

CARDIOLOGY

1. ECG findings of tall hyperacute T waves, wide QRS complexes, flattened P waves and a prolonged PR interval are most consistent with the presence of:
 - (a) Hyperkalemia
 - (b) Hypokalemia
 - (c) Hypercalcemia
 - (d) Hypocalcemia

2. The presence on ECG of sagging ST segments, short QT intervals and flattened or inverted T waves is most accurately described as:
 - (a) Digitalis effect
 - (b) Hypercalcemia
 - (c) Signs of digitalis toxicity
 - (d) Hypokalemia

3. The treatment of V-Tach and SVT is:
 - (a) Lidocaine
 - (b) Adenosine
 - (c) Cardioversion
 - (d) Dependent upon the hemodynamic stability of the patient

4. All of the following are indications for pacemaker therapy except:
 - (a) Hemodynamically unstable bradycardia unresponsive to drug therapy
 - (b) Overdrive of tachydysrhythmias refractory to drug therapy or electrical Cardioversion
 - (c) Asymptomatic bifascicular or trifascicular block
 - (d) Mobitz II Second-Degree A V block in the presence of an Acute MI

5. The most common cause of failure to pace is:
 - (a) Battery depletion
 - (b) Oversensing
 - (c) Wire fracture
 - (d) Undersensing

6. Which of the following statements regarding the diagnosis of an Acute MI is most accurate?
 - (a) One set of normal cardiac enzymes obtained in the ED is sufficient to rule out an MI.
 - (b) A positive response to antacids effectively rules out the diagnosis of acute MI.
 - (c) CPK-MB may not reach peak levels for at least 18 hours.
 - (d) A normal ECG rules out the presence of an Acute MI.

7. All of the following drugs may be given through an endotracheal tube except:
- (a) Sodium bicarbonate
 - (b) Atropine
 - (c) Epinephrine
 - (d) Narcan
8. Appropriate first-line therapy for acute pulmonary edema may include all of the following agents except:
- (a) Oxygen
 - (b) Digitalis
 - (c) Nitroglycerin
 - (d) Furosemide
9. What is the earliest radiographic finding of CHF?
- (a) Pulmonary vascular redistribution to the upper lung fields
 - (b) Interstitial edema
 - (c) Cardiomegaly
 - (d) Alveolar edema
10. What is the most effective medical therapy for the treatment of angina pectoris associated with hypertrophic cardiomyopathy?
- (a) Nitroglycerin
 - (b) Digitalis
 - (c) Beta blockers
 - (d) Morphine
11. The diagnostic procedure of choice for detecting a pericardial effusion occurring in association with pericarditis is
- (a) CXR
 - (b) ECG
 - (c) Radionuclide scanning
 - (d) Echocardiography
12. The differential diagnosis of neck vein distention associated with hypotension includes all of the following except:
- (a) Tension pneumothorax
 - (b) Pericardial tamponade
 - (c) Myocarditis
 - (d) Acute pulmonary edema

13. Most pulmonary emboli originate from venous thrombi in the:
- (a) Calf
 - (b) Upper extremities
 - (c) Lower extremities and pelvis
 - (d) Heart
14. Atypical chest pain associated with mitral valve prolapse is treated with:
- (a) Nitroglycerin
 - (b) Beta blockers
 - (c) Morphine
 - (d) Oxygen
15. The treatment of choice for hypertension associated with eclampsia is:
- (a) Magnesium sulfate and hydralazine
 - (b) Diuretics
 - (c) Nitroprusside
 - (d) Labetalol
16. The primary difference between hypertensive urgencies and hypertensive emergencies is that, in hypertensive emergencies:
- (a) The patient's diastolic BP is ≥ 130 mmHg.
 - (b) The patient has no history of hypertension.
 - (c) The patient is usually treated with oral medications.
 - (d) The patient has evidence of end-organ dysfunction or damage.
17. The ideal location of the catheter tip for temporary transvenous pacing is in the
- (a) Right atrium
 - (b) Superior vena cava
 - (c) Apex of the right ventricle
 - (d) None of the above
18. Successful placement of a temporary transvenous pacemaker under ECG guidance is indicated by the observation of which of the following on the cardiac monitor.
- (a) ST depression
 - (b) ST elevation
 - (c) Small positive P waves and near-normal QRS complexes
 - (d) Prominent inverted P waves and smaller negative QRS complexes

19. Which of the following CXR findings best fits the description of an uncommon finding, but one that is very suggestive of pulmonary embolism?
- (a) Elevated hemidiaphragm
 - (b) Atelectasis
 - (c) Pleural effusion
 - (d) Hampton's hump
20. The most common symptoms in patients presenting with pulmonary embolism are dyspnea and:
- (a) Pleuritic chest pain
 - (b) Hemoptysis
 - (c) Apprehension
 - (d) Syncope
21. Which of the following findings can, by itself, reliably rule out the presence of a pulmonary embolus?
- (a) A normal PO₂
 - (b) A normal CXR
 - (c) A normal A-a gradient
 - (d) None of the above
22. In patients with automatic implantable cardioverter-defibrillators (AICDs) in place who require CPR:
- (a) CPR is performed in the usual manner.
 - (b) The provider may perceive an AICD shock if the device has not been deactivated.
 - (c) Perception of an AICD shock by a provider is neither dangerous nor uncomfortable.
 - (d) All of the above are correct.
23. The most productive test for making the diagnosis of endocarditis is:
- (a) Blood culture
 - (b) ESR
 - (c) ECG
 - (d) CBC
24. The type of congestive heart failure that occurs in association with beriberi is most accurately characterized as:
- (a) Low-output left ventricular failure
 - (b) High-output left ventricular failure
 - (c) Low-output right ventricular failure
 - (d) High-output right ventricular failure

25. When compared with the ST elevation that occurs in association with acute MI, the ST elevation that occurs in association with acute pericarditis is:

- (a) More diffuse
- (b) Nonanatomic in distribution
- (c) Concave upward in configuration
- (d) All of the above