May test - handout 1029 - TEST Monday 1103

- 1. A CCMA is appliing EKG electrodes to a patient who is very diaphoreti C. Before applying electrodes, the CCMA should...
- A. Apply antiperpirant to the patient's chest
- B. Apply electrodes to flat, nonmusular area of the chest
- >C. Apply electrodes after drying the chest.
- D. Apply conductive gel to chest
- 2. If present, the shallow wave that follows the T wave wave represents..
- A. Premature atrial
- >B. Late ventricular repolarization.
- C. Premature ventricular depolariztion.
- D. Late atrial depolariztion.
- 3. Which type of rhythms indicated by absent or inverted wave?
- A. Ventricular
- >B. Junctional
- C. Atrial
- D. Sinus
- 4. EKG Technician placeing V4 lead on 6 year old patient. Which appropriate lead is placed?
- A. Angle of Louis.
- >B. Midclavicular line.
- C. Midaxillary
- D. Anterior axillary.
- 5. An inferior wal MI is shown in what leads?
- A. V4, V5, V6
- >B. II, III, AVF
- C. I, AVL, AVF
- D. V1, V2, V3
- $6.\ \mbox{On}\ 12\ \mbox{lead}\ \mbox{EKG},\ \mbox{leads}\ \mbox{I}\ \mbox{and}\ \mbox{aVL}\ \mbox{show}\ \mbox{broken}\ \mbox{recording,}\ \mbox{EKG}\ \mbox{technicion}\ \mbox{should}\ \mbox{chekc}\ \mbox{which}\ \mbox{electrodes}?$
- A. Left leg.
- >B. Left arm.
- C. Right Arm
- D. Right leg.
- 7. which group of leads does 3 lead EKG monitor?
- >A. I, II, III
- B. V4, V5, V6
- C. aVR, aVL, aVF
- D. V1, V2, and V3
- 8. EKG Technician is doing EKG on an infant. Why increase the speed of the machine?
- A. Increase speed reduces appearance of artifacts.
- >B. Increase speed widens wave forms
- C. Increase speed will recalibrate EKG machine for use on infant
- ${\tt D.}$  Increase speed will reduce appearance of wandering baseline answer:  ${\tt B}$
- 9. The precordial electrodes record which of the following leads?
- A. I-III
- >B. V1 V6
- C. aVR. aVL. aVF
- D. Limb leads
- 10. The Angie of Louis provides the location of which intercostal space?

- A. 3rd
- B. 4th
- C. 1st
- >D. 2nd
- 11. Proper placement of leads V1 and V6 is important for which of the following leads?
- >A. To diagnose left ventricular
- B. To diagnose Left Bundle Block Hypertrophy
- C. To diagnose Right Bundle Block Hypertrophy
- D. To diagnose right ventricular Hypertrophy
- 12. EKG Technician is doing EKG on an infant. Why place V3 on the Right side of the chest?
- >A. To prevent crowding of the leads
- B. To allow MD to vein each defection
- C. To detect tachycardia
- D. To diagnose dextrocardia
- 13. For an EKG on a patient with dextrocardi A. Where does V1 go?
- >A. 4 ICS left sternal border
- B. 5 ICS left Midclavicular
- C. 4 ICS, right sternal border
- D. 5 ICS, right Midclavicular
- 14. Whith lead combo would show a Lateral wall acute MI?
- >A. Leads I, aVL V5, V6
- B. Leads II aVL V5, V6
- C. Leads II, aVR, V5, V6
- D. Leads I, aVR, V5, V6
- 15. ST Segment Elevation indicates...
- A. Atrial arrhythmia
- >B. Cardiac injury in progress
- C. Residual cardiac injury
- D. Ventricular arrhythmia
- 16.0n a 5 lead EKG the black lead is placed on the
- A. RL
- B. RA
- >C. LA
- D. LL
- 17. Which leads allows viewing patient's anterior wall of Left Ventricular?
- >A. Leads V3, V4
- B. V1 and V2
- C. aVL, V5, V6
- D. II, III, aVL
- 18. Which EKG line represents zero electrical activity?
- A. Negative line
- >B. lsoelectric line
- C. Depolarization line
- D. Repolarization
- 19. Patient with 20 heart block would show...
- A. Constant PR intervals with non-conducted P waves
- B. Decreasing PR intervals with slow AV node conduction
- C. No relationship between P waves and QRS complex
- >D. Progressively prolonged PR intervals until QRS complex dropped

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20. What is the heart rate with 5 big boxes and 3 little boxes between P wives?
>A. 54
в. 68
C. 72
 D. 45
21. Sequencing is as follows: 300, 150...?
A. 125, 100, 90
B. 100, 90, 85, 75
>C. 100, 75, 60
D. 160, 170, 180
22. The heart is alan chambered organ.
A. 2
>B. 4
C. 6
D. 8
23. The epicardium forms a sac around heart known as?
A. Myocardium
B. Enciocardium
C. Chordate tendinae
>D. Pericardium
24. The atrio-ventricular valves are;
A. Mitrai and Bicuspid
B. Papillary and apex
>C. Tricuspids and mitrial
D. Verous arterial
25. The last valve to touch de-oxygenated blood is
A. Apical
B. Bicuspid
>C. Pulmonary
D. Atrial
26. All four valves are:
A. Unipolar
>B. Unidirectional
C. Bivalves
D. Tipicuspids
27. The right side of heart has
A. More muscular layer.
B. Has three valves.
>C. Has de-oxyoenated blood
D. Goes first in heart beat
28. The heart is fed by
>A. Coronary arteries
B. Coronary valves
C. Epicardium.
 D. AV node
29. The L anterior descending artery is also know as
A. SA node
B. AV node
C. Largest artery
>D. Widow maker
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30. The pathway from the SA node to the AV node is reffered to as

- A. Main pathway
- B. Depolarization
- >C. Internodal pathway
- D. Primary pacemaker
- 31. The intrinsic rate of SA node is
- A. Pacemaker
- >B. 60-100 BPMs
- C. Re-polarization
- D. R-R heart rate formula
- 32. The 'triangle' shows basic EKG reading
- A. Bermuda
- B. Atrial
- >C. Einthoven
- D. Cardiac
- 33. The pre-cordial leads are;
- A. aVR, aVL, aVF,
- B. I, II, Ill
- >C. V1-V6
- D. Limb leads
- 34. Calculating the atrial rate would be;
- A. The R-R big box method
- B. How many ORS complexes in 30 big boxes
- >C. The P-P big box method
- D. The number of little boxes in 3 second strip
- 35. All of the following statements about the PR interval are correct except:
- A. A normal PR interval is 0.12-0 2 seconds long
- B. The SA node impulse travels to AV node
- >C. The PR interval is measured from the end of the P wave to. end of ORS complex
- D. If the PR interval greater than 0.2 it is probably 1st degree heart block.
- 36. For the rhythm to be a Sinus rhythm there must be:
- >A. A P wave
- B. A rate between 60-100
- C. ORS showing ventricular depolarization
- D. Even spaces between R waves.
- 37. All of the following are part of the heart except;
- A. Apex
- >B. Baseline
- C. Atrium
- D. Base
- 38. The Holter monitor patient should do the following if the electrodes fall off.
- A. Apply spare electrodes that came with monitor.
- B. Tape them back in place,
- >C. Call doctor's office.
- D. Nothing, test is over if electrodes falls off.
- 39. Telemetry or in-hospital cardiac monitoring is NOT;
- A. 24hr monitoring while admitted to cardiac unit.
- B. When RNs or specially trained technicians monitor the EKG at all times.
- C. EKG rhythms are sent through radio waves to monitors.
- >D. Part of stress testing.
- 40. Telemetry monitoring has 3 or 5 leads on chest with this lead on right shoulder.

- >A. White
- B. Black
- C. Green
- D. Red
- 41. Holter monitoring has 5 electrodes with this color has the ground lea D.
- A. White
- B. Black
- >C. Brown
- D. Green
- E. Red
- 42. In a R side EKG V1 is placed;
- A. Right of scapular
- >B. L of sternum
- C. R of sternum
- D. L of scapula
- 43. At what age would you no longer use a R side EKG
- A. 10
- в. 12
- >C. 8
- D. 6
- 44. Cardiopulmonary distress shows signs and symptoms of the following except;
- A. Pallor
- B. Diaphoresis
- >C. Anger
- D. Anxiety
- 45. All of the following are normal vital signs except;
- A. Pulse 60-100
- B. Rasp 12-20
- C. Temp 96,6-100.6
- >D. Pulse Oximetry 90-95%
- 46. Which artery is usually used for blood pressure?
- A. Carotid
- >B. Brachial
- C. Subclavian
- D. Axillary
- 47. Which of the following is the medical term for heart muscle disease?
- >A. Cardiomyopathy
- B. Cardiomegaly
- C. Cardiopathy
- D. Cardioplegia