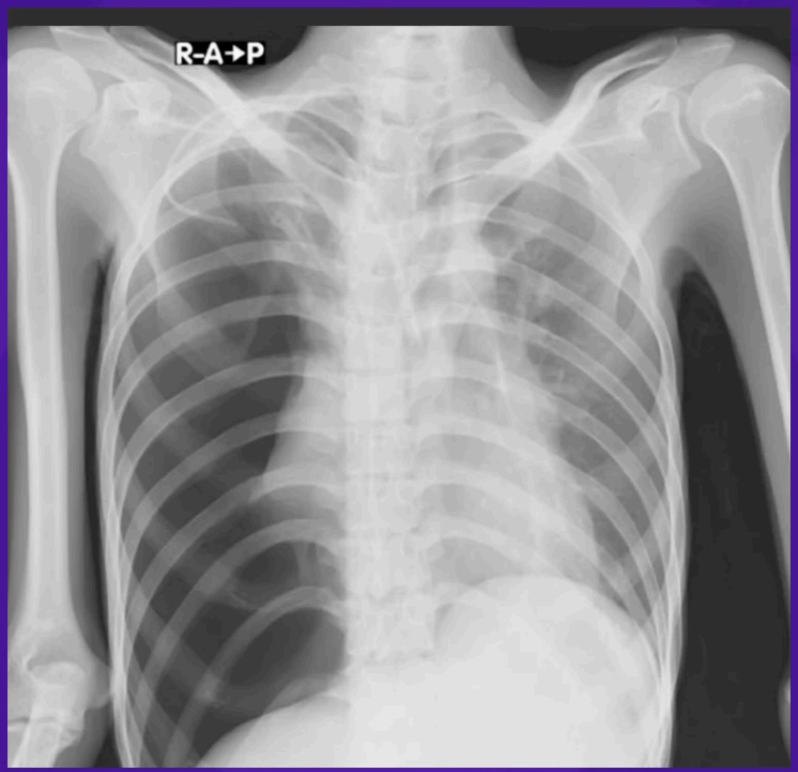
1

Quiz

16



→ Tension pneumothorax
- mediastinal shift -
↳ emergent needle decompression.

Motor Vehicle Collision. Best next step?

▲ Abdominal Ct scan ✗ لشو دخل

◆ Needle decompression

● Pericardiocentesis ✗ هو مبين في اشي حوالين Heart ؟

■ Chest tube ✗ → Done in pneumothorax but not 1st step if tension.

25

in BLS + ALS ↓ must minimize compression interruptions.

In cardiac arrest which is the best for survival in pre-hospital setting?

- ▲ Epinephrine
- ◆ Antiarrhythmic drugs
- ● Adequate compression
- ■ Establishment of a definitive airway

26

Taking blood sugar for trauma patients during primary survey is part of the assessment of

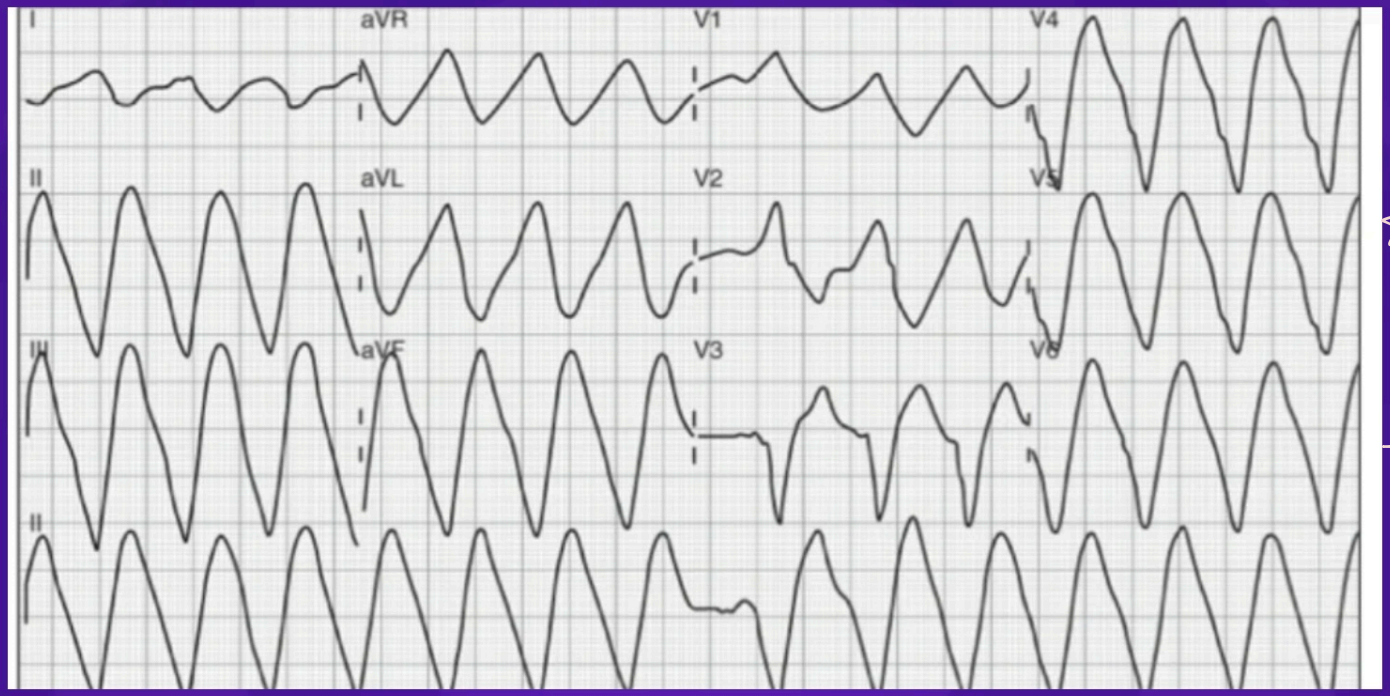
▲ E : exposure

◆ B : breathing

● D : disability

■ C : circulation

23



☆Hint of ESRD
↓
→ Hyper-kalemia

Patient with end stage renal disease presented to ED with chest pain. Next step?

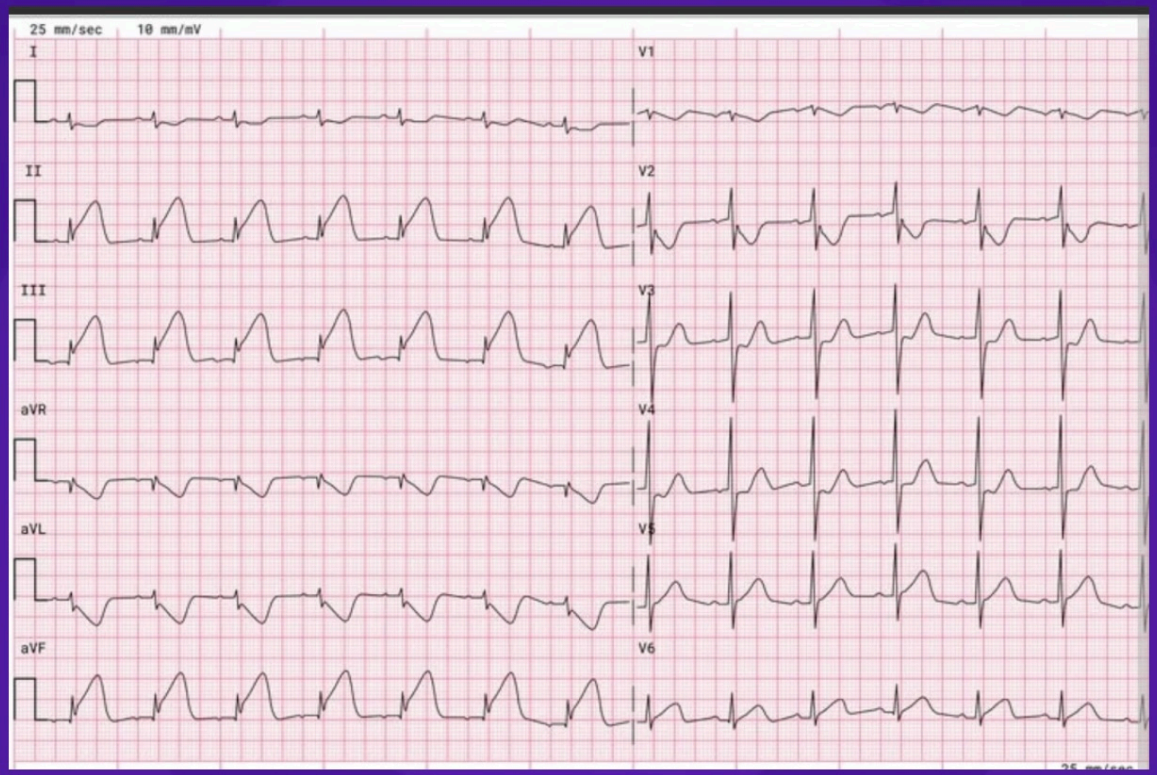
▲ Amiodarone

◆ Sodium bicarbonate

● Percutaneous coronary intervention

■ Calcium chloride

29



→ ECG Shows ST Elevation in lead II, III, aVF

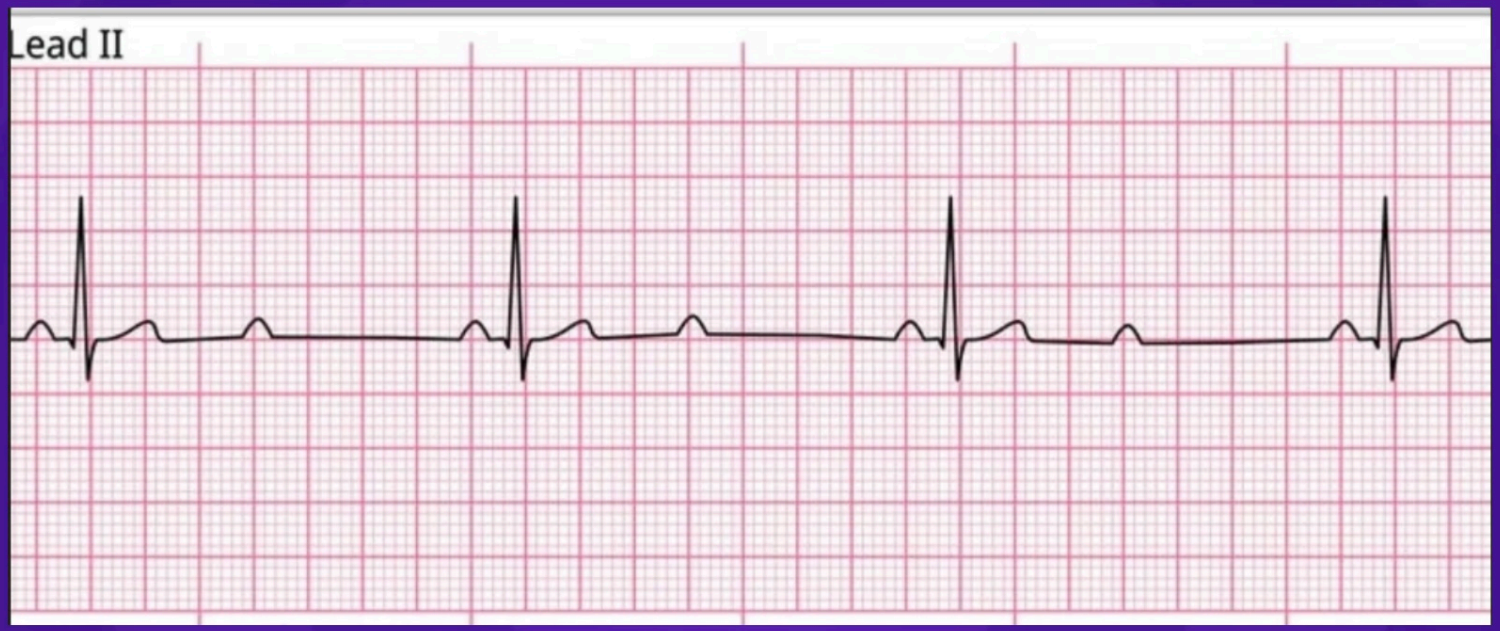
So → inferior wall STEMI

Avoid NitroGlycerin because it will Cause Venodilatation so it will ↓↓Preload.

You can give this patient all of the following except.

- ▲ IV fluid
- ◆ Aspirin
- ● Morphine
- ■ Nitroglycerin

26



BP 60/30. Next step?

The Correct Dose is → Atropin 500 mcg (0.5 mg)

Bradycardia + unstable (Hypotensive)

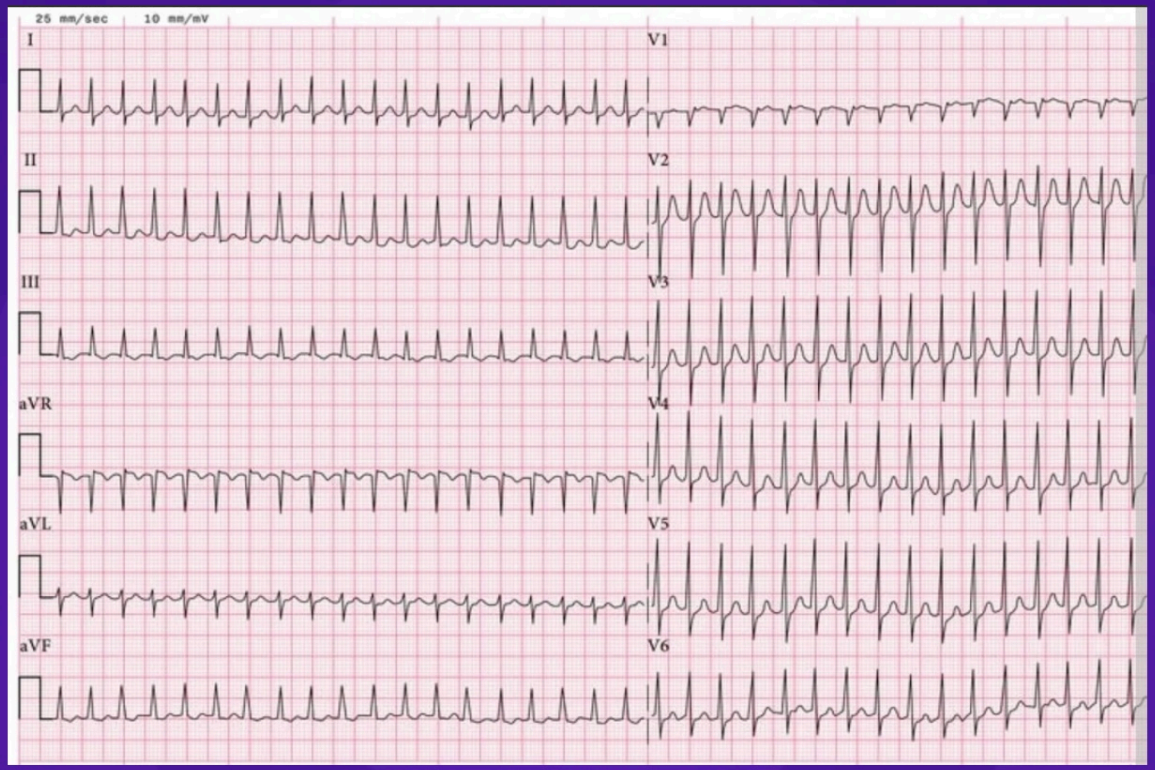
- ▲ Atropine 5 mg
- ◆ Transcutaneous pacing
- ● Cardioversion X Not in Bradycardia.
- ■ Amiodarone XX Not in Bradycardia!

minimize interruptions.

Which of the following is false regarding ACLS?

- ▲ Compression rate is 100-120/minute
- ◆ Compression shouldn't be held during attempted intubation
- ● Rhythm check should be performed immediately after delivery of a shock
- ■ most common metabolic cause of cardiac arrest is hyperkalemia

24



Asthmatic patient with active wheeze presented to ED with palpitations. Next step?

- ▲ Adenosine ✗
- ◆ Metoprolol
- ● Aspirin ✗
- ■ ✗ Propranolol Non-Selective β-Blocker !!

ECG shows → SVT (AVNRT) ↓

* the usual management if stable
↓
Adenosin to block AV node.

- But → Adenosine is Contraindicated in Asthmatic patient
↓
especially if with Active Wheezing
* it may cause → Bronchospam *

- β. Blockers is Also Relatively Contraindicated in Asthmatic Pt.

but in this Case Metoprolol is Cardio Selective + it's use is Safer than Adenosine with Caution ⚠

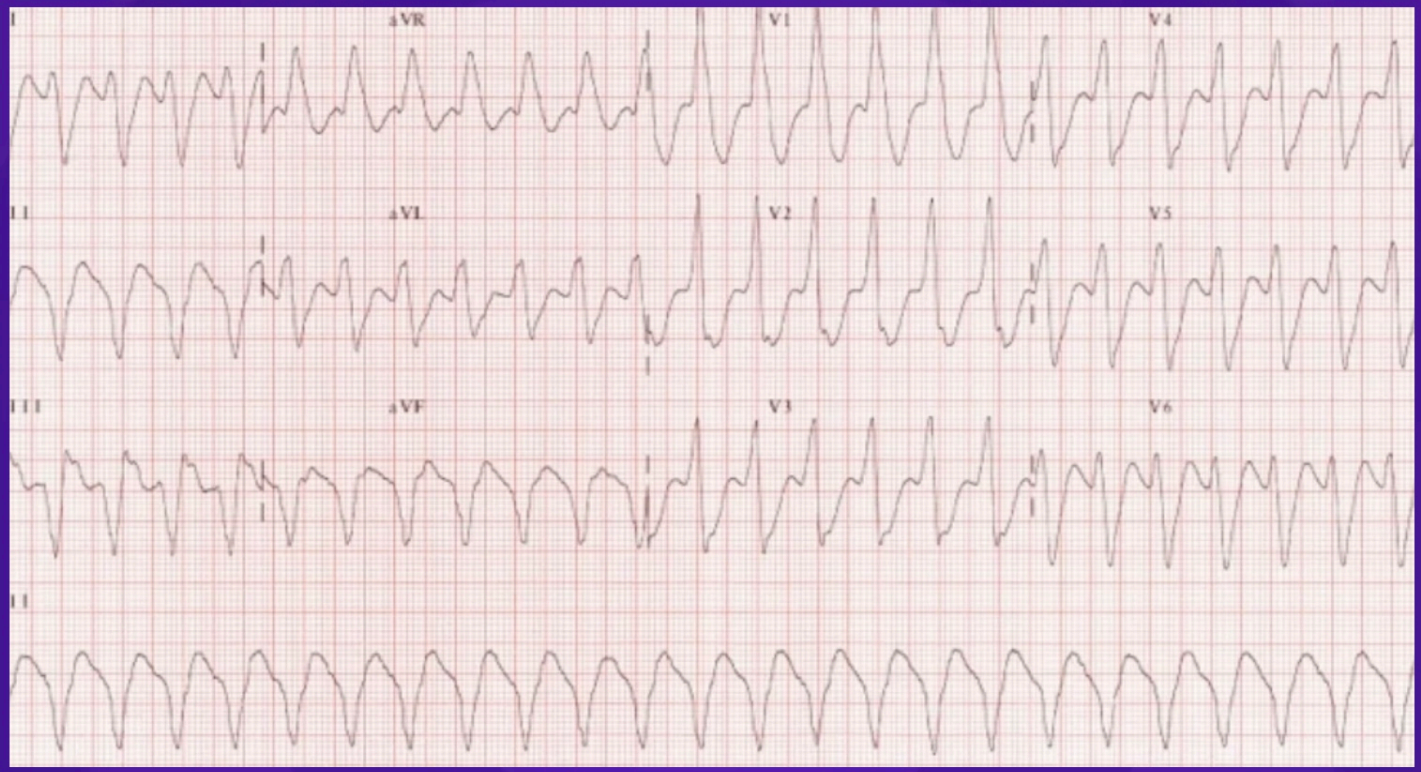
صلاح هو المفروض الإجابة الصح the best Drug to use in this Case ؟

Verapamil / Diltiazem.

بس مش حاطينه بالخيارات !!

في Metoprolol بفضل أحسن .

24



VT ?
+
unstable
(Hypotensive)
↓
DC Shock.

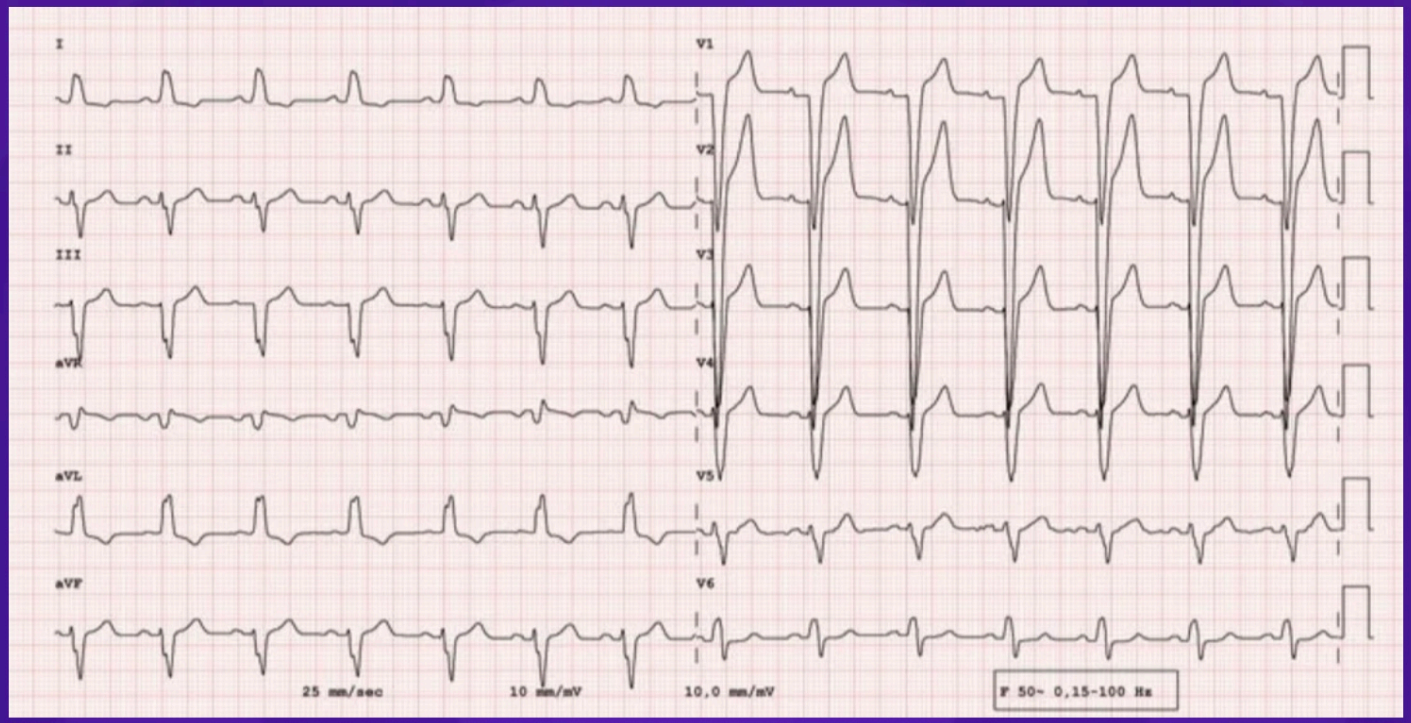
Active chest pain with BP 70/40 . The most appropriate action is ?

▲ Synchronised cardioversion

◆ Procainamide

● Amiodarone

■ Unsynchronised cardioversion ✗



This ECG is showing

- ▲ Right Bundle Branch Block
- ◆ Wolf Parkinson White syndrome
- ● Left Bundle Branch Block
- ■ Anteroseptal wall STEMI