GENERAL

aha acls written exam answers

Published: September 19, 2026 | Index ID: #-

Introduction

Preparing for the American Heart Association Advanced Cardiovascular Life Support (AHA ACLS) written exam can feel like navigating a complex maze. The exam tests a wide range of critical concepts—from airway management to pharmacologic interventions—and the pressure to perform well often leads candidates to search for “aha acls written exam answers.” While the temptation to look for quick answers is strong, the most effective way to succeed is to build a solid understanding of the material and use legitimate study tools. This guide will walk you through everything you need to know, from the exam’s structure to proven study strategies, and will also provide sample questions with detailed explanations to help you master the content.

Overview of the AHA ACLS Written Exam

What Is ACLS?

The Advanced Cardiovascular Life Support program is designed for healthcare professionals who provide advanced cardiac care. It focuses on the rapid assessment and treatment of life threatening cardiovascular emergencies, such as cardiac arrest, acute coronary syndromes, and stroke. The written exam evaluates your knowledge of ACLS algorithms, drug dosages, and patient management strategies.

Exam Format

Most ACLS written exams consist of 50 multiple choice questions administered over 90 minutes. Each question presents a clinical scenario and requires you to select the best answer from four options. The exam covers the following domains:

- Basic Life Support (BLS) fundamentals
- Cardiac arrest management
- Acute coronary syndromes
- Stroke and other non cardiac emergencies
- Pharmacology and drug calculations

Because the exam is high stakes, it is essential to familiarize yourself with the format and pacing before test day.

Common Topics Covered

Below are the most frequently tested subjects:

1. Initial assessment and response to cardiac arrest
2. Drug administration and dosing (e.g., epinephrine, amiodarone)
3. Interpretation of ECG rhythms
4. Advanced airway management
5. Post resuscitation care and monitoring
6. Stroke recognition and treatment (thrombolysis)
7. Team dynamics and communication during emergencies

Why Finding Accurate Answers Matters

Exam Integrity

Using unauthorized answer keys violates exam policies and can result in disqualification. It also undermines the value of the certification. Instead, focus on legitimate resources that enhance learning while respecting the exam's integrity.

Study Efficiency

When you have reliable answer explanations, you can identify knowledge gaps more quickly. Instead of guessing, you can review the rationale behind each correct choice, which reinforces long term retention and improves exam performance.

Legitimate Resources for Preparing

Official AHA Materials

The AHA provides a comprehensive curriculum that includes:

- Textbooks and reference guides
- Interactive online modules
- Simulation videos
- Practice exams aligned with the current curriculum

These resources are updated annually to reflect the latest guidelines, making them the most reliable source for exam preparation.

Accredited Study Guides

Many third party publishers offer study guides that are approved by the AHA. These guides often include:

- Concise summaries of key concepts
- High yield flashcards
- Practice questions with detailed explanations
- Time management strategies for the exam

When selecting a guide, verify that it references the current ACLS curriculum and that it has received positive reviews from professionals who have recently taken the exam.

Practice Exams and Question Banks

Regular practice with timed, exam style questions is essential. Look for question banks that provide:

- Realistic clinical scenarios
- Immediate feedback with rationales
- Statistical analysis of performance trends
- Customization options (e.g., focus on pharmacology or cardiac arrest)

These tools allow you to simulate the exam environment and track your progress over time.

How to Use Practice Answers Effectively

Understanding the Rationale

Don't just memorize the correct answer—understand why the other options are wrong. This deeper comprehension helps you apply knowledge in new situations and reduces the likelihood of guessing errors.

Time Management Techniques

During practice sessions, record the time you spend on each question. Aim to answer the majority of questions within 1–1.5 minutes, leaving a few minutes at the end for review. Consistent pacing will build confidence and prevent time pressure errors on test day.

Common Mistakes to Avoid

- Over reading the question stem
- Misinterpreting drug dosage units
- Neglecting to check for contraindications
- Failing to consider the entire clinical picture
- Ignoring the “best” answer when multiple options seem correct

Top 10 Sample Questions with Answers

Question 1: Initial Management of Ventricular Fibrillation

Scenario:A 54 year old male collapses at a gym. Bystanders begin CPR. EMS arrives and finds ventricular fibrillation (VF). Which of the following is the best initial treatment?

1. Immediate defibrillation with 200 J biphasic shock
2. Administer 1 mg epinephrine IV
3. Begin advanced airway placement
4. Give 10 mg lidocaine IV

Answer: 1. Immediate defibrillation with 200 J biphasic shock.

Rationale: The ACLS algorithm for VF prioritizes rapid defibrillation. Epinephrine and lidocaine are adjuncts, not first line therapy. Airway management follows initial resuscitation steps.

Question 2: Dosing of Amiodarone in Cardiac Arrest

Scenario:A patient is in pulseless ventricular tachycardia (VT). After two shocks, the rhythm remains VT. Which dose of amiodarone should be administered?

1. 150 mg IV push
2. 300 mg IV push
3. 500 mg IV push
4. 1 g IV push

Answer: 2. 300 mg IV push.

Rationale: The ACLS guideline recommends a 300 mg IV push dose for refractory VT or VF, followed by a 150 mg maintenance infusion if needed.

Question 3: Stroke Recognition

Scenario:A 70 year old woman presents with sudden right hand weakness and difficulty speaking. Which imaging modality should be obtained first?

1. CT angiography
2. CT perfusion
3. CT scan without contrast
4. MR angiography

Answer: 3. CT scan without contrast.

Rationale: In the acute stroke setting, a non contrast CT is the fastest way to rule out hemorrhage before initiating thrombolytic therapy.

Question 4: Post Resuscitation Care

Scenario:A patient has been successfully resuscitated from cardiac arrest. What is the next best step in post resuscitation care?

1. Initiate targeted temperature management (TTM)
2. Order a coronary angiography
3. Start vasopressor support
4. Administer intravenous fluids

Answer: 1. Initiate targeted temperature management (TTM).

Rationale:TTM improves neurological outcomes after cardiac arrest. Coronary angiography is indicated if myocardial infarction is suspected, but TTM should be started promptly.

Question 5: Pharmacology—Epinephrine Dose

Scenario: A patient in pulseless electrical activity (PEA) receives epinephrine. What is the recommended dose?

1. 0.01 mg/kg IV
2. 0.1 mg/kg IV
3. 1 mg IV push
4. 10 mg IV push

Answer: 3. 1 mg IV push.

Rationale:ACLS guidelines specify a 1 mg IV push dose of epinephrine every 3–5 minutes during cardiac arrest, regardless of patient weight.

Question 6: Advanced Airway Management

Scenario:A trauma patient with a suspected cervical spine injury requires airway protection. Which device is preferred?

1. Endotracheal intubation with a video laryngoscope
2. Rapid sequence intubation (RSI) with a flexible laryngoscope
3. Supraglottic airway device
4. Bag valve mask ventilation

Answer: 1. Endotracheal intubation with a video laryngoscope.

Rationale: Video laryngoscopy provides a better glottic view while minimizing neck movement, which is essential in cervical spine injury.

Question 7: Medication—Lidocaine Use

Scenario:A patient is experiencing recurrent ventricular fibrillation despite adequate defibrillation and epinephrine. Which medication can be considered next?

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