

1. Life threatening cause of chest pain:

- a. Effort angina.
- b. Pericarditis.
- c. Costochondritis.
- d. Esophageal rupture.**
- e. Mitral valve prolapse.

2. In a patient , admitted to emergency room , with wide complex , regular tachycardia, his defferential diagnosis, include all of the followings , exept:

- a. SVT, with LBBB.**
- b. VT .**
- c. SVT,with RBBB.**
- d. SVT , with antidromic conduction.**
- e. AF, with LBBB.**

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

- 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.

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

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

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

