PLATINUM CARDIAC PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **Which single assessment will determine your course of treatment for a patient with chest pain?**

   A. Blood pressure

   B. Pulse oximetry

   C. Last oral intake

   D. Current medications

2. **In a bus station scenario, where a homeless man becomes unresponsive with no pulse, which action would be appropriate?**

   A. Begin resuscitation and ask for an AED.

   B. Place in recovery position.

   C. Check pulse for 10 seconds.

   D. Wait for EMS to arrive.

3. **Your patient is an 85-year-old male with a long cardiac history. During chest pain, the pulse falls to 48. What would you expect to find as a result of this slowing of the pulse?**

   A. Reduced cardiac output.

   B. Increased blood pressure.

   C. Increased heart rate.

   D. Improved cerebral perfusion.

4. **Women with heart attack often report which non-chest symptom?**

   A. Unusual fatigue

   B. Chest pain

   C. Shortness of breath

   D. Arm numbness

5. **Which medication is commonly used to relieve chest pain due to angina when appropriate for a patient?**

   A. Acetaminophen

   B. Nitroglycerin

   C. Ibuprofen

   D. Lisinopril

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6. In a newborn, which finding indicates an immediate need for chest compressions?

A. Blood pressure less than 50 systolic.

B. Heart rate less than 60.

C. Respiratory rate less than 30.

D. Heart rate less than 100.

7. According to the 2020 AHA Guidelines, the proper depth of compression for an adult victim of cardiac arrest is:

A. 2-3 cm

B. 3-4 cm

C. 5-6 cm

D. 7-8 cm

8. What is the consequence of stopping chest compressions to check for a pulse immediately after delivering a shock?

A. It delays restarting CPR

B. It has no effect

C. It improves survival

D. It ensures perfusion

9. Which symptom would lead you to suspect that a stroke is continuing to worsen in a patient with slurred speech and left body paralysis?

A. A radiating pain to the jaw and down the left arm

B. Sudden improvement in speech

C. Decreased facial droop

D. Normal gait

10. You observe a patient taking nitroglycerin during an attack of severe chest pain. The patient's blood pressure has been normal up to this point. Now the patient reports a hot face and a headache. These new symptoms would lead you to believe that the patient:

A. Orthostatic hypotension

B. Nausea

C. Flushing and headache

D. Side effects of nitroglycerin

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Answers

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1. A
2. A
3. A
4. A
5. B
6. B
7. C
8. A
9. A
10. D

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Explanations

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1. Which single assessment will determine your course of treatment for a patient with chest pain?

A. Blood pressure

B. Pulse oximetry

C. Last oral intake

D. Current medications

The main concept here is how hemodynamic status, especially blood pressure, drives immediate treatment decisions in chest pain. Blood pressure directly reflects perfusion and stability of the patient. If the reading is too low, it signals possible shock and can contraindicate certain therapies (for example, nitrates or overly aggressive vasodilators) and may push you toward fluids or vasopressors. If it's high, it flags potential hypertensive emergencies or competing diagnoses that alter your approach, such as rapid blood pressure control or imaging considerations. In contrast, while pulse oximetry, last oral intake, and current medications provide useful context, none singlehandedly dictates the initial treatment path as clearly as the blood pressure does.

2. In a bus station scenario, where a homeless man becomes unresponsive with no pulse, which action would be appropriate?

A. Begin resuscitation and ask for an AED.

B. Place in recovery position.

C. Check pulse for 10 seconds.

D. Wait for EMS to arrive.

When an adult is unresponsive and has no pulse, the immediate priority is to restore circulation. You start CPR right away to keep blood flowing to the brain and heart, and you bring in an AED as soon as one is available to analyze the heart rhythm and deliver a shock if it's needed. This combination—compressions to maintain perfusion plus defibrillation when appropriate—has the strongest impact on survival. Why other actions aren't best here: placing someone in recovery position is for an unresponsive person who is breathing normally to keep the airway open; it does not restart circulation, so it's not appropriate when there is no pulse. checking for a pulse for a short time can waste precious seconds; if you're unsure or there's no pulse, you should start CPR rather than delay to confirm the pulse. waiting for EMS to arrive before acting would miss the critical window where CPR and defibrillation can make the difference. So the best action is to begin resuscitation immediately and obtain an AED to apply as soon as possible.

3. Your patient is an 85-year-old male with a long cardiac history. During chest pain, the pulse falls to 48. What would you expect to find as a result of this slowing of the pulse?

A. Reduced cardiac output.

B. Increased blood pressure.

C. Increased heart rate.

D. Improved cerebral perfusion.

Cardiac output depends on heart rate and stroke volume, so a slower heart rate reduces output unless stroke volume rises enough to compensate. When the pulse drops to 48, the amount of blood pumped per minute typically falls, especially in an elderly patient with long-standing heart disease where the heart's ability to increase stroke volume is limited. This drop in cardiac output tends to lower blood pressure and perfusion to organs, including the brain. So the expected finding is reduced cardiac output. The other possibilities don't fit: blood pressure would more likely fall rather than rise; the heart rate would not increase in this scenario; cerebral perfusion would not be improved with a lower CO.

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4. Women with heart attack often report which non-chest symptom?

A. Unusual fatigue

B. Chest pain

C. Shortness of breath

D. Arm numbness

Women with heart attack often present with symptoms that aren't the classic chest pressure. Unusual fatigue is a very common non-chest symptom reported by women during an acute coronary event, sometimes described as overwhelming tiredness, weakness, or a sense of being drained, even when there isn't obvious chest pain. This pattern helps explain why recognizing heart attack in women can be more challenging if we focus only on chest discomfort. Shortness of breath and arm numbness can occur, but they are less consistently reported as the presenting symptom than fatigue, and chest pain itself is a chest-related symptom rather than a non-chest one. So, the best answer reflects the typical non-chest presentation in women during a heart attack.

5. Which medication is commonly used to relieve chest pain due to angina when appropriate for a patient?

A. Acetaminophen

B. Nitroglycerin

C. Ibuprofen

D. Lisinopril

Relieving chest pain from angina relies on rapidly reducing the heart's oxygen demand and/or improving blood flow to the heart muscle. Nitroglycerin does this quickly by turning into nitric oxide, which mostly dilates veins. This venodilation lowers preload and consequently the wall stress and oxygen demand of the heart. With less demand and improved blood flow, the angina pain often eases within minutes after a sublingual dose. Its rapid onset and targeted effect make it the standard choice for acute angina relief when there are no contraindications. Acetaminophen and ibuprofen address general pain or inflammation but don't improve coronary blood flow or rapidly reduce myocardial oxygen demand. Lisinopril lowers blood pressure and afterload over time, but it isn't used for immediate relief of acute angina.

6. In a newborn, which finding indicates an immediate need for chest compressions?

A. Blood pressure less than 50 systolic.

B. Heart rate less than 60.

C. Respiratory rate less than 30.

D. Heart rate less than 100.

In neonatal resuscitation, the immediate need for chest compressions is prompted by a heart rate below 60 beats per minute after you have established effective ventilation. A newborn's heart rate at birth is typically 120–160, so when it drops below 60, perfusion to vital organs is severely compromised and pressures the need to provide circulatory support. Chest compressions help generate forward blood flow and improve oxygen delivery while ventilation is ongoing; if the heart rate remains under 60 despite adequate ventilation, you continue compressions (usually with a 3:1 compression-to-ventilation ratio) until the heart rate rises above 60 and perfusion improves. Blood pressure readings aren't used as the immediate trigger for start of compressions, and a respiratory rate under 30 signals respiratory distress but does not by itself mandate chest compressions.

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7. According to the 2020 AHA Guidelines, the proper depth of compression for an adult victim of cardiac arrest is:

A. 2-3 cm

B. 3-4 cm

C. 5-6 cm

D. 7-8 cm

High-quality CPR relies on turning enough force into forward blood flow. For adults, the guideline directs you to depress the chest to a depth around five to six centimeters. This depth is deep enough to effectively compress the heart and generate enough coronary and cerebral perfusion, but not so deep that it greatly increases the risk of injury. If the compressions are too shallow, perfusion pressure stays too low and outcomes worsen; if they're too deep, the chance of rib or internal injury rises without providing extra benefit. Keeping within roughly five to six centimeters optimizes balance between effective blood flow and safety, while also allowing the chest to recoil fully between compressions and maintaining the recommended rate of compressions.

8. What is the consequence of stopping chest compressions to check for a pulse immediately after delivering a shock?

A. It delays restarting CPR

B. It has no effect

C. It improves survival

D. It ensures perfusion

The situation tests the importance of minimizing interruptions to chest compressions during CPR. After a defibrillation, the priority is to resume high-quality chest compressions immediately. Pausing to check for a pulse right away creates a delay before CPR continues, and those extra seconds significantly reduce coronary and cerebral perfusion. In a shockable, pulseless scenario, a pulse is often unreliable to detect, so delaying to check for one does more harm than good. The result is a lower chance of return of spontaneous circulation and worse survival outcomes. In contrast, continuing compressions maintains perfusion pressure, which is why stopping for a pulse check is considered a detrimental delay.

9. Which symptom would lead you to suspect that a stroke is continuing to worsen in a patient with slurred speech and left body paralysis?

A. A radiating pain to the jaw and down the left arm

B. Sudden improvement in speech

C. Decreased facial droop

D. Normal gait

In stroke care, new or worsening symptoms signal that the patient isn't stabilizing and may be deteriorating. Radiating chest or jaw pain with left arm involvement points to an acute coronary syndrome or other cardiac event. In a patient with ongoing stroke symptoms, a fresh cardiac issue can worsen overall perfusion and complicate management, making the stroke heavier and more likely to progress. This kind of new systemic symptom would prompt immediate evaluation and treatment to address both the cardiac problem and the evolving neurologic injury. The other options reflect improvement or no new deficit—sudden improvement in speech, decreased facial droop, and a normal gait—so they don't indicate progression of the stroke.

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10. You observe a patient taking nitroglycerin during an attack of severe chest pain. The patient's blood pressure has been normal up to this point. Now the patient reports a hot face and a headache. These new symptoms would lead you to believe that the patient:

A. Orthostatic hypotension

B. Nausea

C. Flushing and headache

D. Side effects of nitroglycerin

The main idea is recognizing the common adverse effects of nitroglycerin. Nitroglycerin causes vasodilation, first of the veins and then the arteries, which lowers preload and can trigger dilation of cerebral and facial vessels. That vasodilation often produces a headache and facial flushing or a hot sensation in the face. So when a patient on nitroglycerin reports a hot face and a headache, these symptoms are best understood as side effects of the medication rather than signs of a new problem like orthostatic hypotension or nausea. Orthostatic hypotension would typically involve lightheadedness or dizziness with a drop in blood pressure upon standing, which isn't described here. Nausea isn't the hallmark reaction to nitroglycerin, whereas flushing and headache are classic due to vascular dilation. Describing the situation as side effects of nitroglycerin captures both symptoms as expected drug-related effects. If headaches are troublesome or blood pressure starts to drop, reassess dosing or use caution with other medications that can enhance nitro's effects.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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