1. Please identify the above rhythm:

________________________________________________________

2. The first medication that would be administered in this rhythm if there were no signs of life is:
   a) Amiodarone
   b) Adrenaline
   c) Sodium Bicarbonate
   d) Adenosine

3. In a shockable rhythm, adrenaline is administered:
   a) After the 2\textsuperscript{nd} shock then every 3\textsuperscript{rd} cycle (6 minutes)
   b) After the 1\textsuperscript{st} shock then every 2\textsuperscript{nd} cycle (4 minutes)
   c) After the 2\textsuperscript{nd} shock then every 2\textsuperscript{nd} cycle (4 minutes)
   d) Immediately then every 2\textsuperscript{nd} cycle (4 minutes)

4. In a shockable rhythm, amiodarone is administered:
   a) As a 150mg IV bolus after the 2nd defibrillation
   b) As a 300mg IV bolus after the 1st defibrillation
   c) As a 300mg IV bolus after the 3rd defibrillation
   d) Only once as an initial 300mg IV push over 1-2 minutes
5. Please identify the above rhythm:

___________________________________

6. For the rhythm identified what is the first line medication:
   a) Amiodarone
   b) Adrenaline
   c) Adenosine
   d) Potassium

6a. For the identified rhythm, you would administer this drug:
   a) As soon as possible
   b) After the first shock
   c) After the second shock
   d) After the third shock

7. If you had a patient with the above rhythm and no signs of life, what would be the first actions you would undertake?
   a) Immediately commence CPR and administer adrenaline 1mg IV/IO as soon as possible
   b) Check for a pulse, if pulseless, commence CPR whilst charging the defibrillator
   c) Immediately commence CPR and after 2 minutes of CPR administer adrenaline 1mg IV/IO
   d) Spend 30 seconds checking for a pulse, then commence CPR and administer atropine
8. The correct dose and administration of adrenaline in a cardiac arrest is:
   a) 1mg IV/IO push
   b) 1mg IV/IO with a maximum dose of 6mg
   c) 10mg IV/IO push
   d) 10mg IV/IO of 2-3 minutes

9. Amiodarone is administered during cardiac arrest as follows:
   a) 300mg bolus IV/IO, followed by a further 300mg IV/IO, diluted in 10-20ml 5% glucose
   b) 300mg bolus IV/IO, followed by 150mg IV/IO, diluted in 10-20ml 5% glucose
   c) 150mg bolus IV/IO, followed by a 300mg IV/IO, diluted in 10-20ml 5% glucose
   d) 300mg bolus IV/IO, followed by 150mg IV/IO, diluted in 10-20ml 0.9% sodium chloride

10. Atropine is administered in symptomatic bradycardias:
    a) As a 500 – 600mcg IV bolus every 1-2 min to a total of 3 mg
    b) As a 500 – 600mcg IV bolus every 3-5 min to a total of 3 mg
    c) As an IV bolus of 1 mg increments every 3-5min to a total of 5 mg
    d) Only where the heart rate is <50 bpm and SBP < 100mmHg

11. The action of atropine is to:
    a) Increase parasympathetic stimulation
    b) Block parasympathetic stimulation of the SA & AV node
    c) Decrease sympathetic stimulation
    d) Reduce the heart rate and slow conduction through the AV node

12. Adenosine is recommended as a first line drug of choice in:
    a) a patient with SVT
    b) VT with a blood pressure of 70/40
    c) pulseless VT after the 3rd shock
    d) a patient with complete heart block

13. What are the indications of administering Potassium Chloride during a Code blue?
    a) In all unconscious patients
    b) Documented or suspected hypokalemia
    c) In patients with hypocalcaemia
    d) Calcium channel blocker overdose
14. Adrenaline is not indicated for the following;
   a) Anaphylaxis
   b) Cardiac arrest
   c) Conscious VT
   d) Symptomatic complete heart block

15. The standard adult dose for Calcium Chloride in cardiac arrest is:
   a) 3mls of 6.8 mmols
   b) 5-10mls of 10% calcium chloride
   c) 1g IV push every 5 minutes
   d) 1g IV over 20 minutes in an unconscious patient