RED CROSS ADVANCED LIFE SUPPORT (ALS) 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. After administering amiodarone, what should the team do at the next rhythm check?

A. Check for a pulse

B. Prepare for another shock

C. Wait for two additional minutes

D. Start administering CPR again

2. In evaluating signs of stroke, which of the following is NOT typically considered a warning sign?

A. Impaired balance

B. Sudden, severe headache

C. Fatigue

D. Blurred vision

3. What is the correct volume of air to deliver during each ventilation when using BVM?

A. 500 mL

B. 700 mL

C. 1000 mL

D. 1200 mL

4. After screening for potential contraindications, which medications should be administered to a patient with signs of myocardial ischemia or infarction?

A. Ibuprofen

B. Aspirin

C. Codeine

D. Digoxin

5. Mr. Jenkins shows signs of retrosternal pain but is not in severe distress. What is the initial action the team should take within the first 10 minutes?

A. Administer morphine

B. Assess and support airway, breathing, and circulation

C. Provide elective intubation

D. Transfer him to another facility

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6. Which of the following arrhythmias is classified as a narrow-complex tachyarrhythmia?

A. Atrial flutter

B. Atrial fibrillation

C. Sinus tachycardia

D. All of the above

7. If Mr. Goodman had a pacemaker or ICD, what should Joanne do before applying the AED pads?

A. Place pads directly over the device

B. Adjust pad placement to avoid the device

C. Confirm the device is working

D. Ignore the device and proceed

8. What should the supplemental oxygen goal be for Mr. Hernandez?

A. 85% to 90%

B. 94% to 99%

C. 100%

D. 70% to 80%

9. Within what time frame should brain imaging ideally be completed?

A. 20 minutes

B. 30 minutes

C. 45 minutes

D. 60 minutes

10. After one shock and two minutes of CPR, what is the recommended next step if there is no change in rhythm?

A. Resume CPR and consider medication

B. Repeat the shock

C. Stop CPR and check for a pulse

D. Administer only adrenaline

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Answers

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

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Explanations

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1. After administering amiodarone, what should the team do at the next rhythm check?

A. Check for a pulse

B. Prepare for another shock

C. Wait for two additional minutes

D. Start administering CPR again

After administering amiodarone, the next step during the rhythm check is to assess for a pulse. This is crucial as it allows the healthcare team to evaluate the effectiveness of the medication and the overall cardiac rhythm. If the rhythm check shows a pulse, it indicates that the heart is resuming some level of perfusion, and further interventions may be adjusted accordingly, such as monitoring and supportive care. In the context of cardiac arrest scenarios, it is essential to differentiate between shockable and non-shockable rhythms, but the presence or absence of a pulse directly informs the next steps in management. If a pulse is detected, the focus can shift to post-cardiac arrest care, whereas if no pulse is identified, it prompts a continuation of CPR and consideration of further medications or shocks, depending on the rhythm observed. The other options involve actions that may not be appropriate right after administering amiodarone and checking the rhythm. For instance, preparing for another shock would only apply if the rhythm remains shockable and there is no pulse. Waiting for additional time without checking for a pulse could delay necessary interventions. Similarly, starting CPR again without verifying the pulse might lead to a failure to recognize spontaneous circulation, which is critical in guiding the next steps in

2. In evaluating signs of stroke, which of the following is NOT typically considered a warning sign?

A. Impaired balance

B. Sudden, severe headache

C. Fatigue

D. Blurred vision

In the context of evaluating signs of a stroke, it's important to recognize that certain symptoms are more definitive indicators than others. Signs that are often associated with the acute onset of a stroke include impaired balance, sudden severe headache, and blurred vision. Each of these symptoms can be indicative of brain function being compromised, which is characteristic of a stroke event. Impaired balance can suggest that the areas of the brain responsible for coordination and equilibrium are affected, leading to difficulty in maintaining body stability. A sudden, severe headache, often described as a "thunderclap" headache, may indicate a hemorrhagic stroke, where bleeding occurs in or around the brain. Blurred vision may arise due to a stroke impacting the visual centers or pathways in the brain, leading to acute changes in how a person perceives their surroundings. On the other hand, fatigue, while it can occur for various reasons, is not typically singled out as a hallmark warning sign of an impending stroke. Although individuals may experience fatigue in the context of health issues, it does not specifically indicate an acute neurological event in the same way that the other symptoms do. Thus, recognizing the distinction between these symptoms helps in identifying potential stroke cases effectively.

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3. What is the correct volume of air to deliver during each ventilation when using BVM?

A. 500 mL

B. 700 mL

C. 1000 mL

D. 1200 mL

The appropriate volume of air to deliver during each ventilation when using a Bag-Valve-Mask (BVM) device is around 700 mL. This volume is considered effective for providing adequate ventilation to most adult patients. Delivering this amount helps ensure that sufficient oxygen is distributed to the lungs while avoiding over-inflation, which could lead to barotrauma or stomach distension. Delivering 500 mL may not provide enough volume to achieve adequate ventilation, particularly in adults who typically require more air to ensure effective gas exchange. Volumes around 1000 mL or more may also risk complications such as ventilating the stomach instead of the lungs, which diminishes the efficiency of oxygen delivery and can increase the risk of aspiration and other airway complications. Therefore, delivering approximately 700 mL strikes a balance between effectiveness and safety during ventilation with a BVM.

4. After screening for potential contraindications, which medications should be administered to a patient with signs of myocardial ischemia or infarction?

A. Ibuprofen

B. Aspirin

C. Codeine

D. Digoxin

Aspirin is recognized as a critical medication to be administered to patients exhibiting signs of myocardial ischemia or infarction. It performs an essential role by inhibiting platelet aggregation, which reduces the likelihood of a blood clot forming and blocking the coronary arteries. This action is vital in the acute management of myocardial infarction, as it can help restore blood flow to the heart muscle. Administering aspirin early in the course of treatment can significantly improve outcomes for patients experiencing a cardiac event. Other medications listed are not appropriate in this scenario. For instance, ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) that does not have the same urgent effect on cardiac tissue and does not address the immediate complications of myocardial ischemia. Codeine is an opioid analgesic typically used for pain relief but has no therapeutic benefit in managing myocardial ischemia or infarction. Digoxin is primarily used for specific arrhythmias and heart failure but is not indicated for the acute treatment of myocardial ischemia. Thus, aspirin stands out as the most appropriate choice in this context.

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5. Mr. Jenkins shows signs of retrosternal pain but is not in severe distress. What is the initial action the team should take within the first 10 minutes?

A. Administer morphine

B. Assess and support airway, breathing, and circulation

C. Provide elective intubation

D. Transfer him to another facility

Initial action in any emergency situation, such as Mr. Jenkins experiencing retrosternal pain, should prioritize assessing and supporting the airway, breathing, and circulation. This step is crucial because it ensures that the patient's vital functions are stable and that any immediate life threats are being addressed. In the context of retrosternal pain, which may indicate a serious condition such as a heart attack, maintaining the airway and optimizing oxygenation are critical. By assessing these vital signs, the medical team can gather important information to help guide further treatment decisions. Immediately addressing airway, breathing, and circulation also sets the foundation for further interventions, whether that means administering medication, considering intubation later if indicated, or arranging for transfer based on the patient's condition. Other interventions, such as administering morphine for pain or considering elective intubation, should only occur once the primary assessment of the patient has been completed. Transferring the patient to another facility without first ensuring that vital functions are stable would be premature and could compromise patient safety. Thus, the focus should be on the initial assessment and support of the patient's fundamental life functions.

6. Which of the following arrhythmias is classified as a narrow-complex tachyarrhythmia?

A. Atrial flutter

B. Atrial fibrillation

C. Sinus tachycardia

D. All of the above

A narrow-complex tachyarrhythmia is characterized by a rapid heart rate (more than 100 beats per minute) with a QRS complex duration of less than 120 milliseconds. In this case, all of the listed arrhythmias fall under the category of narrow-complex tachyarrhythmias. Atrial flutter is a type of supraventricular tachycardia with a characteristic "sawtooth" pattern of P-waves. The ventricular response can be rapid, and the QRS complexes typically remain narrow. Atrial fibrillation involves disorganized electrical activity in the atria, leading to an irregularly irregular heart rate. Despite the irregularity, the QRS complexes are usually narrow as long as there is normal conduction through the ventricles. Sinus tachycardia, which originates from the sinoatrial node, entails an increase in heart rate due to various physiological or pathological stimuli. Here, the QRS complexes also remain narrow. Because each of these arrhythmias has a narrow QRS complex despite differences in their electrical activity and origins, the correct classification includes all of them as narrow-complex tachyarrhythmias. This understanding is crucial in recognizing and managing these conditions effectively during advanced life support

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7. If Mr. Goodman had a pacemaker or ICD, what should Joanne do before applying the AED pads?

A. Place pads directly over the device

B. Adjust pad placement to avoid the device

C. Confirm the device is working

D. Ignore the device and proceed

When using an Automated External Defibrillator (AED) on a patient with a pacemaker or Implantable Cardioverter Defibrillator (ICD), it is essential to adjust the pad placement to avoid the device. Pacemakers and ICDs are implanted under the skin and are typically located on the left side of the chest. Placing AED pads directly over these devices can interfere with their function and might also cause discomfort or injury to the patient. By positioning the AED pads away from the device, you ensure that the defibrillation shock is delivered effectively to the heart tissue without obstruction from the implanted device. This placement also minimizes the risk of potential negative interactions between the AED and the pacemaker or ICD, leading to a safer and more effective management of the patient's cardiac emergency.

8. What should the supplemental oxygen goal be for Mr. Hernandez?

A. 85% to 90%

B. 94% to 99%

C. 100%

D. 70% to 80%

The goal for supplemental oxygen therapy is typically to maintain adequate oxygen saturation levels in the patient, generally between 94% and 99%. This range is considered optimal for ensuring that tissues receive an appropriate level of oxygen while minimizing the risk of oxygen toxicity, particularly in patients with underlying respiratory conditions. Saturations above this range, especially reaching 100%, may not significantly benefit the patient and can lead to potential complications, such as absorptive atelectasis or oxygen toxicity in vulnerable populations. Conversely, lower saturation targets, such as those below 94%, could indicate hypoxemia, which requires additional oxygen therapy to ensure proper oxygenation and prevent complications associated with low oxygen levels. Thus, aiming for a target of 94% to 99% is a balanced approach in clinical practice, ensuring patient safety and optimal therapeutic effect.

9. Within what time frame should brain imaging ideally be completed?

A. 20 minutes

B. 30 minutes

C. 45 minutes

D. 60 minutes

Brain imaging, particularly in the context of emergency medical responses, is crucial for diagnosing conditions such as stroke and head injuries. The recommended time frame for completing brain imaging, ideally within 45 minutes, allows for prompt assessment of potential intracranial pathologies. Quick imaging is vital because it facilitates timely treatment interventions, which can significantly improve patient outcomes. Time-sensitive conditions like ischemic strokes can lead to irreversible brain damage if appropriate therapies are not initiated promptly. Brain imaging conducted within this recommended timeframe can assist healthcare providers in making informed decisions about treatment options, such as thrombolysis or surgical interventions, thereby maximizing the chances for recovery. The upper limit of 60 minutes is generally too lengthy and could risk the patient's health, particularly if acute intervention is warranted based on the imaging results. Overall, aiming for brain imaging within 45 minutes strikes a balance between the urgency of the situation and the need for accurate diagnosis.

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10. After one shock and two minutes of CPR, what is the recommended next step if there is no change in rhythm?

A. Resume CPR and consider medication

B. Repeat the shock

C. Stop CPR and check for a pulse

D. Administer only adrenaline

The recommended next step after one shock and two minutes of CPR, when there is no change in rhythm, is to resume CPR and consider medication. This step is crucial because high-quality CPR is essential in the intermediate stages of a cardiac arrest situation. Continuous chest compressions help maintain blood flow and oxygenation to vital organs while waiting for further interventions. During the pause in CPR that might occur if a shock is repeated or if a pulse check is conducted, there is a risk that perfusion to the heart and brain may be insufficient, leading to worse outcomes for the patient. Additionally, during the next recycles of CPR, the introduction of medications, such as adrenaline (epinephrine), is indicated. This medication can help improve the chances of a return of spontaneous circulation (ROSC). The combination of effective CPR with appropriate drugs is crucial in managing a patient who remains in a non-perfusing rhythm, such as ventricular fibrillation or pulseless ventricular tachycardia, emphasizing the importance of continued CPR alongside advanced therapeutic measures. In contrast, repeating the shock without returning to CPR would not provide adequate blood flow, effectively reducing the patient's chances of survival. Similarly, stopping CPR to check for a pulse interrupts the critical flow of oxygenated

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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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