

1. Life threatening cause of chest pain:

- a. Effort angina.
- b. Pericarditis.
- c. Costochondritis.

- ① Tension pneumothorax
- ② PE
- ③ esophageal Rupture
- ④ Aortic dissection
- ⑤ MI [ACS]

d. Esophageal rupture ✓

e. Mitral valve prolapse.

2. In a patient, admitted to emergency room, with wide complex, ^{vent. tachycardia + LBBB / RBBB / WPW / etc} regular tachycardia, his differential diagnosis, include all of the followings, except:

- a. SVT, with LBBB.
- b. VT.
- c. SVT, with RBBB.
- d. SVT, with antidromic conduction.
- e. AF with LBBB. Not allowed

3. ALL OF THE FOLLOWINGS, CAN BE FIRST PRESENTATION OF CARDIAC ARREST, EXCEPT:

- a. Asystole..
- b. Pulsless VT.
- c. VF.
- d. Complete heart block.
- e. Pulsless electrical activity.

4. In a patient presenting with VF, energy level in biphasic DC . SHOCK, SHOULD BE

- a. 100 J.
- b. 150J.
- c. 200J.
- d. 300J.
- e. 360J.

5. PULSE CHECK DURING CPR SHOULD BE PERFORMED:

- a. AFTER FIRST DC SHOCK.
- b. BEFORE 2d DC SHOCK.
- c. BEFORE EVERY DC SHOCK.
- d. SHOULD NOT BE PERFORMED.
- e. AFTER STOP OF CPR.

6. 70 years old female patient, admitted to ICCU, with acute anteroseptal MI of one hour duration, which of the following conditions is considered as absolute contraindication for streptokinase administration.:

- a. High BP.
- b. Active peptic ulcer disease.
- c. Prolonged CPR.
- d. Surgery one year ago.
- e. Brain hemorrhage 6 months ago.

v-vy (LAD)

Brain tumor / hemorrhage...
active internal bleeding...
AD.

7. IN A PATIENT, WITH ACUTE CORONARY SYNDROME, AND HYPOTENSION, FIRST AID INCLUDE ALL OF THE FOLLOWINGS, EXCEPT

MOA ✓

- a. OXYGEN.
- b. NTG SUBLINGUAL.
- c. ASPIRIN 300 MG CHEWABLE.
- d. SEDATION.
- e. TREATMENT OF DYSRHYTHMIA, IF OCCURRED.

✓

8. IV SODIUM NITROPRUSIDE CAN BE GIVEN IN WHICH PT:

- a. Asymptomatic PT, with BP 230/120.
- b. Newly discovered HTN , with BP 180 /100.
- c. PT, PRESENTING WITH ENCEPHALOPATHY , AND BP 230/130 .
- d. Pt , with recent elevation of BP 190/110.
- e. Elderly patient, with chronic renal failure and BP 200/100.

MANAGEMENT OF ACUTE CARDIOGENIC . 9
:LVF, INCLUDE ALL , EXCEPT

- .a) Furosemide IV
- .B) morphine IV
- ..c) NTG IV, OR SUBLINGUAL
- .d) b. blockers IV
- .e) urinary catheter

years old male patient , known to 75 .10
have , IHD , ischemic cardiomyopathy,
presented with palpitation , dizziness ,
dyspnea , profuse sweating , his 12 leads
ECG -wide complex regular tachycardia , HR
220 bpm , BP 70/30 , the best management is

- .a) Verapamil IV
- .b) DC shock 50J asynchronized
- .c) DC shock 200 J synchronized
- .d) Amiodarone IV
- .e) Lidocaine IV

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