltiazem
- B. Amiodarone
- C. Cardioversion
- D. Adenosine
- E. Atropine

Answer: A

Emergency 7th

1. Case with patient who has family history of his father's early death with ecg like the following (answer: torsade de pointes)

2. Patient who is unresponsive and has vomited, you are not comfortable performing CPR. (answer: administer chest compression CPR only)
3. Unresponsive patient, next best step (answer: call for help)
4. Ecg showing Lbbb + atrial fibrillation
5. 90yr old patient with unknown medical history and dysarthria only, next best step (answer: Glucocheck)
6. Old patient who is stable with SVT, treatment? (answer: carotid massage)
7. CPR to unstable patient who became stable and rhythm reverted to complete heart block, next best step? (answer: Transcutaneous pacer)
8. STEMI gold standard treatment (answer: PCI within 90 minutes)
9. You're in an ambulance, patient with STEMI, best treatment? Fibrinolytics within 15 minutes, go to nearest hospital

with CABG capacity, PCI with fibrinolytics within 15 minutes, PCI within 15 minutes (answer: PCI within 15 minutes)

10. Stroke, not a candidate for thrombolytics: (answer: High blood pressure)

11. Best order for CPR: (answer: Assess patient, Call EMS and bring AED, Check Pulse, Chest Compressions)

12. ECG with ST elevation in leads II, III, aVF (answer: Inferior STEMI)

13. ECG with ST elevation in leads V3-V6, lead I, aVL (answer: anterolateral STEMI)

14. Unresponsive patient who developed shockable rhythm, best treatment? (answer: synchronised cardio version)

15. Patient with pulseless electrical activity, treatment? (answer: Epinephrine)

16. Paediatric patient with 2 rescuers who needs CPR, which cycle should be used: 30:2, 15:2, 30:4, 15:4 (answer: 15:2)

17. ECG showing ventricular tachycardia, stable patient. Best treatment? (answer: Amiodarone)

18. How long should you stop CPR to check the patient's breathing? You shouldn't stop to check, 5 seconds, 20 seconds, no more than 10 seconds (answer: no more than 10 seconds)

19. Best treatment for cardiac arrest (answer: Early defibrillation)

20. When to switch rescuers during CPR? (answer: After the 5th cycle)

1. ECG: complete heart block
2. ECG: Afib
3. Palpitations in asthmatic patient and shown ECG of Afib, first line treatment? Diltiazim.
4. Time of switch in 2 person CPR: every 5 cycles.
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6. Progressive prolongation of PR interval is seen in: mobitz type 1 heart block.
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1)The ideal time period after ER presentation within which percutaneous coronary angioplasty (PCI) should be performed in a patient with STEMI is:

A) 15 minutes

B)30 minutes

C) 60 minutes

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Answer: D? (The answer is supposed to be 90 minutes. I'm not sure if the doctor mentioned different numbers during the lecture).

2)The chest compression to rescue breath ratio in a pediatric patient during CPR is:

A) 15:2

B)15:3

C) 30:2

D) 30:3

Answer: A

3)An unresponsive patient with ventricular fibrillation received a shock and the ECG rhythm converted into third degree AV block. What is the next most appropriate step in management?

A) High dose epinephrine

B)Transcutaneous pacing

C) Defibrillation

D) Amiodarone

Answer: B?

Debate over A or B. (Note: The question did not specify whether the pulse had returned after conversion to AV block)

4)Choose the correct steps of basic life support (BLS):

A) Assess the victim, activate EMS and bring AED, perform chest compressions, rescue breaths

B)Assess the victim, perform chest compression, rescue breathe, defibrillation

Answer: A

5)The most appropriate management for pulseless electrical activity:

A) Amiodarone

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6)In two-rescuer CPR, when do the two rescuers switch turns in performing chest compressions?

- A) After 1 cycle of CPR
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Answer: C

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Answer: C

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10) The exact same question stem as in question 9, but a different ECG was shown. (ECG findings included ST elevations in leads I, aVL, V3, V4, V5 and V6). The most likely location for the patient's MI is:

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After finding an unresponsive child, yelling for help, & confirming the child isn't breathing, what would be your next course of action?

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- B. Deliver rescue breaths as most cardiac arrest occur due to breathing problems
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- E. Start Heimlich maneuver

Answer: D

While performing CPR on an infant, another rescuer appears on the scene, what do you do next?

- A. Immediately transport the patient
- B. Wait until exhausted, then switch
- C. Have the second rescuer help with CPR, to minimize fatigue
- D. Have the second rescuer begin ventilations; ratio 30:2
- E. Ask the second rescuer to call for help

Answer: E or C?

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- C. Go & get help
- D. Do not initiate resuscitation
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Answer: B



Ahmad Adel

What's the diagnosis depending on this ECG strip?

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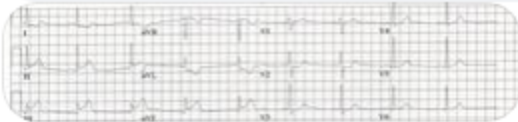


Ahmad Adel

Which of the following is true about this ECG strip?

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- B. It shows ECG changes of a lateral MI
- C. It shows ECG changes of an anterior MI
- D. It shows ECG changes of an inferior MI
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Answer: D



Like Reply 10w Edited



Ahmad Adel

A stroke patient presented with intention tremor, dysidiadochokinesia, nystagmus, ataxia, & contralateral motor deficit. Which artery is affected in this patient?

- A. Anterior cerebral artery
- B. Middle cerebral artery
- C. Posterior cerebral artery
- D. Vertebrobasilar artery
- E. External carotid artery

Answer: D

Like Reply 10w





Ahmad Adel

You're assessing a patient's Glasgow Coma Scale at the bedside. What is the patient's score based on these findings:

When you arrive to the patient's bedside the patient's eyes are closed, but they open when you speak to the patient. The patient doesn't respond appropriately to questions asked & says words that don't make sense. In addition, the patient can't obey a motor command. Therefore, when you apply a central stimulus the patient moves to locate & remove the stimulus.

- A. E3 V4 M5
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Answer: C



Ahmad Adel

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- B. Amiodarone
- C. Cardioversion
- D. Adenosine
- E. Atropine

Answer: A





Ahmad Adel

A 75-year-old patient who became unresponsive, was brought to the ER but regained consciousness & is now feeling better. He's hypertensive & takes amlodipine. He's not complaining of anything but his heart rate is 35 BPM with the following ECG. What's the best next step?

- A. Amiodarone
- B. Stop amlodipine & arrange for a temporary pacemaker
- C. Isoprenaline infusion
- D. Manage as inpatient with a permanent pacemaker
- E. Stop amlodipine & admit for 24-hour cardiac monitoring

Answer: D

(Please bear with me. This is a third degree block, NOT a second degree block type 2, the P-R intervals are NOT equal)





Ahmad Adel

A very long case of a female patient who presented to the ER with chest pain for 1 hour. An ECG was done & she was diagnosed with STEMI. The question asked for the best treatment option?

- A. Aspirin & PCI
- B. Aspirin & thrombolysis
- C. Aspirin alone
- D. Pacemaker
- E. Something that didn't make sense

Answer: A

Like Reply 10w



Ahmad Adel

Which of the following is wrong about STEMI?

- A. If O₂ saturation is >98%, don't give oxygen
- B. Aspirin is given to all the patients in the ER
- C. Wait for biomarkers before you start treatment
- D. Other 2 options that were obviously correct

Answer: C



Ahmad Adel

Which artery is affected depending on the following ECG panel?

- A. Left circumflex artery
- B. Left marginal artery
- C. Left main stem
- D. Left anterior descending artery
- E. Right coronary artery

Answer: D



Like Reply 10w Edited





Ahmad Adel

How long should you check for breathing while performing CPR?

- A. Do not check for breathing, continue chest compressions
- B. 2 seconds
- C. 3 seconds
- D. 5 seconds
- E. No longer than 10 seconds

Answer: E

Like Reply 10w



Ahmad Adel

Which of the following is wrong about CPR?

- A. Push 2 inches deep
- B. Minimize interruptions
- C. 30:2 ratio
- D. Allow for partial recoil
- E. One last thing that was clearly correct

Answer: D

Like Reply 10w



Ahmad Adel

All of the following are contraindications to thrombolysis therapy EXCEPT: (Yes, again)

- A. Brain tumour
- B. BP >180/110
- C. Previous stroke
- D. & 2 other contraindications

Answer: A

Like Reply 10w



Jihad Khader

Ahmad Adel

المفروض B

Like Reply 1w

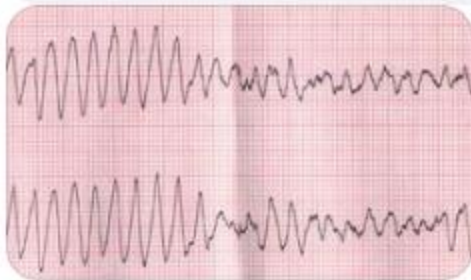


Ahmad Adel

An ICU patient who became unresponsive, he was found to have no pulse & he's not breathing. An ECG was done & showed the following. What's the best next step for management?

- A. Amiodarone
- B. Cardioversion
- C. Epinephrine
- D. Defibrillation
- E. Secure the patient's airways

Answer: D



Like Reply 10w Edited



1. Case with patient who has family history of his father's early death with ecg like the following (answer: torsade de pointes)
2. Patient who is unresponsive and has vomited, you are not comfortable performing CPR. (answer: administer chest compression CPR only)
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9. You're in an ambulance, patient with STEMI, best treatment? Fibrinolytics within 15 minutes, go to nearest hospital with CABG capacity, PCI with fibrinolytics within 15 minutes, PCI within 15 minutes (answer: PCI within 15 minutes)
10. Stroke, not a candidate for thrombolytics: (answer: High blood pressure)
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17. ECG showing ventricular tachycardia, stable patient. Best treatment? (answer: Amiodarone)
18. How long should you stop CPR to check the patient's breathing? You shouldn't stop to check, 5 seconds, 20 seconds, no more than 10 seconds (answer: no more than 10 seconds)
19. Best treatment for cardiac arrest (answer: Early defibrillation)
20. When to switch rescuers during CPR? (answer: After the 5th cycle)

Question about: Torsades de pointes

- ECG : A.fib
- ECG : second degree AV block (mobitz 2) هيئك انا جاوبتها
- time to assess pulse before starting chest compression : 10 s
- Management of Bradycardia with poor perfusion: prepare for transvenous pacing and give atropine and IV adrenaline while preparing.
- anterior MI : look for V3,4
- Vertigo, dysarthria, weakness that resolves after 30 mins ? TIA of vertebrobasilar.
- Patient with chest pain and ST elevation on lead I, aVL, V4-V6, affected wall of myocardium: lateral wall.
- Description of a patient who presented to the ER with palpitations. The patient was stable and there was no chest pain/signs of heart failure. His heart rate was 130. His ECG was shown (Findings: Atrial flutter). The best next step in management is: Beta blocker
- The chest compression to rescue breath ratio in a pediatric patient during CPR is: 15:2
- An unresponsive patient with ventricular fibrillation received a shock and the ECG rhythm converted into third degree AV block. What is the next most appropriate step in management? Transcutaneous pacing
- Vertigo, dysarthria, weakness ? TIA of vertebrobasilar.
- A stroke patient presented with intention tremor, dysidiadochokinesia, nystagmus, ataxia, & contralateral motor deficit. Which artery is affected in this patient? Vertebrobasilar artery
- A nurse was connecting a patient to a monitor to keep track of his vitals when the patient suddenly became unresponsive. His ECG was shown (showed ventricular fibrillation). The most appropriate next step in management is: Defibrillation
- The most appropriate management for pulseless electrical activity: Epinephrine
- A patient with diabetes, hypertension and hypercholesterolemia presented to the ER with chest pain that radiates to his left arm. His ECG showed T wave inversions in the lateral leads. The best next step in management is: Connect him to a cardiac monitor and administer aspirin and nitroglycerin
- Patient with apnea and loss of consciousness, ECG shown of vfib, sequence of management: chest compression, defibrillation, invasive airway.