Import Settings:

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Information Field: Complexity

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Responding to the Field Code - Responding to the Field Code - TBNK**

**Multiple Choice**

1. Following return of spontaneous circulation, a patient remains comatose. Which of the following interventions would MOST likely be performed?

A) Dextrose infusion

B) Field extubation

C) Targeted-temperature management

D) Epinephrine to maintain a systolic BP of 100 mm Hg

Ans: C

Complexity: Moderate

Ahead: Introduction

Subject: Responding to the Field Code

Page: 1945

Feedback: Introduction, page 1945

2. A field code runs MOST efficiently when:

A) the AED replaces manual defibrillation.

B) a designated team leader is assigned.

C) tracheal intubation is performed early.

D) at least five paramedics are participating.

Ans: B

Complexity: Easy

Ahead: Introduction

Subject: Responding to the Field Code

Page: 1945

Feedback: Introduction, page 1945

3. When practicing a code, whether in the out-of-hospital or in-hospital setting, the primary focus should be on:

A) teamwork and minimal interruptions in CPR.

B) the use of technology during a cardiac arrest.

C) timely defibrillation and early tracheal intubation.

D) independent performance and drug administration.

Ans: A

Complexity: Moderate

Ahead: Improving the Response to Cardiac Arrest

Subject: Responding to the Field Code

Pages: 1946

Feedback: Improving the Response to Cardiac Arrest, pages 1946

4. Which of the following interventions is emphasized the MOST in all AHA guidelines for emergency cardiac care since 2005?

A) Defibrillation

B) Chest compressions

C) Artificial ventilation

D) Tracheal intubation

Ans: B

Complexity: Easy

Ahead: Improving the Response to Cardiac Arrest

Subject: Responding to the Field Code

Page: 1947

Feedback: Improving the Response to Cardiac Arrest, page 1947

5. If a cardiac arrest patient's airway is maintained with an oral airway and ventilation with a bag-mask device is producing adequate chest rise, then:

A) a King LT or Combitube is preferred over tracheal intubation.

B) the paramedic should deliver one breath every 5 to 6 seconds.

C) insertion of an advanced airway device is not a high priority.

D) there should be no pause in chest compressions to deliver a breath.

Ans: C

Complexity: Moderate

Ahead: Improving the Response to Cardiac Arrest

Subject: Responding to the Field Code

Page: 1947

Feedback: Improving the Response to Cardiac Arrest, page 1947

6. Hyperventilation of a patient who is in cardiac arrest:

A) increases preload and enhances cardiac output.

B) causes a marked decrease in intrathoracic pressure.

C) is indicated if the arrest interval exceeds 10 minutes.

D) has been shown to reduce coronary artery perfusion.

Ans: D

Complexity: Moderate

Ahead: Improving the Response to Cardiac Arrest

Subject: Responding to the Field Code

Page: 1947

Feedback: Improving the Response to Cardiac Arrest, page 1947

7. Impedance threshold devices, such as the ResQPOD, function by:

A) dilating the coronary arteries, which reduces cardiac afterload.

B) creating a vacuum in the chest, which increases blood flow to the heart.

C) facilitating vasoconstriction, which maintains coronary perfusion pressure.

D) increasing intrathoracic pressure, which reduces blood return to the heart.

Ans: B

Complexity: Moderate

Ahead: Mechanical Adjuncts to Circulation

Subject: Responding to the Field Code

Page: 1968

Feedback: Mechanical Adjuncts to Circulation, page 1968

8. When using an impedance threshold device during cardiac arrest, it is important to:

A) deliver each ventilation over a period of 1 second.

B) increase the ventilation rate by 6 to 8 breaths/min.

C) allow partial chest recoil in between compressions.

D) hyperinflate the lungs to improve coronary perfusion.

Ans: A

Complexity: Moderate

Ahead: Improving the Response to Cardiac Arrest

Subject: Responding to the Field Code

Page: 1947

Feedback: Improving the Response to Cardiac Arrest, page 1947

9. In which of the following situations would endotracheal intubation MOST likely be indicated?

A) The patient has an end-tidal CO2 reading of 36 mm Hg with a King LT airway in place.

B) The patient is experiencing a ventricular fibrillation that is refractory to defibrillation and epinephrine.

C) Following return of spontaneous circulation, the patient remains comatose.

D) Bag-mask ventilation is adequate, but the patient has undergone more than 2 minutes of cardiac arrest.

Ans: C

Complexity: Moderate

Ahead: Improving the Response to Cardiac Arrest

Subject: Responding to the Field Code

Pages: 1947–1948

Feedback: Improving the Response to Cardiac Arrest, pages 1947–1948

10. The chance for return of spontaneous circulation is BEST when:

A) a vasopressor is administered every 3 to 5 minutes during CPR.

B) an advanced airway device is inserted during a resuscitation attempt.

C) an antidysrhythmic drug is used if ventricular fibrillation is present.

D) timely chest compressions are performed with little or no interruption.

Ans: D

Complexity: Moderate

Ahead: Improving the Response to Cardiac Arrest

Subject: Responding to the Field Code

Page: 1948

Feedback: Improving the Response to Cardiac Arrest, page 1948

11. Full recoil of the chest in between compressions enhances blood return to the heart by which of the following mechanisms?

A) Increased residual lung volume

B) Negative intrathoracic pressure

C) Decreased myocardial preload

D) Coronary artery vasoconstriction

Ans: B

Complexity: Moderate

Ahead: Improving the Response to Cardiac Arrest

Subject: Responding to the Field Code

Page: 1948

Feedback: Improving the Response to Cardiac Arrest, page 1948

12. Epinephrine is primarily administered during cardiac arrest because its \_\_\_\_\_\_\_\_effects cause \_\_\_\_\_\_\_\_.

A) vasoconstrictive, enhanced coronary blood flow

B) antidysrhythmic, decreased cardiac irritability

C) beta-2 agonistic, dilation of the bronchioles

D) vasodilatory, a reduction in cardiac afterload

Ans: A

Complexity: Moderate

Ahead: Improving the Response to Cardiac Arrest

Subject: Responding to the Field Code

Page: 1948

Feedback: Improving the Response to Cardiac Arrest, page 1948

13. In addition to high-quality CPR, which of the following interventions has clearly made a positive and measurable difference in survival from sudden cardiac arrest?

A) Defibrillation

B) IV fluid boluses

C) Epinephrine therapy

D) Tracheal intubation

Ans: A

Complexity: Moderate

Ahead: Improving the Response to Cardiac Arrest

Subject: Responding to the Field Code

Page: 1947

Feedback: Improving the Response to Cardiac Arrest, page 1947

14. You and your partner arrive at the scene of an unresponsive middle-aged man. Your primary assessment reveals that he is apneic and pulseless. Which of the following interventions will provide the BEST chance of survival for this patient?

A) Five minutes of CPR prior to analyzing his cardiac rhythm

B) CPR at the appropriate rate and with minimal interruptions

C) Prompt insertion of an advanced airway to prevent aspiration

D) Immediate defibrillation for presumed ventricular fibrillation

Ans: B

Complexity: Moderate

Ahead: Improving the Response to Cardiac Arrest

Subject: Responding to the Field Code

Pages: 1947–1948

Feedback: Improving the Response to Cardiac Arrest, pages 1947–1948

15. While en route to the scene of a patient in cardiac arrest, the emergency medical dispatcher advises you that she has the caller on the phone, but the caller refuses to do CPR on the patient. With an estimated time of arrival at the scene of 5 minutes, you should:

A) ask the dispatcher to inform the woman to do chest compressions only.

B) recall that the caller has a legal and moral duty to act in this situation.

C) have the dispatcher reassure the caller that she will not contract a disease.

D) advise the dispatcher to tell the caller that the patient will die without CPR.

Ans: A

Complexity: Moderate

Ahead: Adult CPR

Subject: Responding to the Field Code

Pages: 1948–1950

Feedback: Adult CPR, pages 1948–1950

16. You and your partner are off duty and are playing golf. Suddenly, you see an elderly man grab his chest and collapse to the ground. You should:

A) tell your partner to call 9-1-1 as you proceed to assess the man.

B) both proceed to the man and begin two-rescuer CPR if needed.

C) perform 2 minutes of CPR if needed and then call an ambulance.

D) tell the man's golf buddy to perform a precordial thump at once.

Ans: A

Complexity: Moderate

Ahead: Adult CPR

Subject: Responding to the Field Code

Pages: 1948–1949

Feedback: Adult CPR, pages 1948–1949

17. You are performing one-rescuer CPR on a 50-year-old woman in cardiac arrest. A bystander returns with an AED. You ask the bystander to attach the pads to the patient's chest as you continue CPR. After rhythm analysis, the AED states, “Shock advised.” You should:

A) confirm the absence of a pulse and deliver the shock.

B) perform CPR for 2 more minutes and then defibrillate.

C) defibrillate the patient and reassess for a carotid pulse.

D) deliver a single shock and immediately resume CPR.

Ans: D

Complexity: Moderate

Ahead: Defibrillation

Subject: Responding to the Field Code

Pages: 1957–1959

Feedback: Defibrillation, pages 1957–1959

18. Defibrillation of a patient who is in asystole is detrimental to the patient because it:

A) makes ruling out underlying causes impossible.

B) stops the cardiac cells from spontaneously depolarizing.

C) causes an unnecessary interruption in chest compressions.

D) has been shown to render epinephrine ineffective.

Ans: C

Complexity: Moderate

Ahead: Defibrillation

Subject: Responding to the Field Code

Page: 1959

Feedback: Defibrillation, page 1959

19. Your team is attempting resuscitation of a man in cardiac arrest. One of the team members intubates the patient and confirms proper placement of the endotracheal tube. Your MOST appropriate next action should be to:

A) presume that the patient is in severe metabolic acidosis and hyperventilate him for at least 2 to 3 minutes.

B) instruct the person ventilating to provide one breath every 6 seconds while chest compressions are continuous.

C) administer 2.5 mg of epinephrine 1:10,000 via the endotracheal tube without interrupting chest compressions.

D) defibrillate the patient with the maximum energy setting, reassess for a pulse, and continue CPR if he remains pulseless.

Ans: B

Complexity: Moderate

Ahead: Adult CPR

Subject: Responding to the Field Code

Page: 1950

Feedback: Adult CPR, page 1948

20. After determining that an unresponsive adult patient is not breathing, you should:

A) give two rescue breaths that make the chest visibly rise.

B) assess for a carotid pulse for no longer than 10 seconds.

C) reposition the patient's airway and reassess for breathing.

D) perform a finger sweep of the patient's mouth to remove any debris.

Ans: B

Complexity: Moderate

Ahead: Adult CPR

Subject: Responding to the Field Code

Pages: 1948–1950

Feedback: Adult CPR, pages 1948–1950

21. You and your partner are performing CPR on a 60-year-old woman who was initially in asystole. After 2 minutes, you look at the cardiac monitor and determine that she is in ventricular fibrillation. Your next action should be to:

A) quickly assess for a carotid or femoral pulse and then deliver a single shock with 200 biphasic joules.

B) check her cardiac rhythm in two contiguous leads to confirm that she is in ventricular fibrillation.

C) continue CPR, establish vascular access, and administer 300 mg of amiodarone or 1.5 mg/kg of lidocaine.

D) deliver a single shock and instruct your partner to resume chest compressions while you resume ventilations.

Ans: D

Complexity: Moderate

Ahead: Defibrillation

Subject: Responding to the Field Code

Pages: 1959–1960

Feedback: Defibrillation, pages 1959–1960

22. How does CPR change after an advanced airway device is inserted?

A) One breath should be delivered every 10 to 12 seconds.

B) Ventilations should be faster after the device is inserted.

C) Ventilations should be asynchronous with chest compressions.

D) Cycles of 30 compressions and 2 breaths should be delivered.

Ans: C

Complexity: Moderate

Ahead: Adult CPR

Subject: Responding to the Field Code

Page: 1964

Feedback: Adult CPR, page 1964

23. Your partner returns with the AED as you are performing CPR on a 5-year-old child. As he opens the AED, he tells you that there are no pediatric pads, only adult pads. You should:

A) instruct him to apply the adult pads as you continue one-rescuer CPR.

B) tell him to resume one-rescuer CPR as you try to locate pediatric pads.

C) use the adult AED pads, but only provide a total of two defibrillations.

D) continue two-rescuer CPR until a manual defibrillator is available.

Ans: A

Complexity: Moderate

Ahead: Defibrillation

Subject: Responding to the Field Code

Page: 1958

Feedback: Defibrillation, page 1958

24. Anterior-posterior placement of the defibrillation pads should be used if the patient is younger than \_\_\_ year(s) of age or less than \_\_\_ kg.

A) 1, 10

B) 3, 15

C) 4, 20

D) 5, 30

Ans: A

Complexity: Moderate

Ahead: Defibrillation

Subject: Responding to the Field Code

Page: 1960

Feedback: Defibrillation, page 1960

25. An unresponsive, apneic, and pulseless woman presents with a regular rhythm on the cardiac monitor. In addition to information regarding the events that led to her arrest, which of the following assessment findings would cause you to suspect that cardiac tamponade is the underlying cause of her condition?

A) Bilaterally absent breath sounds and severe pallor

B) No pulse with CPR and jugular venous distention

C) Unilaterally absent breath sounds and mottled skin

D) Profoundly cyanotic skin and collapsed jugular veins

Ans: B

Complexity: Moderate

Ahead: The Advanced Cardiac Life Support Algorithm

Subject: Responding to the Field Code

Page: 1966

Feedback: The Advanced Cardiac Life Support Algorithm, page 1966

26. You and your team are attempting to resuscitate a 45-year-old man who is in cardiac arrest. After 2 minutes, you assess his cardiac rhythm and determine that he is in asystole. After instructing your team to resume CPR, you should:

A) insert an advanced airway device and then resume cycles of CPR.

B) establish IV or IO access and administer 1 mg of atropine sulfate rapidly.

C) administer 1 mg of epinephrine 1:10,000 after obtaining vascular access.

D) perform endotracheal intubation and ventilate at a rate of 15 breaths/min.

Ans: C

Complexity: Moderate

Ahead: The Advanced Cardiac Life Support Algorithm

Subject: Responding to the Field Code

Pages: 1965–1966

Feedback: The Advanced Cardiac Life Support Algorithm, pages 1965–1966

27. As you are administering epinephrine to an adult woman in ventricular fibrillation, your team members continue CPR. After 2 minutes, you reassess her and determine that she is still in ventricular fibrillation. You should:

A) instruct your team to continue CPR as the defibrillator is charging.

B) administer 300 mg of amiodarone while CPR remains uninterrupted.

C) deliver a monophasic defibrillation with 200 joules and resume CPR.

D) advise your team to stop CPR as you prepare to deliver another shock.

Ans: A

Complexity: Moderate

Ahead: The Advanced Cardiac Life Support Algorithm

Subject: Responding to the Field Code

Pages: 1964–1965

Feedback: The Advanced Cardiac Life Support Algorithm, pages 1964–1965

28. You are the team leader in the attempted resuscitation of an adult man in ventricular fibrillation. An advanced airway device has been inserted and vascular access has been obtained. As you observe the actions of your team members, you should ensure that:

A) the patient is defibrillated one time every 60 seconds as necessary.

B) the person managing the airway delivers one breath every 3 to 5 seconds.

C) no one person performs chest compressions for more than 5 minutes at a time.

D) compressions are hard and fast, with full chest recoil between compressions.

Ans: D

Complexity: Moderate

Ahead: The Advanced Cardiac Life Support Algorithm

Subject: Responding to the Field Code

Page: 1965

Feedback: The Advanced Cardiac Life Support Algorithm, page 1965

29. Your assessment of a 68-year-old woman reveals an organized cardiac rhythm at a rate of 80 beats per minute and an absent carotid pulse. Treatment for this patient may include all of the following, EXCEPT:

A) epinephrine.

B) cardiac pacing.

C) tracheal intubation.

D) IV fluid boluses.

Ans: B

Complexity: Moderate

Ahead: The Advanced Cardiac Life Support Algorithm

Subject: Responding to the Field Code

Pages: 1967–1967

Feedback: The Advanced Cardiac Life Support Algorithm, pages 1965–1967

30. After approximately 6 minutes of attempted resuscitation, your patient experiences a return of spontaneous circulation. He remains unresponsive and apneic, and the cardiac monitor reveals sinus bradycardia at 30 beats per minute. In addition to continuing ventilations, what should be done next?

A) Lidocaine bolus

B) Transcutaneous pacing

C) Amiodarone infusion

D) Crystalloid fluid bolus

Ans: B

Complexity: Moderate

Ahead: Postresuscitative Care

Subject: Responding to the Field Code

Page: 1969

Feedback: Postresuscitative Care, page 1969

31. You have just defibrillated an adult woman who is in pulseless ventricular tachycardia. After performing CPR for 2 minutes, you reassess her cardiac rhythm and determine that she is experiencing torsade de pointes; she also remains pulseless. It has been approximately 2 minutes since you administered the last dose of epinephrine. You should next:

A) begin a lidocaine infusion at 2 mg/min.

B) give 300 mg of amiodarone via rapid IV or IO push.

C) push the synchronize button on the defibrillator and cardiovert with 200 joules.

D) give 1 to 2 g of magnesium sulfate without interrupting chest compressions.

Ans: D

Complexity: Moderate

Ahead: The Advanced Cardiac Life Support Algorithm

Subject: Responding to the Field Code

Page: 1964

Feedback: The Advanced Cardiac Life Support Algorithm, page 1964

32. You have an impedance threshold device (ITD) attached to the endotracheal tube as you ventilate an apneic and pulseless patient. Following defibrillation and 2 additional minutes of CPR, it is determined that return of spontaneous circulation has occurred. However, the patient is still apneic. You should:

A) leave the ITD attached to the endotracheal tube and continue to ventilate.

B) remove the ITD and continue ventilations at a rate of 10 to 12 breaths/min.

C) leave the ITD attached, but increase your ventilation rate to 15 breaths/min.

D) hyperventilate the patient to eliminate excess carbon dioxide from the blood.

Ans: B

Complexity: Moderate

Ahead: Mechanical Aids to Circulation

Subject: Responding to the Field Code

Pages: 1968–1969

Feedback: Mechanical Aids to Circulation, pages 1968–1969

33. You have been attempting resuscitation of an 80-year-old woman for approximately 15 minutes. An advanced airway has been placed, ventilations have been delivered at the appropriate rate, high-quality CPR was performed with minimal interruptions, and rhythms-specific medications were administered. Despite your efforts, the patient remains in asystole. Which of the following statements regarding this scenario is correct?

A) Transcutaneous cardiac pacing may restore a perfusing rhythm and should therefore be attempted immediately.

B) It would be advisable to attempt a single defibrillation in case the patient was actually in fine ventricular fibrillation.

C) You have clearly performed all the appropriate interventions and termination of resuscitative efforts should be strongly considered.

D) Since older people are prone to hypothermia, and hypothermia protects the hypoxic brain, you should continue your efforts for 5 more minutes.

Ans: C

Complexity: Moderate

Ahead: When to Start and When to Stop CPR

Subject: Responding to the Field Code

Pages: 1969–1970

Feedback: When to Start and When to Stop CPR, pages 1969–1970

34. A 6-year-old, 40-pound child remains in ventricular fibrillation after an initial defibrillation and 2 minutes of CPR. Vascular access has not been obtained. Your next action should be to:

A) defibrillate with 70 joules.

B) insert an advanced airway.

C) check for a carotid pulse.

D) insert an IO catheter.

Ans: A

Complexity: Moderate

Ahead: Defibrillation

Subject: Responding to the Field Code

Page: 1960

Feedback: Defibrillation, page 1960

35. What is the current recommendation for the use of epinephrine for patients with ventricular fibrillation or pulseless ventricular tachycardia?

A) Epinephrine is not recommended for this subset of patients.

B) Higher doses of epinephrine should be used for these patients.

C) Epinephrine should not be given within the first 10 minutes.

D) Epinephrine should be administered after the second shock.

Ans: D

Complexity: Moderate

Ahead: Defibrillation

Subject: Responding to the Field Code

Page: 1960

Feedback: Defibrillation, page 1960

36. Prior to defibrillating a patient who is in pulseless ventricular tachycardia, you should:

A) ensure that the patient is not touching any metal.

B) ensure that the patient’s entire body is totally dry.

C) check for a palpable central pulse for 5 to 10 seconds.

D) ensure that the synchronize button has been pushed.

Ans: A

Complexity: Moderate

Ahead: Defibrillation

Subject: Responding to the Field Code

Pages: 11959–1960

Feedback: Defibrillation, pages 1959–1960

37. A patient remains in pulseless ventricular tachycardia despite two shocks, a dose of epinephrine, high-quality CPR, and 300 mg of amiodarone. Following the next shock, you should resume CPR and then:

A) cardiovert with 100 biphasic joules.

B) administer 150 mg of amiodarone.

C) double the dose of the epinephrine.

D) administer 1.5 mg/kg of lidocaine.

Ans: B

Complexity: Moderate

Ahead: The Advanced Cardiac Life Support Algorithm

Subject: Responding to the Field Code

Pages: 1964

Feedback: The Advanced Cardiac Life Support Algorithm, pages 1964

38. During the attempted resuscitation of a patient in cardiac arrest, you look at the cardiac monitor and note that the patient's end-tidal CO2 has abruptly increased from 17 mm Hg to 40 mm Hg. You should:

A) increase the rate of your ventilations.

B) suspect inadvertent tube dislodgement.

C) assess for a pulse for up to 10 seconds.

D) decrease the rate of your ventilations.

Ans: C

Complexity: Moderate

Ahead: The Advanced Cardiac Life Support Algorithm

Subject: Responding to the Field Code

Page: 1967

Feedback: The Advanced Cardiac Life Support Algorithm, page 1967

39. Which of the following should occur when integrating a mechanical CPR device into your resuscitation attempt of an adult patient?

A) Compression depth should be at least 1½ inches after the device is applied.

B) Compressions should be continuous after an advanced airway device is inserted.

C) The compression rate should be set to deliver at least 80 compressions per minute.

D) One breath should be given every 6 seconds until an advanced airway is inserted.

Ans: B

Complexity: Moderate

Ahead: Mechanical Adjuncts to Circulation

Subject: Responding to the Field Code

Page: 1967

Feedback: Mechanical Adjuncts to Circulation, page 1967

40. The paramedic should consider extending the resuscitation effort of a patient with refractory cardiac arrest if:

A) the cardiac arrest was caused by submersion in warm water.

B) ventricular fibrillation occurred at any point during the arrest.

C) the patient has no known significant past medical history.

D) return of spontaneous circulation of any duration occurred.

Ans: D

Complexity: Moderate

Ahead: When to Start and When to Stop CPR

Subject: Responding to the Field Code

Page: 1970

Feedback: When to Start and When to Stop CPR, page 1970

41. Which of the following roles would the code team leader MOST likely perform?

A) Interpreting the ECG

B) Establishing IV access

C) Managing the airway

D) Chest compressions

Ans: A

Complexity: Moderate

Ahead: Scene Choreography and Teamwork

Subject: Responding to the Field Code

Page: 1972

Feedback: Scene Choreography and Teamwork, page 1972

42. During an attempted resuscitation, a compression fraction of at least \_\_\_ percent is recommended.

A) 50

B) 60

C) 70

D) 80

Ans: B

Complexity: Moderate

Ahead: Plan for a Code

Subject: Responding to the Field Code

Page: 1973

Feedback: Plan for a Code, page 1973

43. According to the flat management hierarchy:

A) everyone should be quiet during a critical procedure.

B) closed-loop communication should be used at all times.

C) team members should not question the team leader.

D) everyone has a responsibility to speak up about safety issues.

Ans: D

Complexity: Easy

Ahead: When to Start and When to Stop CPR

Subject: Responding to the Field Code

Page: 1970

Feedback: When to Start and When to Stop CPR, page 1970

44. Which of the following interventions would MOST likely require a sterile cockpit approach?

A) Vascular access

B) Massive hemorrhage control

C) Rapid sequence intubation

D) Suctioning of the oropharynx

Ans: C

Complexity: Moderate

Ahead: When to Start and When to Stop CPR

Subject: Responding to the Field Code

Page: 1970

Feedback: When to Start and When to Stop CPR, page 1970

45. A nontraumatic cardiac arrest patient who has not responded to a successfully executed prehospital ACLS resuscitation effort:

A) should likely not be transported to the hospital.

B) should receive higher doses of epinephrine.

C) should be transported to the hospital for further care.

D) should have additional BLS treatment for 10 more minutes.

Ans: A

Complexity: Moderate

Ahead: When to Start and When to Stop CPR

Subject: Responding to the Field Code

Page: 1970

Feedback: When to Start and When to Stop CPR, page 1970