



## Provider Refresher Course ALS Quiz

1. What is the AHA recommended treatment for pediatric bradycardia with cardiovascular compromise?
  - a. Atropine
  - b. CPR with cardiac arrest dose epinephrine
  - c. Transcutaneous pacing
  - d. Vasopressin
2. What is the recommended treatment for wide-complex tachycardia in hemodynamically **unstable** children?
  - a. Antiarrhythmic drugs
  - b. Direct current synchronized cardioversion
  - c. Beta-blockers
  - d. Calcium channel blockers
3. What is the recommended treatment for traumatic cardiac arrest in children?
  - a. Hemorrhage control and restoration of circulating blood volume
  - b. High dose Epinephrine
  - c. Perform life saving interventions after intubation
  - d. Vasopressin
4. What is the recommended treatment for complete heart block or sinus node dysfunction in children?
  - a. Atropine
  - b. Emergency transcutaneous pacing
  - c. Beta-blockers
  - d. Calcium channel blockers
5. What is the average milliamperage needed to achieve capture in emergency transcutaneous pacing?
  - a. 30 mAmps
  - b. 50 mAmps
  - c. 80 mAmps
  - d. 100 mAmps



6. What are the main components of high-performance CPR?
  - a. Adequate chest compression depth
  - b. Optimal chest compression rate
  - c. Minimizing interruptions in CPR
  - d. All of the above
  
7. What is the minimum heart rate setting to start with when performing transcutaneous pacing in pediatric patients?
  - a. 60 beats per minute
  - b. 70 beats per minute
  - c. 80 beats per minute
  - d. 90 beats per minute
  
8. What structures in the throat can swell due to smoke inhalation, making the passing of an endotracheal tube (ETT) difficult?
  - a. Vocal cords
  - b. Arytenoid cartilages
  - c. Epiglottis
  - d. Tonsils
  
9. Why is early airway management important in smoke inhalation cases?
  - a. To prevent arytenoid cartilage swelling
  - b. To clear the soot from the oropharynx
  - c. To prevent vocal cord damage
  - d. So that a nasogastric tube can be placed easily
  
10. In an awake intubation, when should the tube be passed through the vocal cords?
  - a. Upon inspiration
  - b. Upon expiration
  - c. It doesn't matter
  - d. When the patient is fully sedated



11. What technique was used to overcome the resistance to forward movement of the tube in the airway burn video?
  - a. Corkscrew motion
  - b. Straight push
  - c. J-hook maneuver
  - d. Seldinger technique
  
12. An 18-month-old was found vomiting after drinking a clear liquid in the garage. His initial vitals are as follows: HR: 130, BP: 90/50, SaO<sub>2</sub>: 93% on RA, RR: 50. What is the next appropriate step?
  - a. Intubate immediately
  - b. Administer supplemental O<sub>2</sub>
  - c. Give activated Charcoal
  - d. Give an albuterol nebulizer treatment
  
13. How many kids go into cardiac arrest each year in the United States?
  - a. 5,000
  - b. 10,000
  - c. 15,000
  - d. 20,000
  
14. What is the recommended resuscitation sequence for pediatric cardiac arrest?
  - a. ABC (Airway, Breathing, Chest compressions)
  - b. CAB (Chest compressions, Airway, Breathing)
  - c. BAC (Breathing, Airway, Chest compressions)
  - d. ACB (Airway, Chest compressions, Breathing)
  
15. In 2020, the AHA changed their recommendation for ventilation after placement of an advanced airway to 20-30 breaths per minute. What was the basis of this recommendation?
  - a. A randomized controlled trial
  - b. Expert opinion
  - c. A pig study
  - d. An observational study of 47 children in the ICU, 74% of which had bradycardia



16. What is the recommended method for opening the airway in trauma patients during resuscitation?
- Jaw-thrust maneuver
  - Head tilt-chin lift maneuver
  - Modified Sellick maneuver
  - Modified Heimlich maneuver
17. What is the recommended initial inotropic therapy for pediatric patients in cardiogenic shock?
- Dopamine
  - Epinephrine
  - Norepinephrine
  - Dobutamine
18. Is sodium bicarbonate recommended to be used during pediatric cardiac arrest? When is its administration indicated?
- Yes, it is indicated for all cases of pediatric cardiac arrest.
  - No, it should be avoided in all cases of pediatric cardiac arrest.
  - Yes, it is indicated for cases of hyperkalemia and sodium channel blocker toxicity.
  - No, it is indicated for cases of hypocalcemia and calcium channel blocker overdose.
19. What are the recommended dosing and approach for defibrillation in pediatric patients with shockable rhythms?
- Start at 2 to 4 Joules per kilo and increase to a dose not to exceed 10 J/kg.
  - Start at 4 to 6 Joules per kilo and increase to a dose not to exceed 20 J/kg.
  - Start at 6 to 8 Joules per kilo and increase to a dose not to exceed 30 J/kg.
  - Start at 8 to 10 Joules per kilo and increase to a dose not to exceed 40 J/kg.
20. What is the current recommendation for using transcutaneous pacing in children with complete heart block or sinus node dysfunction?
- Transcutaneous pacing should be used as the first-line treatment for all pediatric patients with bradycardia.
  - Transcutaneous pacing should be considered if pharmacological interventions fail to resolve bradycardia.
  - Transcutaneous pacing is not recommended for pediatric patients with bradycardia.
  - Transcutaneous pacing should only be used in pediatric patients with complete heart block.



21. What is the role of end-tidal CO<sub>2</sub> monitoring during resuscitation?
- a. It provides feedback on the quality of CPR and may be an early sign of ROSC.
  - b. It helps determine the need for advanced airway placement.
  - c. It guides the administration of specific medications during resuscitation.
  - d. It predicts the likelihood of survival to hospital discharge.
22. What is the recommended approach for managing hypotension after achieving ROSC?
- a. Administer a cardiac arrest dose of Epinephrine.
  - b. Administer a cardiac arrest dose of anti-seizure medication.
  - c. Administer push pressor Epinephrine or a vaso-active infusion.
  - d. Administer Atropine.
23. What is the most common type of pediatric shock?
- a. Cardiogenic shock
  - b. Hypovolemic shock
  - c. Distributive shock
  - d. Obstructive shock
24. How does the Handtevy approach guide the administration of IV fluids in pediatric patients experiencing shock?
- a. Use caution with IV fluid administration.
  - b. Delay IV fluid resuscitation until further assessment.
  - c. Administer IV fluid boluses early in hypotensive pediatric patients. \*\* Aggressively administer IV fluids early in hypotensive pediatric patients. \*\*
  - d. Rely on other interventions and avoid IV fluid resuscitation.
25. What is the recommended initial drug treatment for pediatric patients in anaphylactic shock?
- a. Dopamine
  - b. Epinephrine
  - c. Norepinephrine
  - d. Dobutamine