- Answer question as T for true or F for false
- It is an open book MCQ
- ***Attendance of the course will depend on earlier to come with the solved pre-course MCQ***.

Name:

		T	F
1	*To confirm Cardiac arrest:*		
a.	Check the monitor for abnormal rhythm	☐	☐
b.	Shake the patient to make sure s/he is unconscious	☐	☐
c.	Touch and shout to stimulate the patient	☐	☐
d.	You must check breathing and radial pulse	☐	☐
2	*In cardiac arrest:*		
a.	Confirm cardiac arrest, start immediate chest compression with minimal interruption.	☐	☐
b.	Confirm cardiac arrest, call for help, start chest compression.	☐	☐
c.	Once VF is recognized a shock must be delivered with minimal interruption of chest compression.	☐	☐
d.	Chest compression should never be interrupted even for rescue breaths.	☐	☐
3	*High quality chest compression:*		
a.	Compression recoil ration is 50:50	☐	☐
b.	Rate is 100-120 per minute	☐	☐
c.	Depth is 5-6 cm	☐	☐
d.	Chest compression to breathing ration is 30:2 after ETT is introduced	☐	☐
4	*Regarding defibrillation:*		
a.	Pads are safer than paddles.	☐	☐
b.	First shock is 360 J using a biphasic defibrillator.	☐	☐
c.	Do not interrupt chest compression to deliver the shock.	☐	☐
d.	It is indicated once shockable rhythm is recognized.	☐	☐
5	*In hospitalized patients:*		
a.	Cardiac arrest is often sudden and unexpected.	☐	☐
b.	End Tidal CO2 is only used after return of spontaneous circulation.	☐	☐
c.	Pulse oximetry is a reliable monitor of ventilation.	☐	☐
d.	12-lead ECG must be done in every patient.	☐	☐

6 *Regarding intra-hospital cardiac arrest:*

a. Most of the survivors are witnessed monitored cardiac arrest with VF rhythm. ☐ ☐

b. Most of cardiac arrest cases are of shockable rhythm. ☐ ☐

c. It is impossible to diagnose cardiac arrest in intubated ventilated patients. ☐ ☐

d. Urine output is an essential monitor during management of cardiac arrest. ☐ ☐

7 *Early warning scoring system:*

a. Is better preserved for really ill patients. ☐ ☐

b. Constitutes the third ring in the chain of survival. ☐ ☐

c. Uses the patients' observations and vital signs to calculate the score. ☐ ☐

d. The frequency of observation depends on the early warning score. ☐ ☐

8 *Medical emergency team MET calling criteria:*

a. Are all cases of bradycardia and tachycardia with pulse rate less than 50 or above 100 per minute. ☐ ☐

b. Sudden decrease in GCS of more then 2. ☐ ☐

c. Threatened airway. ☐ ☐

d. Whenever you feel concerned about a patient. ☐ ☐

9 *According to ALS algorithm:*

a. Adrenaline 1 mg is given i.v. every cycle. ☐ ☐

b. Amiodarone is administered after the third shock with adrenaline. ☐ ☐

c. Hypoxia should be treated by O2 of no more than 60%. ☐ ☐

d. It is safe to discharge the patient if circulation returns after a brief period of cardiac arrest. ☐ ☐

10 *During management of cardiac arrest:*

a. Cardiac tamponade is suspected in cases of chest trauma and post open-heart surgery. ☐ ☐

b. Colloids are better than crystalloid to manage hypotension. ☐ ☐

c. End tidal CO2 is an important monitor that can be applied to the endotracheal tube. ☐ ☐

d. Chest compression should be resumed immediately after chest compression unless there is a change in rhythm. ☐ ☐